

Banner Surgery Center
1125 S Alma School Rd. Ste 100
Chandler, AZ 85286
Phone: (480) 550-6089

Pre-op AND Post op information.

Please read the entire packet. Please do not discard until after your healing is complete. Your pre op orders are attached along with post-op instructions.

We must receive all pre-op testing no later than 3 days prior to surgery. Your surgery may be delayed if we do not have this in time. Pre-op testing includes: H&P LABS, EKG, and CARDIAC/MEDICAL CLEARANCE. Please let us know if you have any health issue we need to be aware of. **If you are taking blood thinners, you may need to refrain from taking them a few days before surgery.** The surgery center should reach out to you 1-2 days before surgery to go over medical & insurance information. If the surgery center has not reached out to you by the day prior to your surgery please call them to go over arrival times and payment. (see "billing information" at the bottom of this sheet for more information)

DAY OF SURGERY/PROCEDURE:

- Nothing to eat or drink after midnight
- Heart and blood pressure medication can be taken with a small amount of water
- Arrive 1-1.5 hours early (unless told differently by the facility)
- You must have a responsible adult (18+) accompany you to and from the procedure
- Wear comfortable clothing and shoes
- Don't forget your insurance card, ID, and walking boot (if one was issued)

Knee Scooter- If you are required to be non-weight bearing a knee scooter is very helpful. A few suggestions for a knee scooter:

Renting- Call the office

Purchase- Market Place, Offer up, Craigslist, and Amazon have all been pretty reasonable on price. Please make sure you are purchasing from a reliable source. There are so many different types so be sure the scooter is the correct one for your height and weight and lifestyle.

Insurance-some insurances will pay for a scooter. You will need to check with your insurance carrier to see if this is a benefit they offer. If the insurance says they will cover it please call me with a fax # so I am able to send an order to the correct facility. (This process may take longer depending on your insurance)

Billing information:

There are 3 billing entities: Dr. Thompson, Surgical Facility and Anesthesia. AFAS DOES NOT quote insurance billing prices. We will get authorization prior to your procedure. We can provide you with the procedure code(s) and the price associated with that code(s). AFAS will collect after the billing is completed and based on your insurance allowance. CASH PAY patients will be responsible for payment arrangements prior to surgery. **If you have FMLA or short-term disability paperwork you can fax/email or drop it off at the office and we will get it completed at our earliest convenience. There is a \$25 fee that will be collected for the completion of this paperwork.

POST OP MEDICATIONS:

Dr. Thompson will send post op medications to the pharmacy we have on file. If you have not heard from your pharmacy by 3:00 pm the day prior to your surgery please reach out to your pharmacy before contacting our office. If there is an issue or they haven't received the prescription give us a call and I will look into what the issue may be.

GENERAL POST SURGERY INFORMATION:

- A Postoperative visit should be scheduled for 10 days after surgery. If you do not have a post op appointment scheduled, please call our office to schedule.
- This 10 day post operative period is important for healing so please plan on resting 90% of this time. We strongly suggest taking this time off of work for healing and rest. * DO NOT remove the bandages. If there are issues with the bandages call the office; otherwise, bandages will be removed at the 10 day post operative visit. * Keep all dressings clean, dry and intact. If they get wet please call the office immediately. (Moisture can cause infection)
- We suggest lightly bathing and to hold off on taking a full shower. If you must shower, please purchase a cast cover. This is a plastic cover that will fit over the boot/splinted area.
- You will probably experience discomfort after the anesthesia and numbness wears off, this is normal. Keep the surgical sight elevated to prevent swelling. If the pain and discomfort is intolerable even with the pain medication call the office for assistance. * If you are calling the office after hours or over the weekend, there should be a prompt for the doctor on call. Please leave a message and Dr. Thompson will return your call. If there is an emergency call 911 or go to your closest ER.

I was told at Pre-op that I would be:

- WEIGHT BEARING- Please wait 24-48 hours OR until the anesthesia wears off before bearing weight as to not re-injure the surgical site. Make sure the boot is secure, start slowly, and increase weight and walking as tolerated. If it hurts, you may need to rest and try again later.
- NON-WEIGHT BEARING- DO NOT APPLY ANY WEIGHT ON THE
- SURGICAL SIDE! This includes: walking, standing, or any other movement where weight is applied on the surgical side of your body. If your non-weight bearing order will surpass the 10-day post op period you should consider purchasing a scooter and shower chair for assistance while showering. (read instructions above about keeping the dressings dry...this is VERY important)

If you were issued a post-surgical boot:

- The boot is to be worn at all times while mobile and sleeping- (You can cover the boot with a pillow case at night so you don't get the bed dirty) * The boot is adjustable for comfort (loosen/tighten).
- The boot may be removed for a short time, only while sedentary.

If you have any questions, please call Dr. Thompson's office:

Tammie Rios - Surgery Scheduler

480-812-3636

Dr. Chad Thompson, D.P.M.

Arizona Foot and Ankle Surgery

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ANESTHESIA RESOURCES

Preoperative Medication Guidelines

ANTICOAGULANTS

CARDIAC STENTS dual anti-platelet therapy

- Drug eluting stents: Minimum 6MONTHS for elective
 - 12 months is preferable
 - Cardiac clearance needed
- Bare metal stents: Minimum 6WEEKS for elective case
 - Cardiac clearance needed
- Plavix hold 5DAYS
- Aspirin hold 7DAYS

Interruption of OAC for Non-Urgent Procedures

OAC	Day -5	Day -4	Day -3	Day -2	Day -1	Procedure	Day +1	Day +2	Day +3	Day +4
Warfarin Usual or need to interrupt OAC for procedure with low bleeding risk	No VKA	No VKA	No VKA	No VKA	No VKA	None	VKA ^{1,2}	VKA ^{1,2}	VKA	VKA
DOAC ³	No LWVW ⁴	No LWVW ⁴	DOAC	DOAC	DOAC ³	None	LWVW ^{4,5}	LWVW ^{4,5}	DOAC	LWVW ^{4,5,6,7}
Dabigatran + CrCl >30 mL/min	DOAC	DOAC	DOAC	DOAC	DOAC	None	DOAC ³	DOAC ³	DOAC	DOAC
	DOAC	DOAC	DOAC	DOAC	DOAC	None	None	DOAC ³	DOAC	DOAC
	DOAC	DOAC	DOAC	DOAC	DOAC	None	None	DOAC ³	DOAC	DOAC
	DOAC	DOAC	DOAC	DOAC	DOAC	None	None	DOAC ³	DOAC	DOAC
	DOAC	DOAC	DOAC	DOAC	DOAC	None	None	DOAC ³	DOAC	DOAC

¹Patients on need of bridging during interrupted VKA therapy include those with valvular AF (mechanical heart valves or rheumatic aortic mitral valve disease), non-valvular AF with a CHA₂DS₂-AS₂ score of 3-4, and those with a recent stroke or transient ischemic attack.
²W¹ should be performed the day prior to the procedure. If >1.5 times (cumulative administered volume) of P¹W¹ is used, the day prior to the procedure should be performed the day prior to the procedure.
³None morning (LWVW) for low dose regimens (or 1x daily LWVW dose for once daily dosed regimens).
⁴This schedule applies to factor Xa inhibitors (apixiban, esaxiban, inrabanil and edoxaban) but only when dabigatran is used in patients with a CrCl ≥30 mL/min.
⁵None morning (LWVW) for low dose regimens (or 1x daily LWVW dose for once daily dosed regimens).
⁶None morning (LWVW) for low dose regimens (or 1x daily LWVW dose for once daily dosed regimens).
⁷DOAC/LWVW resumption following an invasive procedure should only occur once hemostasis has been achieved.

HYPERTENSION/BLOOD PRESSURE/CARDIAC

TAKE MORNING (AM) DOSE

- Beta-Blockers (end in -lol, ex. Metoprolol)
- Calcium Channel Blockers (ex. Cardizem, Nifedipine)
- Antiarrhythmics (any med for irregular heartbeat)

HOLD AM DOSE

- Ace Inhibitors (-pril, ex. Lisinopril)
- Angiotensin Receptor Blocker (-sartan, ex. Losartan)
- Diuretics (ex. Lasix, HCTZ)

DIABETES

INSULIN

- Fasting ideal dose recommendation by Endocrinologist or Primary = 1/2 normal base dose *night before surgery*, hold AM dose
- Insulin Pump: Continue basal rate if pump can be safely in place for procedure and able to be manipulated by doctor

ORAL/TRADITIONAL (ex. Metformin, Glypideride)

- Hold AM dose

NEW DIABETES/WEIGHT LOSS MEDS

- DISCONTINUE 7 DAYS PRIOR TO SURGERY
 - Glucagon-like Peptide (-glutide, Ozempic, Trulicity)
 - Glucose-dependent insulinotropic polypeptide (GIP), Tirzepatide
- DISCONTINUE 3-4 DAYS PRIOR TO SURGERY
 - Sodium-Glucose Cotransporter 2 Inhibitors (-liflozin, SGLT2, Farxiga, Jardiance)

RESPIRATORY

ASTHMA/COPD

- Take AM oral dose and bring inhalers day of surgery

PSYCHIATRIC/SEIZURE/ADDICTION

TAKE AM DOSE

- Anxiety/Depression/Seizure

HOLD AM DOSE

- Psychostimulants (ex. Adderal, Vyvanse)

MAO INHIBITORS (ex. Isocarboxazid, Phenylzine, Selegiline, Tranylcypromine)

- Contact anesthesia prior to scheduling
- Often stopped 2 WEEKS prior to surgery

OPIATE AGONIST-ANTAGONISTS (ex. Suboxone, Naltrexone, Buprenorphine/Methadone)

- Recommendations from prescribing pain/addiction doctor for continuation/discontinuation
- See attached guidelines for management of Buprenorphine-UCSF

ILLICIT

ANY OF THE BELOW ILLICIT DRUGS MAY BE CANCELLED FOR PHYSIOLOGIC DERANGEMENTS OR INABILITY TO PROVIDE LEGAL CONSENT

- **THC**
 - Ideally off 24HOURS
 - May proceed after at least 2HOURS after vape/smoke or 8HOURS after ingestion
 - Chronic users consider weaning if procedure is scheduled greater than 7 days
- **METHAMPHETAMINE**
 - May proceed 2DAYS after last intake
 - Ideal wait time: 7DAYS
- **COCAINE**
 - May proceed 8HOURS after initial intoxication
- **HEROIN**
 - May proceed with no holding time provided no signs of acute intoxication or withdrawal

ERECTILE DYSFUNCTION

Continue drugs if treating pulmonary hypertension - Likely not a surgery center case

- VIAGRA (Sildenafil): Hold 24hrs
- LEVITRA (Vardenafil): Hold 24hrs
- CIALIS (Tadalafil): Hold 3days prior to surgery

MISCELLANEOUS

TAKE AM DOSE

- Thyroid
- Steroids: Consider stress dosing
- Gastric Reflux (GERD): No particulates (ex. Tums, Mallox)
- Opiates: Chronic use