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Count Down to Surgery Check List

Surgery DATE ___/___/___ Time___ PATs ___/___/___ Time ___ First PO app. ___/___/___ Time ___

<p>Awaiting Surgery</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Plan ahead and make arrangements with family and friends about your planned surgery. <input type="checkbox"/> Discuss with your employer that you will need time off to recover and how much time you have available <input type="checkbox"/> Optimize your own health through diet, smoking cessation, weight loss, and exercise. <input type="checkbox"/> Quit SMOKING MINIMUM OF 2 MONTHS PRIOR TO SURGERY Quit Date ___/___/___
<p>One Month Before Surgery</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Schedule any tests or appointments required by PATs and Dr. Orozco. (CT Scan, cardiology consult, Weight check, vascular) ___/___/___ Time ___ ___/___/___ Time ___ <input type="checkbox"/> Arrange transportation to and from the hospital and physical therapy should you need it. <input type="checkbox"/> Confirm who will be there to offer assistance should you need it. <input type="checkbox"/> Maintain good health. Eat a healthy diet, increase protein intake, hydration, take a multivitamin, zinc, and Vitamin C supplements. Exercise as tolerated. <input type="checkbox"/> SCHEDULE WEIGHT CHECK IF BMI IS OVER 40 BMI. ___/___/___ Time: ___ <input type="checkbox"/> See AtlantiCare Preadmission testing for all pre-op testing required and undergo all required tests and procedures required for medical clearance. If you do not hear from them you may contact them directly at 609-677-6000.
<p>2 Weeks Before Surgery</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Prepare your home (go shopping have enough food and water for at least two weeks). <input type="checkbox"/> Confirm all tests and appointments are completed and scheduled. <input type="checkbox"/> Schedule Pre-operative physical therapy visit. ___/___/___ Time:___
<p>2 Days Before Surgery</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Pack a small hospital bag with personal toiletries, sleep attire and walking shoes. No valuables. <input type="checkbox"/> Read your educational information again as a refresher and have emergency numbers available <input type="checkbox"/> START Chlorhexidine solution (Hibiclens) wash as instructed
<p>Night Of Surgery</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Drink a bottle of Gatorade or similar the night before surgery and 2 hours prior to surgery. Sugar free option for diabetics. <input type="checkbox"/> Have everything ready packed and home ready for your return <input type="checkbox"/> You will be called between 3p-6p when you are to report to the hospital <input type="checkbox"/> Take medications directed by Preadmission Testing Providers the morning of surgery.