

PREPARING FOR **SURGERY**

A guide for patients



Sai Tummala, MD

Stanford Orthopaedics and Sports Medicine



Dear Patient,

Thank you for trusting me and my team with your care. Having surgery is a significant step, and being well prepared makes a real difference in how smoothly it goes and how well you recover.

This booklet covers what applies to every operation we perform: how to get ready in the weeks beforehand, what to expect on the day, and how to care for yourself afterward. You will also receive a separate sheet specific to your procedure, which covers the details unique to your surgery.

Please read through it before your surgery date, and keep it with you afterward. It answers most of the questions that come up, and it tells you exactly who to call when something does not go as expected.

We are glad to be part of getting you back to what you want to do.

Sincerely,



Sai Tummala, MD



Sai Tummala, MD

Sports Medicine and Shoulder Surgery



Website

saitummalamd.com



Stanford profile

profiles.stanford.edu



This booklet online

saitummalamd.com/q/665s

ABOUT DR. TUMMALA

Dr. Sailesh Tummala is an orthopaedic surgeon at Stanford Health Care and a clinical assistant professor in the Department of Orthopaedics and Sports Medicine at Stanford University School of Medicine with fellowship training in sports medicine and shoulder surgery. A former collegiate basketball player and recipient of the national Arthur Ashe Jr. Sports Scholars Award, he cares for athletes and active patients of all ages and emphasizes nonoperative care while also offering minimally invasive and complex reconstructive surgery of the shoulder, knee, and elbow.

He has authored more than 100 peer-reviewed papers and has received grant funding for his research, and his work has been featured on ABC, CBS, and ESPN. He assists with teams at all levels across the Bay Area, including the Stanford men's basketball and football teams.



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Keep these numbers handy before and after your surgery.

FOR	CONTACT
Clinic	Stanford Orthopaedics and Sports Medicine, 6121 Hollis St, Suite 900, Emeryville, CA 94608. Open Monday to Friday, 8 a.m. to 5 p.m.
Scheduling and general questions	510-974-2800
Medication refills and questions	Send a message in MyHealth
Medical records and forms	Fax 510-806-2633
Billing and insurance	[phone]
Equipment and braces	[vendor and phone]
Physical therapy scheduling	We send a referral to the physical therapy clinic you choose, and you schedule directly with them
Non-urgent messages	Send a message in MyHealth
Evenings, weekends, and urgent concerns	[after-hours instructions]

If this is an emergency, call 911 or go to the nearest emergency room. Chest pain, shortness of breath, or a sudden severe change should not wait for a call back.



YOUR SURGERY DETAILS

We will fill this in with you. Keep it somewhere you can find it easily.



SURGERY

Date: _____

Procedure: _____

Location: _____

You will get a call the afternoon before surgery with your arrival time. If you have not heard by 4:00 pm, call the office.



MEDICAL CLEARANCE APPOINTMENT

This must happen 10 to 30 days before surgery. You need to schedule it. If it is not done in time, your surgery may be moved.

Date and time: _____

Location: _____



PHYSICAL THERAPY EVALUATION BEFORE SURGERY

For many surgeries we ask you to meet your therapist beforehand, so you are ready to start right away afterward.

Date and time: _____

Location: _____



FIRST APPOINTMENT AFTER SURGERY

Usually 10 to 14 days after your surgery date.

Date and time: _____

Location: _____



CHECKLIST



IN THE WEEKS BEFORE SURGERY

- ☐ Complete your medical clearance appointment, 10 to 30 days before surgery
- ☐ Make sure your clearance results are sent to our office at least one week before surgery
- ☐ Stop nicotine in all forms at least 4 weeks before
- ☐ Arrange your equipment, brace, or sling
- ☐ Start eating well, with protein at every meal
- ☐ Schedule your physical therapy evaluation and your first appointment after surgery
- ☐ Arrange a ride home and someone to stay with you the first night
- ☐ Fill your prescriptions once they are sent to your pharmacy
- ☐ If you were given chlorhexidine wipes or soap, plan to use them the night before and morning of



COUNTING DOWN

4 weeks	2 weeks	5–7 days	3–5 days	1–2 days	Night before & morning
OTHER ☐ Nicotine: stop 4 weeks before	SUPPLEMENTS ☐ Fish oil, omega-3, and herbal supplements: stop 2 weeks before OTHER ☐ Cannabis: stop 2 weeks before	BLOOD THINNERS AND ASPIRIN ☐ Warfarin (Coumadin): usually 5 days before BLOOD THINNERS AND ASPIRIN ☐ Plavix: usually 5 to 7 days before. Brilinta: 3 to 5 days. Effient: 7 days.	ANTI-INFLAMMATORY MEDICINES ☐ Naproxen (Aleve), meloxicam (Mobic): stop 4 days before	ANTI-INFLAMMATORY MEDICINES ☐ Ibuprofen (Advil, Motrin), diclofenac: stop 1 day before BLOOD THINNERS AND ASPIRIN ☐ Eliquis, Xarelto, Pradaxa: usually 2 days before	ANTI-INFLAMMATORY MEDICINES ☐ Celecoxib (Celebrex): skip the dose the morning of surgery OTHER ☐ Alcohol: none for 24 hours before OTHER ☐ Food and drink: nothing after midnight the night before

Blood thinners and aspirin: Stop only when your prescribing doctor tells you to



THE DAY OF SURGERY

- ☐ Arrive at the time you were given, not earlier
- ☐ Pack using the Please bring and Please leave at home lists in The Day of Surgery section



AFTER SURGERY

- ☐ Start your pain medication before the numbing wears off
- ☐ Keep the incision clean and dry until you are told otherwise
- ☐ Move your fingers or toes often and get up and walk regularly
- ☐ Begin physical therapy as instructed for your procedure
- ☐ Call us if anything in the warning list at the start of the After Surgery section happens

BEFORE SURGERY

MEDICAL CLEARANCE

Almost everyone needs to be medically cleared before surgery. This is a visit with your primary care doctor or a preoperative clinic. They check that you are healthy enough for surgery and anesthesia.

- It must happen between 10 and 30 days before your surgery.
- You need to schedule it. We will tell you where to go.
- Bring your insurance card, photo ID, a list of your medicines, and any recent blood work or EKG results.
- Results must reach our office **at least one week before surgery**. They can be faxed to 510-806-2633 or sent through the MyHealth portal. If they do not arrive in time, your surgery may have to be rescheduled.
- **If you use your own primary care physician, you must remind them to send us the results.** We do not have access to outside records, and we are required to provide these documents to the surgery center before your procedure. This is the most common reason surgeries get delayed.
- If you see a heart doctor, lung doctor, or other specialist, you may need clearance from them too. There are forms at the back of this booklet for them to fill out.

If you have diabetes, your A1c will be checked. A high A1c raises the risk of infection and slows healing. Surgery is sometimes delayed to get blood sugar under better control first, so it helps to start working on this early.

MEDICATIONS TO STOP

Getting this right matters. Bring your medicine list to your clearance visit and go over it with that doctor too. If you take something not listed here, ask us rather than guessing.

Anti-inflammatory medicines

These only need to be stopped shortly before surgery. How long depends on how long the medicine stays in your system.

Ibuprofen (Advil, Motrin) and diclofenac	stop 1 day before
Naproxen (Aleve) and meloxicam (Mobic)	stop 4 days before
Celecoxib (Celebrex)	no need to stop early. Just skip the dose on the morning of surgery. This medicine does not affect bleeding.
Acetaminophen (Tylenol)	keep taking it. You can use it right up to surgery if you need something for pain.

Supplements

Stop 2 weeks before

fish oil and omega-3, garlic, ginkgo, ginger, ginseng, vitamin E, and other herbal products.

A regular daily multivitamin is fine to continue.

Weight-loss and diabetes medicines (GLP-1)

These include semaglutide (Ozempic, Wegovy, Rybelsus), tirzepatide (Mounjaro, Zepbound), dulaglutide (Trulicity) and liraglutide (Victoza, Saxenda). They slow how fast your stomach empties, which matters for safe anesthesia.

- **Tell us and the anesthesia team if you take one.** Stanford anesthesia will tell you whether and when to stop it before surgery.
- **Tell us about stomach symptoms.** Let us know if you have nausea, vomiting, bloating or constipation, or if your dose was increased recently.

Aspirin

Whether to stop aspirin depends on why you take it.

If you take aspirin because of heart disease, a stent, or a stroke

you will usually keep taking it. Do not stop without talking to your heart doctor.

If you take aspirin on your own for general prevention

it is usually stopped about 7 days before. Check with us.

Blood thinners and platelet medicines

Do not stop a blood thinner on your own. Call the doctor who prescribes it. Stopping some of these has its own risks, and the right timing depends on which medicine you take and why you take it.

For reference, here is the usual timing. Your prescriber decides what is right for you.

Warfarin (Coumadin)

usually stopped 5 days before

Apixaban (Eliquis), rivaroxaban (Xarelto), edoxaban

usually stopped 2 days before

Dabigatran (Pradaxa)

usually 2 days, or longer if your kidney function is reduced

Clopidogrel (Plavix)

usually stopped 5 to 7 days before

Restarting afterward. Most are restarted within a day or two of surgery. If you were bridged with injections beforehand, those usually resume one to three days afterward. Your prescriber directs this.

Ticagrelor (Brilinta)

3 to 5 days before. **Prasugrel (Effient):** 7 days before.

If you have had a stent placed in the last year, tell us right away. Surgery timing may need to be planned around it.

Keep taking. Most blood pressure, thyroid, seizure and psychiatric medicines. Confirm with the clearance doctor.

 NICOTINE

Nicotine narrows your blood vessels and cuts blood flow to healing tissue. It raises the risk of infection, of the wound not closing, and of tendon or bone not healing. This is true of cigarettes, vaping, patches, gum, chewing tobacco, and pouches.

No nicotine · at least 4 weeks before

at least 4 weeks after

SURGERY


Cigarettes


Vaping


Patches


Gum


Chewing tobacco


Pouches

Stop at least 4 weeks before surgery. Four weeks is the point at which wound healing measurably improves. Longer is better, and shorter still helps. **Stay off nicotine for at least 4 weeks after surgery as well, while the tissue is healing.**

- If you would like help quitting, tell us. We can connect you with resources.

 CANNABIS

Tell us if you use cannabis in any form, including edibles and oils. We ask because it changes how we plan your care, not to judge you.

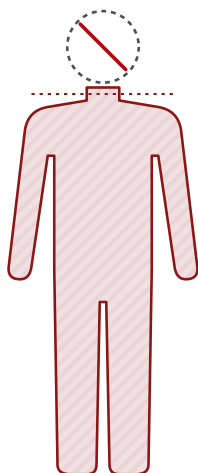
- Regular use is linked to needing more pain medicine after surgery and to more nausea afterward.
- It can also affect how anesthesia medicines work, so your anesthesia doctor needs to know.
- Stop at least 2 weeks before surgery if you can.



WASHING BEFORE SURGERY

Reducing the bacteria on your skin lowers the chance of infection.

- Shower with soap the night before and the morning of surgery.



If we give you chlorhexidine (CHG) wipes or soap, **use them as directed the night before and the morning of.**

1

Wash from the neck down.



Do not use it on your face, in your eyes or ears, or on open wounds.

2

Let your skin air dry and do not rinse it off.

3

Put on clean clothes and sleep on clean sheets the night before.

- **Do not shave the area being operated on.** Small nicks in the skin raise the infection risk. If hair needs to be removed, we will do it in the operating room.
- Do not use lotion, powder, or deodorant on the morning of surgery.

If your procedure involves an implant, we may also ask you to use an antibiotic ointment in your nose for several days beforehand. This reduces bacteria that commonly live there and lowers infection risk. We will tell you if this applies to you.



EATING WELL BEFORE SURGERY

Your body needs building blocks to heal. Most people eat less protein than they need while recovering, so it helps to start ahead of time.

- Aim for protein at every meal in the weeks before surgery.
- Eat vegetables, fruit, and whole grains. Stay well hydrated.
- If you have diabetes, work on your blood sugar control now. High blood sugar raises the risk of infection and slows healing.
- If you have lost weight without trying, eat very little, or have had weight loss surgery, tell us. We may check your nutrition before proceeding.
- Do not start a restrictive diet in the weeks before surgery. This is not the time to be in a calorie deficit.



EQUIPMENT YOU MAY NEED

Depending on your procedure you may need a sling, a brace, crutches, a walker, or a motion machine. Your procedure-specific sheet will tell you which.

- We will arrange most equipment through a supplier before your surgery so it is ready when you need it.
- **Cold therapy machines** such as a circulating ice unit are helpful for swelling and pain, and many patients find them worth having. A simple ice pack works too and costs nothing.

Equipment supplier: _____



PRESCRIPTIONS

- Your medications after surgery will be sent electronically to your pharmacy one to two days before the procedure.
- Confirm with our office which pharmacy we have on file. If it is wrong, tell us as early as possible.
- Pick the medications up **before** your surgery date. You do not want to be arranging this on the way home.

Storage and disposal

- Keep opioid medication out of sight and reach, ideally locked. Most opioid misuse begins with medication taken from a home.
- Dispose of what you do not use. Most pharmacies take unused medication back, and many police stations have a drop box. Do not keep leftovers for later.



WHAT TO EXPECT EMOTIONALLY

Recovery is physical and mental. Knowing what is ahead makes the hard parts easier to handle, and this is one of the more consistent findings in recovery research.

- There will be discomfort in the first week or two. That is part of healing and does not mean something has gone wrong.
- **Recovery is not a straight line.** Good days and setback days are both part of it, for everyone.
- **Feeling low after surgery is common.** Irritability or discouragement in the first week or two is common and rarely talked about. Poor sleep, pain medicine, and losing your normal routine all contribute. It usually lifts as you sleep better and become more independent. If it does not, tell us.
- Feeling anxious beforehand is normal. Ask us anything, including the things that feel like small questions. Knowing what will happen genuinely helps.
- **If you are dealing with depression or anxiety, let us know.** These affect pain and recovery more than most people realize, and addressing them beforehand leads to a better result.
- Having a specific goal in mind, something you want to get back to, helps during the stretches of rehabilitation that feel tedious.

 GETTING YOUR HOME AND SCHEDULE READY

- **Arrange a responsible adult to drive you home.** You may take a taxi or rideshare to the surgery center, but you may not take one home. Someone has to accompany you.
- Arrange for someone to stay with you the first night.
- If you live alone or have stairs to manage, tell us in advance so we can plan for it.
- Set up a comfortable place to rest with pillows, chargers, water, and anything you will want within reach.
- **Move things down off high shelves before surgery.** Reaching overhead will be difficult for several weeks, particularly after shoulder surgery. Put what you use daily at waist or counter height.
- Prepare or buy a few easy meals ahead of time.
- Clear walkways of rugs and cords, especially if you will be on crutches.
- Put a nonslip mat in the shower and keep your shower items within easy reach.
- If you have pets, plan for help with them for the first few weeks. They are easy to trip over, and you may not be able to care for them fully.
- Sign up for MyHealth, Stanford’s patient portal, if you have not already. It is the easiest way to message our team, request refills, see your appointments, and send us a photo of your incision.

 TIME OFF WORK, DISABILITY, AND FMLA

- Tell us as early as possible if you need disability paperwork, FMLA forms, or a letter for your employer or school. These forms take time to complete and often have deadlines.
- Bring or send the forms to us rather than assuming we have them. Employers and insurers use their own paperwork, and we cannot complete what we have not received.
- Have your employer’s human resources contact and any claim or policy numbers ready when you submit the forms.
- Allow at least one to two weeks for completion. If a deadline is approaching, say so when you submit it.
- If your claim is denied or your insurer requests more information, let us know and send us what they are asking for.

How long will I be out?

This depends much more on your job than on your procedure. As a general guide:

Desk or remote work, with the ability to keep the limb elevated or supported	often a few days to two weeks. Many patients work from home sooner than they expect, though pain medication affects concentration.
Work requiring driving	not until you are off opioid medication and can safely control the vehicle.
Standing, walking, or light lifting	typically several weeks, and longer after lower extremity surgery.
Heavy labor, overhead work, or work requiring full strength	commonly three months or more, and sometimes longer.

Your procedure-specific sheet gives a more precise range, and we will talk through your particular job and restrictions.



INSURANCE AND COSTS

- Your surgery, the facility, the anesthesiologist, and any equipment may each bill separately. Receiving several bills is normal and does not mean you have been charged twice.
- Contact your insurance company in advance to understand your deductible, co-insurance, and what your out-of-pocket cost is likely to be.
- Some items, including cold therapy units and certain braces, are commonly not covered.
- For questions about billing or a bill you have received, call the number on the Who to Call page.

THE DAY OF SURGERY



Nothing to eat or drink after midnight the night before.

This includes water, coffee, gum, candy, and mints.



Water



Coffee



Gum



Candy



Mints

Anesthesia is not safe on a full stomach, and eating or drinking will cause your surgery to be canceled.

THE NIGHT BEFORE

- No alcohol for 24 hours before surgery.
- Do not use recreational drugs, including cannabis, for at least 24 hours before. For cannabis, stopping 2 weeks before is better if you can.
- Shower as described in Washing Before Surgery. Do not shave the area being operated on, since small nicks in the skin raise infection risk.
- Remove nail polish and artificial nails from at least one hand so oxygen levels can be monitored.
- Get a normal night of sleep if you can. Being nervous is expected.
- If you become sick in the weeks or days before surgery, even with a common cold, let us know. We may need to reschedule your surgery until you are healthy again.

MEDICATIONS THAT MORNING

- You may be told to take certain medications with a small sip of water. Follow the instructions you are given exactly.
- **If you have diabetes**, check with the physician who manages it about your insulin or diabetes medication the morning of surgery. The dose is often adjusted because you will not be eating.
- Bring your inhaler if you use one.

HOW LONG THE DAY TAKES

Plan for the whole day even though the operation itself is short.



Arrive about 2 hours before your surgery is scheduled to start. This covers registration, changing, the IV, and meeting your anesthesia team and Dr. Tummala.



The operation itself varies by procedure, usually one to two hours.



Expect about 2 hours in recovery afterward before you are ready to go home.



All together, most patients are at the surgery center 6 to 8 hours. Whoever is driving you should plan for that.

ARRIVAL

- Allow extra time for traffic and parking. If you are running late, call the surgery center rather than not showing up.
- If you are traveling from out of town, ask us about nearby accommodation.

Surgery location and parking notes: _____

Please bring

- ☐ Photo ID
- ☐ Insurance card
- ☐ A written list of your medications
- ☐ This booklet
- ☐ Your brace, sling, or equipment
- ☐ Loose clothing that fits over a brace or sling, button-front shirt if shoulder surgery
- ☐ Flat closed-toe shoes
- ☐ A case for glasses
- ☐ A small amount of cash or a card
- ☐ Something to read

Please leave at home

- ☐ All jewelry, including rings
- ☐ Watches and body piercings
- ☐ Valuables of any kind
- ☐ Contact lenses
- ☐ Makeup and nail polish
- ☐ Perfume and cologne

Leave ALL valuables at home.

WHAT TO EXPECT

After you check in, a nurse takes you to the pre-op area. You will change into a gown. The team will go over your history, confirm the surgery and which side, and start an IV. You will meet your anesthesia doctor, and I will see you before we go back.

You will wake up in the recovery area. Nurses will watch you, treat pain and nausea, and get you up when you are ready. Most patients go home the same day. Someone will go over your instructions with you and with your ride.

ANESTHESIA

General anesthesia

You are fully asleep and a breathing tube is used. A sore throat afterward is common and goes away quickly. Some nausea is also common and we can treat it.

A nerve block

Numbing medicine is placed near the nerves to the surgery area. This can control pain very well for many hours, sometimes more than a day. Your arm or leg will feel heavy and numb during that time. That is expected.

Your anesthesiologist will discuss the plan with you before surgery and answer your questions.

AFTER SURGERY

WHEN TO CALL US

 **Call 911 or go to the nearest emergency room for**

chest pain

shortness of breath

coughing up blood

sudden confusion

weakness on one side of the body or trouble speaking

bleeding that soaks through the dressing and does not stop with 10 minutes of firm pressure

any sudden severe change

 **Call the office for any of the following:**

 Fever above 101.5 degrees Fahrenheit, or chills and sweats	 Increasing redness spreading from the incision, or foul-smelling or cloudy drainage	 Drainage soaking through the dressing, requiring more than two dressing changes in 12 hours
 Pain that is getting worse rather than better, or that you cannot control	 New numbness or weakness, or fingers or toes that are cold, pale, or blue	 New calf pain, or swelling in one leg clearly different from the other
 Nausea or vomiting that stops you from keeping fluids down	 No bowel movement after 3 days despite using a stool softener	 A brace or sling that does not seem to fit or is causing skin problems

 **Normal on the first day**

 Nausea after anesthesia. Start with clear liquids and move to solid food as it settles.	 A sore throat, if a breathing tube was used.	 Feeling tired, foggy, or emotional. Anesthesia takes a day or two to fully clear.	 Some blood spotting on the dressing, and bruising that spreads downward over the next few days.	 Mild temperature fluctuations after surgery are normal, particularly in the first 48 hours.
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 For anything else you are unsure about, call. A photo sent through the patient portal is often enough for us to tell you whether something needs to be seen.

THE FIRST 48 HOURS

NERVE BLOCK single injection



Start your pain medication before it fades.

Do not wait for the numbing to wear off.



Many patients find it wears off overnight.

Take a dose of pain medicine before bed.

Numb and heavy

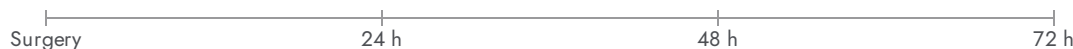
NERVE CATHETER with a small pump

Numb and weak the whole time, about 2 to 3 days



**Start oral pain medicine before
the pump runs out, not after.**

Pump empties: pull the catheter out gently.
The black tip should be visible on the end.



When the nerve block wears off

- A block usually goes from numb to uncomfortable fairly quickly rather than wearing off gradually.
- Many patients find it wears off overnight. Take a dose of pain medicine before bed, and set an alarm if needed, rather than being woken by pain.
- The arm or leg will feel heavy and useless while the block works. You cannot judge how the surgery went from how it feels during this period.
- Protect a numb limb. You cannot feel pressure, heat, or a position that is doing harm. Keep it in the sling or brace and away from anything hot. Do not test it because it does not hurt.

If you went home with a nerve catheter

A thin catheter is left next to the nerve and connected to a small pump that keeps the limb numb for about 2 to 3 days.

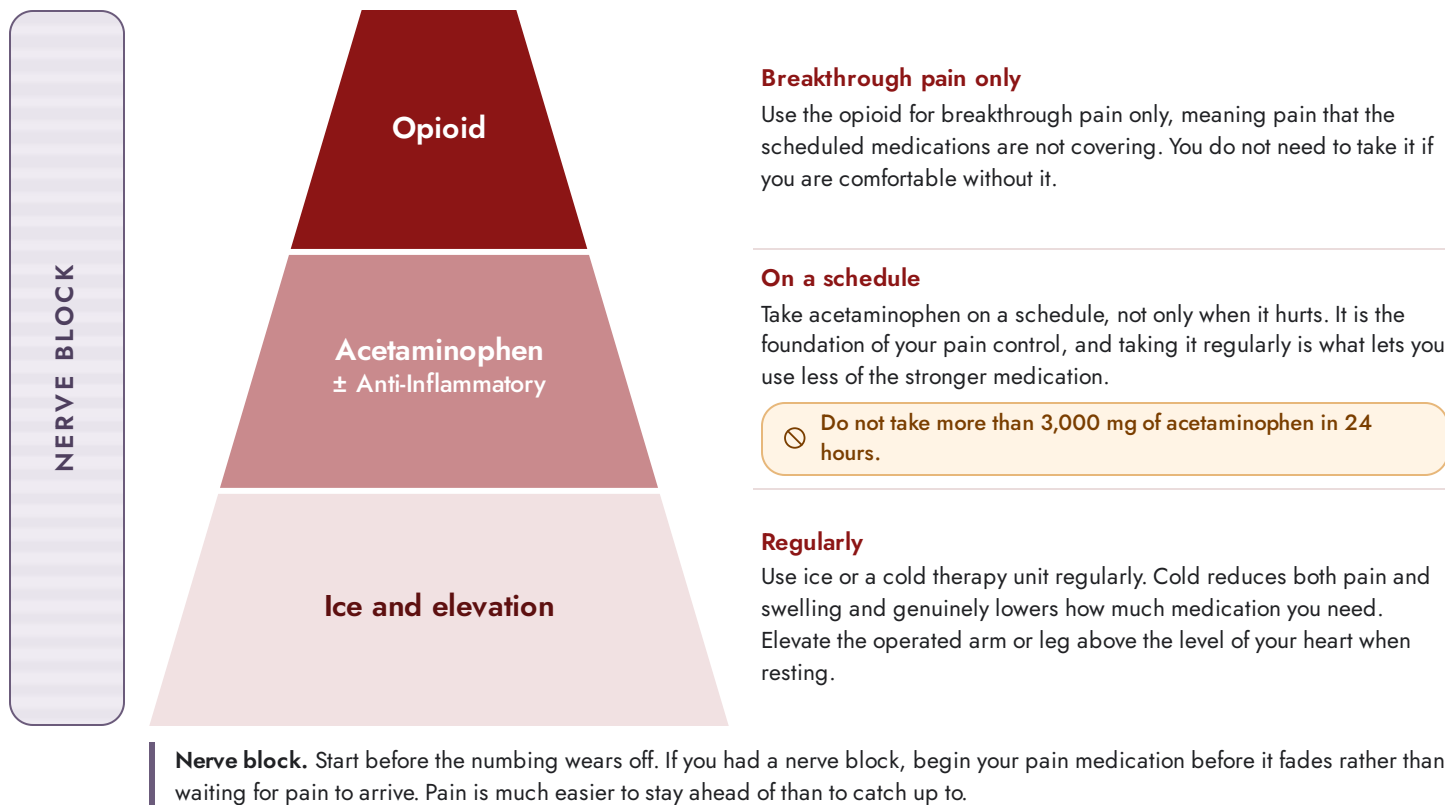
- Keep the pump and dressing dry.
- You remove the catheter at home by pulling it out gently when the pump empties, and the black tip should be visible on the end.
- Call us if the catheter will not come out, if the site becomes red or leaks, or if numbness spreads or does not improve after it is removed. Your anesthesiologist will discuss specific instructions with you more in detail.

For 24 hours after anesthesia, do not drive, do not drink alcohol, do not sign legal documents, and do not care for a child or another adult on your own.

PAIN MANAGEMENT

The goal is pain control, not pain elimination. You should expect some discomfort after surgery. Our aim is to keep it manageable enough that you can sleep, move, and do your exercises.

How to take your medications



About opioid medication

- Opioids such as oxycodone, hydrocodone, Norco, and Percocet work on pain receptors. They are safe when used as directed but are addictive, and are a leading cause of accidental death in the United States.
- **Many contain acetaminophen.** Adding Tylenol on top can push you past the 3,000 mg daily limit and cause liver damage. Check the label and ask us if you are unsure.
- Opioids treat pain. They do not help your body heal.
- Do not drink alcohol, drive, or operate machinery while taking them. Once you are off them, modest amounts of alcohol are fine.
- Common effects include nausea, constipation, drowsiness, sleep disturbance, confusion, and dependency. Itching is also common and is usually not an allergy.

Anti-inflammatory medication

- Anti-inflammatories such as ibuprofen (Advil), naproxen, meloxicam (Mobic), or celecoxib (Celebrex) reduce both pain and inflammation. They may be an option for some patients, if you can tolerate them. Take one only if Dr. Tummala recommends it.
- Take it together with your other medications rather than instead of them.
- Side effects include stomach upset and gastrointestinal bleeding. **Tell us if you have a history of ulcers, GI bleeding, kidney disease, or an aspirin or NSAID allergy.**
- For some procedures we ask you to hold anti-inflammatories temporarily because they may affect healing of bone or tendon. Your procedure-specific instructions will say if this applies.

Coming off the opioid

- Drop the opioid first at the times of day you are most comfortable, usually mid-morning and mid-afternoon, then at night, then on waking.
- Keep taking the acetaminophen on schedule while you do this, and the anti-inflammatory if one was recommended and you tolerate it. Stopping everything at once is why people feel they cannot get off the stronger medicine.

Refills

- You will receive enough opioid medication for the first phase of recovery, usually one to two weeks. After that, pain is managed with non-opioid medication.
- Request refills during regular business hours. Allow 48 hours.
- **Opioid prescriptions are not written at night or on weekends.** Please plan ahead if you are running low.
- **If you already take pain medication regularly, tell us before surgery.** Those prescriptions normally continue to come from the physician who manages them. We will coordinate with that physician rather than prescribing in parallel, and we will make the plan before your surgery date rather than afterward.
- Pain medication after your surgery will be prescribed by our office only, unless you are already under the care of a pain management physician.
- If you still need opioid medication beyond the expected period, we will help arrange appropriate care rather than continuing to refill.

 YOUR INCISION

Your incision care at a glance

Days 0 to 3	Day 3	Day 5	4 to 6 weeks
Keep the dressing on and dry . No showering ; sponge bathe.	Remove the dressing and shower . Put clean, dry gauze back on; change daily or when wet.	Leave the incisions open to air if they are dry.	Once fully healed, you may soak in a bath, pool, or hot tub.

- Unless you are told otherwise, follow the timeline above. Change the dressing yourself with clean hands.
- If there are small adhesive strips across the incision, leave them on. They fall off on their own over one to two weeks.
- Before you can shower, wash the rest of your body with a washcloth at the sink while keeping the surgical area completely dry. Have someone help with your back if you are in a sling.
- When you shower, let soapy water run over the incisions and do not scrub. Face away from the water rather than letting the spray hit the incision, and pat the area dry afterward rather than rubbing. Your discharge instructions will confirm the timing for your surgery.
- Do not put ointment, lotion, or cream on the incision unless we tell you to.
- A small amount of clear or lightly blood-tinged drainage in the first few days is normal, as is mild redness right at the incision line.
- Not normal: redness that spreads outward over days, warmth that increases rather than settles, thick or cloudy drainage, a bad smell, or an incision that opens. Call us.

✦ CARING FOR THE SCAR

Do not put anything on the scar until the incision is completely healed. Wait at least 3 weeks, and make sure there is no scab, no drainage, and your stitches or staples are out. We will confirm at your first appointment when your incision is ready.

Starting too early can soften the wound edges and cause the incision to open. If the skin under a silicone sheet looks soft, white, or wet, stop using it and call us.

Once we have confirmed the incision is healed, these are the things that help a scar fade well. Scars keep changing for a year or more, so this takes patience.

- **Silicone gel or silicone sheets** are the best supported option and are considered first-line by international scar guidelines. CICA-Care is one widely available brand. Apply to clean, dry skin, wear 12 to 24 hours a day, and keep it up for 2 to 3 months or longer if you scar easily. These are sold over the counter and do not need a prescription.
- **Keep the scar out of the sun** for at least 6 to 12 months. Sun on a new scar causes lasting darkening that does not fade. Cover it with clothing or use sunscreen of SPF 30 or higher.
- **Massage the scar** gently with a plain moisturizer for a few minutes a day. This helps keep it soft and moving freely.
- Vitamin E oil and onion extract products are widely sold for scars but have not been shown to work better than plain moisturizer.
- If you have a history of thick, raised, or keloid scars, tell us before surgery. Silicone gel pads are particularly worth using, and there are other treatments that work better when started early.

✧ SWELLING AND BRUISING

- Both are normal and can look worse than you expect. Bruising moves down with gravity, so you may see it well below the incision.
- Elevate the operated arm or leg above the level of your heart when resting.
- Use ice regularly, about 20 minutes on and 20 minutes off, with a thin cloth between the ice and your skin. Avoid heat early on, since it increases swelling.
- Swelling that comes and goes for several weeks is expected, particularly at the end of the day.

💧 PREVENTING BLOOD CLOTS

Blood clots in the leg are uncommon after our surgeries, but they are serious. Here is how to lower the risk and what to watch for.

- Get up and walk regularly, starting the day of surgery. Movement is the single best prevention.
- Pump your ankles up and down frequently while you are resting.
- Stay well hydrated.
- Avoid sitting still for more than 30 to 45 minutes at a stretch while you are awake.
- If we have prescribed aspirin or another blood thinner after surgery, take it as directed.

Call us right away if you develop new calf pain or tenderness, swelling in one leg that is clearly different from the other, or redness and warmth in the calf.

EATING AND DRINKING

- Start with light food and clear liquids, then return to your normal diet as your stomach allows.
- Drink plenty of water. Being dehydrated makes nausea, constipation, and lightheadedness worse.
- If you have diabetes, expect your blood sugars to run higher than usual for a few days after surgery. Keep checking and follow your usual plan.

 Constipation is very common after surgery, mostly from the pain medication and from being less active. **It is easier to prevent than to treat, so start early if you are taking opioid medication.**

Step 1

Fluids, fruit, vegetables, and fiber all help. Drink plenty of water.

Step 2 · If that is not enough

An over-the-counter **stool softener** such as docusate (Colace) or a **mild laxative** such as senna (Senokot), polyethylene glycol (Miralax), magnesium hydroxide (Milk of Magnesia), or bisacodyl (Dulcolax) is a reasonable thing to have on hand before surgery.

Call the office

No bowel movement after 3 days despite using a stool softener.



EATING TO SUPPORT HEALING

There is no special diet required after surgery, and nothing you eat will substitute for rest, motion, and time. That said, surgery creates an inflammatory response, and what you eat modestly influences how your body handles it. An eating pattern lower in processed food and added sugar is reasonable while you heal.

Emphasize

- Protein at every meal. Healing tissue requires it, and most people eat less than they need while recovering.
- Vegetables and fruit, especially leafy greens, berries, tomatoes, and cruciferous vegetables
- Fatty fish such as salmon, sardines, and mackerel
- Olive oil, nuts, and seeds
- Whole grains and legumes
- Water throughout the day

Reduce

- Added sugar and sweetened drinks
- Refined carbohydrates and heavily processed food
- Fried food and processed meat
- Alcohol, which interferes with both sleep and healing

A note on supplements. There is no supplement shown to speed surgical healing. Resume your usual vitamins after surgery, but wait on fish oil, turmeric, and similar products until we tell you it is safe, since they can affect bleeding.

 SLEEP

- Sleep is often the hardest part of the first couple of weeks. This is normal and it gets better.
- After shoulder surgery, most patients are more comfortable sleeping upright in a recliner or propped on pillows, with the arm supported.
- After knee surgery, keep the leg elevated and supported. Avoid putting a pillow directly behind the knee for long periods if you have been told to work on straightening it.
- Timing your pain medication before bed helps. We generally do not prescribe sleeping pills, which are habit-forming and not particularly effective here.

 ACTIVITY, DRIVING, AND WORK

- Move as much as your instructions allow. Motion helps almost everything.

**DO NOT DRIVE**

while you are taking opioid pain medication,

**DO NOT DRIVE**

while you are in a sling or brace that limits control of the vehicle,

**DO NOT DRIVE**

or before you can safely and comfortably operate the controls.

- An insurance company can deny a claim if you were driving against medical advice, so this matters beyond safety.
- You will overdo it at some point and feel worse for a day or two. That is normal. What is not normal is pain you cannot control with rest, ice, and your medicine.
- You should be gaining ground week to week. Most of your recovery happens in the first three months, and you keep improving over the next year.
- We can provide a work or school note. Ask at your follow-up or call the office.

 PHYSICAL THERAPY

- Start on the day and in the manner specified for your procedure. Some operations begin therapy immediately, others deliberately wait.
- Bring your therapy prescription and your procedure-specific sheet to your first visit.
- Your therapy plan may be adjusted based on what we found during surgery. If your instructions differ from what you expected, follow the ones you were given at discharge.



COMMON QUESTIONS

Q How long will I be on pain medication?

Most patients need the stronger medication for a few days to about two weeks, then manage well with acetaminophen, plus an anti-inflammatory if one was recommended and tolerated. You can stop the opioid as soon as you are comfortable without it. There is no benefit to finishing the bottle.

Q When do the stitches come out?

Usually at your first appointment, 10 to 14 days after surgery. If you live far away, we can sometimes arrange for this locally.

Q How long do I wear the sling or brace?

This depends entirely on your procedure and will be on your procedure-specific sheet and your discharge instructions. Wearing it as directed protects the repair, and the timeline is not arbitrary.

Q Can I restart the medications I stopped before surgery?

Usually the day after surgery, but check with us and with the physician who prescribes them, particularly for blood thinners. Anti-inflammatory medications are sometimes held longer after certain procedures because they may affect healing. Wait on fish oil, turmeric, and similar supplements until we tell you it is safe.

Q When can I fly?

We would rather you did not fly for 6 weeks after surgery. Sitting still on a plane raises the risk of a blood clot, and that risk is already higher after an operation.

If you have to fly sooner, tell us and we will give you a plan. That usually means a baby aspirin the morning before, the morning of, and the morning after each flight, in both directions. If you have to fly within two weeks of surgery you may need injections instead of aspirin for the outbound trip.

On any flight, get up and walk regularly, stay hydrated, and wear a compression stocking or sleeve on the operated leg.

Q When can I have dental work?

Avoid elective dental work for the first 3 months after surgery if you can. Bacteria from the mouth can travel through the bloodstream, and an implant or a healing repair is more vulnerable in that window.

After that, if you have had an implant placed, take a single dose of antibiotic an hour before any dental procedure. We will tell you which one and for how long this applies to you. If you are allergic to penicillin there is an alternative.

Q When can I get back to the gym?

This depends on the procedure and on which part of the body. Light cardiovascular exercise that does not involve the operated area is usually allowed early and is good for you. Loading the surgical site follows the timeline in your procedure-specific instructions.

Q When can I have sex?

When you are comfortable and can protect the operated limb. There is no fixed timeline. Positions that stress the surgical site should wait until your restrictions lift.

PREOPERATIVE CLEARANCE ORDERS

For the clearance physician. Please complete the items checked below and fax the results to our office no later than 7 days before the surgery date.

Patient name: _____

Date of birth: _____

Diagnosis: _____

Procedure: _____

Surgery date: _____

REQUESTED

☐ History and physical with clearance letter

☐ EKG with tracing, within 6 months

☐ Chest radiograph

☐ CBC, within 3 months

☐ CMP, within 3 months

☐ Urinalysis with reflex to culture

☐ Type and screen

☐ Hemoglobin A1c if diabetic

☐ CRP

☐ ESR

☐ MRSA and MSSA screening

☐ Anesthesia consultation

Other: _____

Fax results to: 510-806-2633 Questions: 510-974-2800

Ordering physician: Sai Tummala, MD Signature: _____

CARDIAC CLEARANCE REQUEST

Patient name: _____

Date of birth: _____

Diagnosis: _____

Procedure: _____

Surgery date: _____

Dear Doctor,

The patient above is scheduled for orthopaedic surgery with our office. We would be grateful for cardiac clearance including the following:

- A summary of the relevant cardiac history
- A statement of clearance for surgery and anesthesia, signed and dated
- **Anticoagulation and antiplatelet recommendations.** Please note that even low-dose aspirin can increase intraoperative and postoperative bleeding. We prefer that patients are off antiplatelet and anticoagulant medication perioperatively unless there is a cardiac contraindication to stopping. Please advise when to stop, whether bridging is required, and when to resume.
- Any additional cardiac testing you feel is warranted, with results

The patient will also have routine preoperative medical clearance including a history and physical, CBC, CMP, urinalysis, and EKG.

Thank you for your help in caring for this patient.

Sincerely,

Sai Tummala, MD

Stanford Orthopaedics and Sports Medicine

Fax results to: 510-806-2633 Questions: 510-974-2800

EQUIPMENT COST ACKNOWLEDGMENT

Please read, complete, and return this page before your surgery date.

Your procedure may require equipment such as a sling, brace, crutches, a walker, a motion machine, or a cold therapy unit. We prescribe this equipment because we believe it is medically appropriate for your recovery.

Insurance coverage for this equipment varies a lot between plans, and some items are often not covered at all. Cold therapy units are usually paid out of pocket. Coverage can depend on your deductible, your plan's equipment benefit, and whether the supplier is in network.

We recommend that you contact your insurance company or the equipment supplier directly before your surgery to verify your coverage and understand what your cost is likely to be. The supplier can usually check your benefits for you if you ask.

Please understand that a determination by your insurance company that an item is not covered does not mean the item was unnecessary. It reflects the terms of your plan, not a clinical judgment about your care.

Acknowledgment

I understand that equipment has been recommended as part of my surgical care. I understand that my insurance may not cover some or all of the cost, that I am responsible for any amount not covered, and that I have been encouraged to verify my coverage before surgery.

Patient name (printed): _____

Signature: _____

Date: _____

EQUIPMENT PRESCRIBED

- | | |
|---|--|
| ☐ Sling | ☐ Walker |
| ☐ Shoulder immobilizer with abduction pillow | ☐ Continuous passive motion machine |
| ☐ Knee brace or immobilizer | ☐ Cold therapy unit |
| ☐ Hinged brace | ☐ Bone stimulator |
| ☐ Crutches | ☐ Other |

Equipment supplier: _____

Supplier phone: _____