



ILLINOIS
BONE & JOINT
INSTITUTE®

Move better. Live better.

Ritesh R. Shah, MD

9000 Waukegan Road, Suite 200 ~ Morton Grove, IL 60053
(847) 375-3000

Valued Visitor,

Thank you for choosing Illinois Bone and Joint Institute and entrusting me with your orthopaedic health care. I believe in providing empathetic, innovative, timely and exemplary care to all my patients, to rapidly restore your function and activity. It is my hope that through this process a bond of mutual trust and respect will be formed.

Many people experience anxiety in anticipation of surgery because they do not know what to expect. I want to provide you with information to help alleviate any concerns you may have. In the enclosed packet, you will find documents to help guide you through the entire surgical process.

Pre-surgical information:

- *Pre-Surgical Checklist* – provides a means to keep track of what you are expected to do in preparation for surgery.
- *Medication Instructions* – list medications that will need to be stopped and clearly indicates when to stop them.
- *Cleansing Instructions* – guides you through the steps necessary to help prevent infection.

Post-surgical information:

- *Postoperative Recovery Information* - includes information regarding travel precautions, post surgical physical therapy, and activity restrictions.
- *Frequently Asked Questions* – answers common questions patients ask regarding their postoperative care and return to specific activities.

With all the options you have available, I am honored that you have chosen IBJI and me for your surgical needs. Please know that I am committed to your care.

If you have any questions or concerns, please reach out to me at any time.

In good health,
Electronically signed by

Ritesh R. Shah, MD



PRE-SURGICAL CHECKLIST

Ritesh R. Shah, MD

9000 Waukegan Road, Suite 200 ~ Morton Grove, IL 60053

(847) 375-3000

Patient: _____

MR#: _____

Preparing for surgery may seem overwhelming at times so I created a checklist to help you navigate through the pre-surgical process. This checklist is in chronologic order, so please begin with the first item and continue to work your way through, completing the last item on the day prior to surgery.

You have been scheduled for surgery on: _____

Your surgical procedure will be: _____

Your surgery will take place at: _____

Your preoperative lab appointment will be scheduled on: _____

Your preoperative appointment will be scheduled on: _____

I would like you to see my Physician Assistant (PA) for your first postoperative appointment which will be two weeks following your surgery.

2-weeks postoperative, will be scheduled the week of: _____

6-weeks postoperative, will be scheduled the week of: _____

Our office will contact your insurance as needed to authorize your surgery and surgicenter admission.

Please complete the items below as soon as possible:

- Medical Clearance – Please contact your primary care physician and make an appointment to be seen two(2) weeks prior to surgery. Clearance needs to be 30 days or less prior to surgery to ensure there were no changes to your health. The surgicenter requires that you be medically cleared and declared healthy enough to have surgery. This usually involves a summary of your medical history, a physical exam, an EKG, and a review of your laboratory work and current medications. If your health condition dictates, other tests or evaluations by other specialists may be necessary.

Medical clearance and test results should be sent to our office at: Fax (847) 929-1145 and to the pre-surgical testing department at: Select.

- Employment and Disability Forms – If you have forms that need to be filled out regarding a disability or for your employer, please forward them to my office for processing.

- Review the “Medication Instructions” sheet so you know specifically if or when any of the medications you are taking will need to be stopped prior to surgery.

- Review the “Cleansing Instructions” for information on purchasing Hibiclens antiseptic soap so you have it on hand for your pre-surgical cleansing.

One (1) month prior to surgery:

- Check the “Medication Instructions” sheet for this time period.

Two (2) weeks or 14 days prior to surgery:

- See your physician for medical clearance and review of your medications and lab work.
- Check the “Medication Instructions” sheet for this time period.

One (1) week or 7 days prior to surgery:

- Check the “Medication Instructions” sheet for this time period.
- Review the "Cleansing Instructions" sheet and begin washing daily with Hibiclens.

Five (5) days prior to surgery:

- Check the “Medication Instructions” sheet for this time period.

Two (2) days prior to surgery:

- Check the “Medication Instructions” sheet for this time period.
- If you have not already been contacted, expect a call from the surgicenter instructing you on where to go and what time to arrive at their facility.

One (1) day prior to surgery:

- To prevent any problems while you are under anesthesia, please do not eat or drink anything after midnight the night before your surgery. The only exception to this is for allowed medications, which can be taken with a sip of water.

The day of surgery:

- Shower with Hibiclens the morning of surgery as described in the “Cleansing Instructions” sheet.
- Please arrive at the surgicenter at the scheduled time.
- Remember to bring a picture ID and insurance card(s) with you.
- Please do not bring any valuables or jewelry.
- If you wear glasses or use a hearing aid, please bring these with you. Also if you use a cane, crutches or a walker you may need to bring these to the surgicenter.
- Have someone drive you to the surgicenter. Remember, you will not be allowed to drive yourself home after your surgery and you will not be permitted to leave alone or by taxi.

As you know, I am committed to your care, please feel free to reach out to me if you have any questions or concerns while preparing for your surgery.



MEDICATION INSTRUCTIONS

Ritesh R. Shah, MD

9000 Waukegan Road, Suite 200 ~ Morton Grove, IL 60053

(847) 375-3000

Patient: _____

MR#: _____

Because of the way certain medications interact with each other and how they work within the body it may be important to stop taking them prior to your surgery.

Please check all the medications you are currently taking against the list I have compiled below. This list will assist you in determining if or when you need to stop your medications. If your medication is not listed or you have been specifically instructed otherwise, you may continue to take your medication, as usual, until the day before surgery.

Please notify me if you are taking Narcotic Pain Medications on a regular basis. Weaning off or stopping the medications listed below is highly recommended prior to surgery:

- Hydrocodone
- Norco
- Opana
- Oxycontin
- Percocet
- Vicodin

One (1) month prior to surgery, please stop Anti-Rheumatic infusion such as:

- Enbrel
- Humira
- Methotrexate
- Remicade

(Anti-Rheumatic infusions can be resumed one month after surgery.)

Two (2) weeks or 14 days prior to surgery, please stop taking the following medications:

- All hormone replacement medication
- All birth control medication
- Celebrex
- Diclofenac potassium (Cataflam)
- Diclofenac sodium (Voltaren, Voltaren XR)
- Diclofenac sodium with misoprostol (Arthrotec)
- Fenoprofen calcium (Nalfon)
- Flurbiprofen (Ansaid)
- Ibuprofen (Advil, Motrin, Motrin IB, Nuprin)
- Indomethacin (Indocin, Indocin SR)
- Ketoprofen (Actron, Orudis, Orudis KT, Oruvail)
- Magnesium salicylate (Arthritab, Bayer Select, Doan's Pills, Magan, Mobidin, Mobogesic)
- Meloxicam (Mobic)
- Nabumetone (Relafen)
- Naproxen (Naprosyn, Naprelan)
- Naproxen sodium (Aleve, Anaprox)

One (1) week or 7 days prior to surgery, please stop taking the following medications to decrease the risk of excessive bleeding:

- All vitamins and herbal supplements
- Aspirin (Anacin, Ascriptin, Bayer, Bufferin, Ecotrin, Excedrin)
- Choline and magnesium salicylates (CMT, Tricosal, Trilisate)
- Choline salicylate (Arthropan)
- Diflunisal (Dolobid)
- Etodolac (Lodine, Lodine XL)
- Oxaprozin (Daypro)
- Piroxicam (Feldene)
- Plavix
- Pradaxa
- Salsalate (Amigesic, Anaflex 750, Disalcid, Marthritic, Mono-Gesic, Salfex, Salsitab)
- Sodium salicylate (various generics)
- Sulindac (Clinoril)
- Xarelto

Five (5) days prior to surgery, please stop taking the following medications to decrease the risk of excessive bleeding:

- Coumadin
- Warfarin

Two (2) days prior to surgery, please stop taking the following medications for anesthesia purposes:

- Benazepril (Lotensin)
- Candesartan (Atacand)
- Captopril (Capoten)
- Enalapril (Vasotec, Renitec)
- Eprosartan (Teveten)
- Fosinopril (Monopril)
- Irbesartan (Avapro)
- Lisinopril (Lisodur, Lopril, Novatec, Prinival, Zestril)
- Losartan (Cozaar)
- Olmesartan (Benicar)
- Perindopril (Coversy, Aceon)
- Quinapril (Accupril)
- Ramipril (Altrace, Tritace, Ramace, Ramiwin)
- Telmisartan (Micardis)
- Valsartan (Diovan)
- Zofenopril

You may continue to take the following medications until the time of surgery:

Acetaminophen	Anti-Rheumatic Medications:
Tramadol/ULtram	Plaquenil
Tylenol	

I encourage you to contact me as soon as possible if you have any questions related to your medications.

CLEANSING INSTRUCTIONS

Ritesh R. Shah, MD

9000 Waukegan Road, Suite 200 ~ Morton Grove, IL 60053
(847) 375-3000

Patient: _____

MR#: _____

I recommend that you use Hibiclens antiseptic soap to clean your skin prior to surgery. This cleansing process is necessary to help prevent infection and must be completed in order to proceed with surgery.

For your convenience, Hibiclens Antiseptic Antimicrobial Skin Cleanser is available for purchase at our DME Services, located on the first floor of IBJI Morton Grove. Hibiclens can also be purchased at various retail pharmacy locations.



Seven (7) days prior to surgery please begin using Hibiclens antiseptic soap in the shower to cleanse your body each day. Continue each day, including the morning of surgery.

Please pay special attention when cleansing the area(s) for your surgery to help prevent infection.

- For knee arthroscopic surgery, cleanse from the mid-thigh to the ankle.



ILLINOIS
BONE & JOINT
INSTITUTE®

Move better. Live better.

POSTOPERATIVE RECOVERY INFORMATION

Ritesh R. Shah, MD

9000 Waukegan Road, Suite 200 ~ Morton Grove, IL 60053
(847) 375-3000

Patient: _____

MR#: _____

Travel Precautions

If you have had a knee arthroscopy and are taking a trip (plane, train, bus or car) longer than 3 hours, I recommend a single dose of aspirin as a prophylaxis, to prevent deep vein thrombosis (DVT), more commonly known as a blood clot. The aspirin should only be used during travel as there is no need to take it before or after traveling.

Physical Therapy

I recommend you begin physical therapy at an outpatient facility beginning one week after your knee arthroscopy. Your physical therapy will continue for two to four weeks.

Restrictions

Avoid doing deep knee bends, squats or jumping for four weeks following your knee arthroscopy surgery.

What do I do if I have fever over 102°, chills, drainage from incision, calf pain, chest pain or shortness of breath?

If you experience any of these symptoms, please call our office for further instruction. If it is after hours or on weekends, please call the on-call physician at (847) 375-3000.

When can I resume my usual diet?

You can resume your usual diet as tolerated. Be sure to take pain medication with food to reduce side effects. Drink plenty of fluids to avoid dehydration.

How active should I be after surgery?

Every patient heals, recovers, and rehabs at a different pace. In general, it is best to stay out of bed during the day as much as possible. Elevating your legs when you are lying down can help control swelling. Continue the exercises shown to you by your physical therapist.

When can I shower after surgery?

Please do not shower for two days following your surgery as the ACE wrap on your leg will need to stay on for 48 hours. On the second day you may remove the ACE wrap, leaving the steri-strips in place. Cover the site with waterproof bandages for the next five days when showering. After that, allow the steri-strips to fall off on their own.

When can I take a bath?

Please wait 4 weeks before soaking in a bath tub.

When can I swim (pool, lake, river, hot tub)?

Please wait 4 weeks after surgery.

What is my weight bearing status?

You will be weight-bearing as tolerated.

When can my partner and I resume intimacy?

When tolerated.

When can I play golf?

When tolerated.

When can I ride a stationary bicycle?

You are allowed as tolerated.

FREQUENTLY ASKED QUESTIONS – Continued
For Knee Arthroscopy

When can I drive a car?

Please use discretion, such as no driving within 4 hours of taking narcotic pain medications. For right sided surgery, please wait at least 1 week after surgery before driving. For left sided surgery, you may resume driving sooner as long as you are driving an automatic vehicle.

How long will it be before I am able to travel?

You are allowed to ride in a car as soon as you are comfortable. Please take a break every 2 hours and walk around for 10 minutes to reduce risk of blood clots. I prefer you avoid flying in an airplane for 4 weeks after surgery. If you fly, it is preferred that you have an aisle seat and get up and walk every hour.

When can I return to work?

This will depend on several variables, including your progress in rehab, the physical demands of your job, and whether or not your job offers reduced duty. The goal is to get you back to work as quickly as possible without risking your personal safety.



**PREOPERATIVE HISTORY AND PHYSICAL
(MEDICAL CLEARANCE)**

Ritesh R. Shah, MD

9000 Waukegan Road, Suite 200 ~ Morton Grove, IL 60053
Phone (847) 375-3000

MR#: _____

Patient: _____

DOB: _____

Thank you for choosing Illinois Bone and Joint Institute and allowing me to participate in your orthopaedic surgery needs. In order to undergo surgery safely, you must be medically cleared and declared healthy enough to have surgery. Please have the enclosed Preoperative History and Physical (H&P) Medical Clearance form and additional test(s) or lab results completed by your physician.

The following labs/tests will be necessary for preoperative clearance:

- Preoperative H&P
- Labs: CBC w/diff, BMP, PT/INR, UA
- EKG
- Possible Chest X-ray (Only if there is history of TB, Pulmonary nodule, etc.)


Completed Preoperative H&P Medical Clearance form, lab and test results should be sent back to my office via: Fax (847) 929-1145, and to pre-surgical testing at Select Facility as soon as possible but at least one week prior to your scheduled surgery.

If you should have any questions, please contact my office at: (847) 324-3902.

In good health,
Electronically signed by

Ritesh R. Shah, MD

PREOPERATIVE HISTORY AND PHYSICAL (MEDICAL CLEARANCE)

Patient's Name:	DOB: Age:	Sex:	 <p style="margin: 0;">ILLINOIS BONE & JOINT INSTITUTE®</p> <p style="margin: 0; font-size: small;">Move better. Live better.</p> <p style="margin: 0;">Surgeon: Ritesh R. Shah, MD</p> <p style="margin: 0; font-size: small;">9000 Waukegan Road, Suite 200 Morton Grove, IL 60053 Phone (847) 375-3000 ~ Fax (847) 929-1145</p>		
Chief Complaint:					
Diagnosis:					
Proposed Plan / Surgery:					
Significant Medical Hx:	LMP:		PHYSICAL EXAM Vitals:		
1.	5.				
2.	6.				
3.	7.				
4.	8.		BP	P	RR
Previous Surgeries:			NORMAL		
1.	4.		HEENT/Neck: <input type="checkbox"/> _____		
2.	5.				
3.	6.				
Family / Social History:			Heart: <input type="checkbox"/> _____		
Hx Sleep Apnea:	<input type="checkbox"/> Yes <input type="checkbox"/> No	CPAP Mask:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lungs/Chest: <input type="checkbox"/> _____	
Tobacco Use:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol Use:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Substance Abuse:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify: _____			
Allergies:			Musculoskeletal <input type="checkbox"/> _____		
Medications / Herbals / OTC:			Abdomen: <input type="checkbox"/> _____		
1.	5.				
2.	6.				
3.	7.		Genitalia/Pelvis: <input type="checkbox"/> _____		
4.	8.				
FUNCTIONAL EXERCISE CAPACITY:					
<input type="checkbox"/> Adequate for proposed surgery <input type="checkbox"/> Not adequate * <input type="checkbox"/> Cannot assess *			Extremities: <input type="checkbox"/> _____		
Comments: _____					
*consider cardiac evaluation					
Recent Stress Test/Angiogram (if applicable): _____			Neuro: <input type="checkbox"/> _____		
RESULTS OF OTHER PERTINENT TESTS AND DATE(S) OF TEST:			IMPRESSION:		
(i.e. Echo/PFT's/ABG's/Carotid studies/Apnea studies/Labs/ Pregnancy test/ etc.)			<input type="checkbox"/> Patient has been medically evaluated and is optimally prepared and a reasonable risk to undergo proposed surgery.		
			<input type="checkbox"/> Patient is not a candidate for proposed surgery.		
			<input type="checkbox"/> Patient is prepared to undergo proposed surgery pending: _____		
SPECIAL PERI-OPERATIVE RECOMMENDATION / COMMENTS:					
(i.e.β-blockade/Postoperative monitors, etc. other issues)					
Other issues:			Evaluating Physician's Printed Name		
			Evaluating Physician's Signature		
			Phone Number _____ Date _____		