

OUT-PATIENT SURGERY INSTRUCTIONS

David S. Weiss, M.D.

Orthopaedic Surgery · Sports Medicine · Performing Arts Medicine

530 First Avenue – Suite 5D · New York, NY 10016

[212] 263-7743 · Fax [212] 263-8810

Answering Service [212] 774-1447

www.WeissMD.info

The following instructions are intended to prepare you for your upcoming out-patient surgery. Procedures are performed at one of three locations:

- (1) “Ambulatory Surgery” at NYU Hospital for Joint Diseases
301 East 17th Street (NE corner of Second Avenue) – Floor C1
- (2) NYU Langone Medical Center Outpatient Surgery
333 East 38th Street (NW corner of First Avenue)
- (3) “Day Surgery” at Tisch Hospital – NYU Langone Medical Center
550 First Avenue (at 32nd Street) – Elevator A, 10th Floor

Most surgeries are scheduled for Wednesdays. We will try to give you an estimate of the time of day that the surgery will take place, but the exact time may not be able to be determined until one or two days prior to the procedure.

Preparation for Surgery

- 1. Medical Clearance:** You will need to obtain medical clearance from your internist or primary care practitioner. This clearance will require a visit with your physician. You must call your physician and schedule an appointment – but the visit cannot be more than 28 days (4 weeks) prior to your surgery date. We will give you a letter to bring to your physician with complete information. The medical clearance (including results from lab tests, EKG, chest x-ray) should be faxed by your physician to our office at **(212) 263-8810**.

2. Diagnostic Tests: Your internist or primary care practitioner will determine what tests are necessary. Testing must be performed 7 to 21 days prior to surgery. Alternatively, the tests can be performed as part of your hospital “Pre-Surgical Testing” (see number 3 below). At a minimum, the following tests are required:

- All patients: CBC
- Women of child-bearing age: Beta HCG
- Men over age 40: CBC, EKG
- Women over age 50: CBC, EKG,
- Over age 60: CBC, BUN, Creatinine, electrolytes, glucose, EKG, chest x-ray (EKG and chest x-ray are acceptable for 6 months unless abnormal or an interval change in the your condition has occurred.)

3. Pre-Surgical Testing: You will be scheduled for an evaluation at the hospital, where you will be screened by an anesthesiologist. Diagnostic tests can also be performed, if they were not done by your internist. The evaluation is performed at one of two locations:

(a) For cases scheduled for:

- (1) “Ambulatory Surgery” at NYU Hospital for Joint Diseases or
- (2) NYU Langone Medical Center Outpatient Surgery:

**Location: 301 East 17th Street (northeast corner of Second Avenue)
Room 208B**

Phone: (212) 598-6123

(b) For cases scheduled for:

- (3) “Day Surgery” at NYU Langone Medical Center:

**Location: 400 East 34th Street (between First Avenue and FDR Drive)
Ground Floor**

Phone: (212) 263-5985

4. Pre-operative office visit: Please schedule an appointment with Dr. Weiss for 7-14 days prior to your surgery. This appointment is to review the surgery, answer your questions, obtain an informed consent (you will sign a surgical consent form), review the medical clearance that your internist submitted, and go over any other concerns. At this visit you should also schedule your first post-operative office visit.

Pre-Certifying Surgery

No matter what type of health insurance you have, the appropriate referrals and approvals must be in place prior to your surgery. Each insurance company and managed care company has its own protocol for pre-certification or pre-authorization. If the processing is not done properly the insurance carrier may deny or reduce coverage for medical services. It is our responsibility to obtain pre-certification from your insurance company, but this often will take us some time.

The pre-certification establishes the “medical necessity” of your surgery. However, insurance companies explicitly state that pre-certification does not provide any determination as to what benefits will actually be paid for the surgery. Benefits may not be paid if the insurance policy is not valid, or if the policy contains specific exclusions or limitations. For example, one limitation might be a specific dollar limit on treatments to certain parts of the body. Depending on the specifics of your insurance, co-payments and deductibles may also be applied to your benefits; you will be responsible for paying these amounts.

It is your responsibility to be aware of the benefits and limitations, if any, of your insurance coverage. Please look at the details of your policy (in print or on-line). Call your insurance company for confirmation of the coverage. (We suggest that you document the name of the person you speak with, and the date and time of your call). You may also contact your insurance broker or your company’s human resources department for assistance.

We understand that medical insurance is complicated and we will help you as much as possible. We can provide you with the procedure codes that will apply for your surgery, if you require them. However, please be aware that if no benefits are paid by your insurance company, then you will be responsible for the surgical fee.

Pre-Operative Instructions

1. You must **stop** all aspirin products (including Bufferin, Anacin, and Ecotrin) **10 days** prior to surgery.
2. You must **stop** all anti-inflammatory drugs (Motrin, Advil, Ibuprofen, Aleve, Naproxen, Relafen, Voltaren, Celebrex, Mobic, *etc.*) **2 days** prior to surgery. You may take Tylenol for pain.
3. If you are taking any herbal supplements you should stop taking them **three weeks** prior to surgery, since some may contain stimulants or other ingredients that interfere with anesthesia. You can continue to take regular strength multi-vitamins.
4. Contact our office immediately should you develop any medical problems before your surgery, *i.e.*, sore throat, colds, fevers, infections, skin eruptions, or other changes in your medical status.
5. In most cases you will need to bring a pair of crutches with you to the hospital. You should purchase crutches prior to the surgery at a surgical supply store or full-service pharmacy (including the NYU Hospitals Center Pharmacy, located in the lobby of the Schwartz Health Care Center, near elevator “**H**”).

6. **The night before surgery** DO NOT eat or drink anything after 12 midnight. If you are taking specific medication(s) for a medical problem please consult with your internist on how this should be handled. Please note that if you should eat or drink after midnight (except to take medications with a small sip of water) the anesthesiologist cannot safely proceed and the surgery will be cancelled.
7. You **must** have an adult accompany you home upon your discharge from the surgery unit. That person does not have to come with you before your surgery – they can meet you at the out-patient surgery unit prior to your discharge.

Where to Report: Location of Out-Patient Surgery Suites

- “Ambulatory Surgery” at NYU Hospital for Joint Diseases:**
301 East 17th Street (northeast corner of Second Avenue) – C1 level.
Take the main elevators down two floors to level **C1**, then proceed to Room 135 and check in with the receptionist.
- NYU Langone Medical Center Outpatient Surgery**
333 East 38th Street (northwest corner of First Avenue)
Check in with the receptionist after you enter the facility.
- “Day Surgery” at NYU Langone Medical Center**
560 First Avenue (31st-32nd Street) – Tisch Hospital – 10th Floor.
Use the main NYU Langone Medical Center entrance, bear to the left, and take the **“A”** elevators to the 10th Floor. The Day Surgery reception desk will be directly in front of you when you get off the elevator.

Post-Operative Instructions

1. You **must** have an adult accompany you home upon your discharge from the surgery unit. You will not be discharged from the hospital if an escort is not present.
2. You will usually be discharged using crutches, or occasionally with a cane. You will need to bring the crutches or the cane to the hospital – see Pre-operative Instructions, item number 5, above.
3. Prescriptions for pain medication(s) will be provided either at your pre-operative visit, or at the hospital. The use of the medication(s) will be reviewed with you (as well as with your escort, if desired) by the nurse prior to discharge.
4. A general post-operative instruction sheet will be provided, and the instructions will be reviewed by the nurse prior to discharge.
5. If a post-operative instruction sheet specific to your type of surgical procedure is provided, review those instructions carefully.

6. While at home, be sure to rest to allow your body to recuperate from the surgery and anesthesia.
7. Use the crutches (or the cane), placing weight on the extremity as instructed.
8. Elevate the extremity as instructed.
9. Do not remove the surgical dressing except as specifically instructed. Keep the dressing dry. If you are instructed to remove the dressing, make sure that your hands are clean before you proceed. (Wash your hands with soap and warm water for at least 30 seconds.) Do not allow the surgical site to get wet unless instructed.
10. Apply ice to help reduce swelling for at least the first 3 to 5 days after surgery. Place an ice bag over the dressing (or if the dressing is off, over a cloth to protect the skin) for about 20 minutes three or four times a day. If you wish, you may apply ice as frequently as 20 minutes on, 20 minutes off throughout the day.
11. If you have any of the following, call me immediately at the office or via my answering service: calf or lower leg pains that make it difficult to walk; inordinate pain or undue swelling in the area of the surgery; bleeding through the dressing; numbness; coldness or tingling in the extremity. If you cannot reach me go to the hospital's emergency room (or another hospital emergency room if you prefer) to have the problem checked.

Note:

When I telephone you after surgery the call may come from a "private" (caller ID blocked) number. In order to receive my call you will need to turn off any "call blocking" on your phone.

To turn off "call blocking" dial *87 on your phone; an interrupted dial tone will let you know that you have successfully deactivated "call blocking." Then hang up and you will be able to receive my return call.