

## POST-OP PROTOCOL

Dr. Coetzee

### Important instructions following surgery:

- Elevation is absolutely critical to your recovery. Ice is not as helpful because you have thick bandages/dressings. Keep your foot elevated 12-16" above your heart for the first 72 hours after surgery.
- Swelling is controlled by elevation, not medication. The best way to keep your swelling and therefore pain under control is elevation. Ibuprofen and other anti-inflammatory drugs don't reduce swelling that has already occurred, they prevent new inflammation and subsequent swelling.
- Don't trade sleep for elevation. If you can't sleep on your back with your foot elevated, stop elevating. Sleep is more important.
- If you have post op orders that say you can remove the dressing and feel it's necessary you can, otherwise this is done for you at the post op visit. Never remove a splint or cast on your own. **Specific to bunion repairs: please do not remove or alter your bandage. The toe is splinted to ensure the correct alignment while bone is healing.**
- Some bleeding is normal. Blood is sterile--it does not increase your likelihood of infection. If your bandages are soaked and uncomfortable, we can change your dressings. If you have some bleeding that looks unsightly, but doesn't hurt, its best to leave your dressings in place.
- Reinforce your dressing for breakthrough bleeding during the 1<sup>st</sup> 48 hours after surgery. We operated on your bone...its normal for it to bleed. Your dressings are sterile on the inside (including your blood). Removing your dressings also removes the sterility around the surgical site.

### What to expect after surgery:

**Weeks 1-2:** Minimal activity out of the house. Gradually decrease the pain medication you're taking. Every patient is different in terms of pain management. You should have some discomfort, you just had surgery. Soreness is your body telling you to slow down, listen to it. **Your bone is healing during this time. Do not push through pain!**

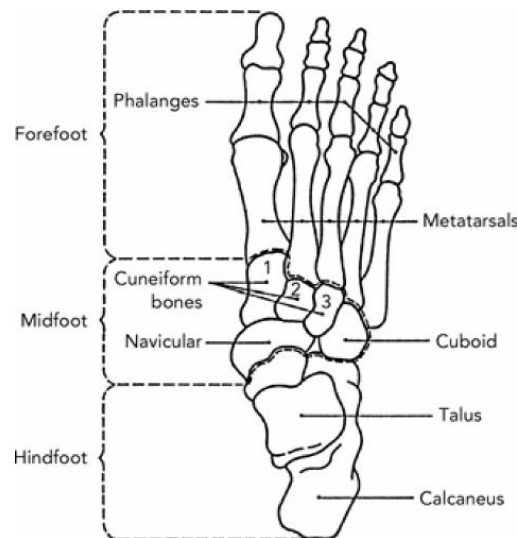
Exercise: You will get a good sense of how much you can be on your foot after the 1<sup>st</sup> 72 hours. You may go to your fitness center and do upper body/core exercises. You may ride a stationary bike on low resistance.

**Weeks 2-6:** Gradually increasing activities. Stay in your boot or post op shoe for weightbearing activities. Listen to your foot. If it is sore, rest. Your bone and supporting soft tissues are still healing. Still too early to push through pain during activities.

Exercise: After your sutures come out, you are able to get your foot wet. If you're a swimmer, you can begin swimming. Stay in deep water and do not push hard off the wall. Keep resistance low on exercise bike. You may use an elliptical trainer while wearing the post-op shoe.

**Week 6 and beyond:** After your 6 week post op Dr. Coetzee may recommend Physical Therapy (sometimes sooner than 6 weeks). PT helps to retrain your gait and re-educate your muscles from walking improperly for 6 weeks. You may begin doing regular activities gradually and wearing regular shoes. It is not unusual to take 2-3 weeks to feel comfortable walking in regular shoes after your 6 week follow up. Keep using your Aircast boot if you have pain while walking in shoes. Please be patient. It takes between 6-12 months to get to a final result. You will keep improving up until a year after surgery.

## Common Post-Op Concerns



### Forefoot:

**Q: Why do my toes not touch the ground?**

**A:** Early on after surgery, the toes may not touch the ground due to swelling in the toes themselves as well as in the pad of the foot. Elevation of the lower extremity is recommended and this will improve with time. Further out from surgery if the toes do not touch the ground it may be due to a contracture of the extensor tendon in the toe.

**Q: Why are my toes numb?**

**A:** Numbness (paresthesia) is common with toe and forefoot surgery. The numbness will typically resolve as the swelling goes down.

**Q: Why are my toes still swollen?**

**A:** It is not uncommon to still have swelling in your forefoot and/or toes 3 months out from surgery. Most swelling will resolve during this time but it may be up to 3 months before you feel that your foot appears “normal” and footwear is comfortable.

### Midfoot:

**Q: Why do I feel like I’m walking on the outside of my foot?**

**A:** You may feel that you favor one side of your foot due to pain. This will resolve as swelling continues to go down and with physical therapy specifically working on gait training.

**Q: Why do I feel like there is a band across the middle of my foot?**

**A:** The tightness you may feel across your midfoot is due to swelling. This feeling will improve as the swelling in the foot subsides.

**Q: Why is my post-operative foot a darker color than my non operative foot?**

**A:** The vascular supply is effected during surgery. The venus return is a lower pressure system. It can take several months before the coloring appears similar to the non-op foot, this is normal.

**Hindfoot:**

**Q: Why does my heel hurt?**

**A:** If you had a subtalar fusion, there is an incision on the apex of the heel. The soft tissue in this area can remain tender for several months. If you have persistent heel tenderness, you can use a silicone heel cup to alleviate some of the pressure on this area.

## GENERAL POST-OP FAQ'S

**Q: Can I take my post-op shoe off at night?**

**A:** Yes. The post-op shoe is for weightbearing activity only.

**Q: I have bleeding, doesn't that increase my risk of infection?**

**A:** No. Blood is sterile. If your blood is not sterile you're in serious trouble...Your dressings are applied in a sterile environment. There is actually a greater risk of infection by changing your dressing before your incision is healed.

**Q: My dressings are causing pain, can I have them changed?**

**A:** Yes. We don't want your dressings to create another wound on your foot or cause you to take more pain medicine.

**Q: I have blood on my dressings, how long should I wait to call?**

**A:** 48 hours. Some bleeding is normal after surgery. There shouldn't be any new bleeding 24 hours after your procedure. You can reinforce the bandage with Coban or another ACE bandage if needed to not see the drainage but do not remove the post op dressing without talking with our office unless instructed to do so in your post op orders.

**Q: Can I take Ibuprofen?**

**A:** No. We prescribe Ibuprofen to help get you through the initial few days after surgery because its very helpful for inflammatory pain. After the 1<sup>st</sup> week post-op Ibuprofen (and all NSAIDS) is actually detrimental to your bone healing. *\*\*Occasionally Ibuprofen is prescribed with your post op medications. We do this to help with inflammation after surgery. Ibuprofen can be taken intermittently if prescribed to avoid continued use of narcotic pain medication.*

**Q: How long is it normal to take pain medicine?**

**A:** No clear cut answer for this one. Expect some discomfort after surgery. If you have sharp pain, use medication to help. The goal of pain medication is not to enable to you do normal activities after surgery. Your pain should gradually resolve in the first few weeks after surgery.

**Q: I had a block and I can't feel my foot, is this normal?**

**A:** Yes. Sometimes blocks can last 24-36 hours. Numbness is normal after surgery. It is normal to have some numbness in your foot for a week or so. If you cannot feel your foot at all after 36 hours, call the surgery center and ask to speak to one of the anesthesiologists.

**Q: I tripped with my surgical foot, did I do any damage?**

**A:** Unlikely. If your pain is worsening after an hour of elevation give us a call and we'll potentially take an xray. Usually if anything major has happened, the pain will be severe enough to go the Emergency Department.

**Q: I'm having a lot of bruising is this normal?**

**A:** Discoloration/bruising is normal. It is caused by increased blood flow to the operative site and inability of the venous return system to keep up with the swelling. This discoloration will persist for 2-4 weeks following surgery.

**Q: Am I able to bathe?**

**A:** Take a sponge bath instead of a shower if possible during the first two weeks. If you choose to shower, cover the dressing with a waterproof covering. These may be purchased at:

*Walgreens* Reusable Waterproof Cast & Wound Protector

*CVS* Reusable Cast & Wound Protector

*WalMart* Seal-Tight Freedom Cast and Wound Protector Adult Leg

*Target* Nova Leg Cast Protector

*Online (Amazon)* Waterproof Cast Cover, Xerosox Waterproof Cast Cover

**Q: Can I drive?**

**A:** If you are in a black post op shoe and are no longer taking narcotic pain medication you by law are able to drive. However if you do not feel confident with the pressure needed to push the pedals then we recommend waiting until you feel comfortable. If you are in a splint/cast or boot please ask this question at your 2 week post op visit as the answer will vary based on surgery you had and if you're able to remove your boot drive moving forward from your post op visit.

**Q: Can I get a pedicure?**

**A:** We recommend waiting until after our 6 week post op visit to get a pedicure in a salon. You however will get the okay to take a shower/bath after your sutures/staples have been removed at the 2 week post op.

**Q: When will the orange surgical prep solution wash off my skin?**

**A:** Be patient, this may take a few showers before the discoloration completely washes off the skin. Baby oil has been known to speed this process along.

**Q: Will I need physical therapy?**

**A:** Most physical therapy orders are given at the 6 week post op visit. There are some surgeries that start sooner and if so, you will be provided this order at your 2 week post op visit.

**Q: When can I fly?**

**A:** If you have travel plans within days after surgery please let the team know to discuss DVT prophylaxis. If you have a weightbearing restriction you will need to be taking an aspirin the day before travel, day of travel and day after travel.

## Post-op Weight Bearing Guidelines

PROCEDURE	WHAT IS ON MY FOOT/ANKLE AFTER SURGERY?	WEIGHT BEARING STATUS AFTER SURGERY	WEIGHT BEARING STATUS AFTER 2 WEEK POST OP VISIT until week 6
TOTAL ANKLE ARTHROPLASTY	SPLINT	50% WEIGHT BEARING	50% WEIGHT BEARING
ANKLE FUSION	SPLINT	50% WEIGHT BEARING	50% WEIGHT BEARING
BROSTROM LATERAL LIGAMENT REPAIR	CAST	50% WEIGHT BEARING	WEIGHT BEARING AS TOLERATED
BROSTROM LATERAL LIGAMENT REPAIR WITH INTERNAL BRACE	CAST	WEIGHT BEARING AS TOLERATED (WBAT)	WEIGHT BEARING AS TOLERATED (WBAT)
ACHILLES REPAIR	CAST	TOE TOUCH WEIGHT BEARING (TTWB)	50% WEIGHT BEARING
HAGLUND'S EXCISION	CAM BOOT (WALKING BOOT)	WEIGHT BEARING AS TOLERATED (WBAT)	WEIGHT BEARING AS TOLERATED (WBAT)
PERONEAL TENDON REPAIR	CAST	NON-WEIGHT BEARING	TOE TOUCH WEIGHT BEARING (TTWB) OR POSSIBLY 50% WEIGHT BEARING DEPENDING ON THE SPECIFIC PROCEDURE
LATERAL COLUMN LENGTHENING	SPLINT	TOE TOUCH WEIGHT BEARING (TTWB)	TOE TOUCH WEIGHT BEARING (TTWB)
CALCANEAL OSTEOTOMY	SPLINT	TOE TOUCH WEIGHT BEARING (TTWB)	50% WEIGHT BEARING
TALONAVICULAR FUSION	SPLINT	TOE TOUCH WEIGHT BEARING (TTWB)	50% WEIGHT BEARING
NAVICULAR CUNEIFORM FUSION	SPLINT	TOE TOUCH WEIGHT BEARING (TTWB)	50% WEIGHT BEARING
SUBTALAR FUSION	SPLINT	50% WEIGHT BEARING	50% WEIGHT BEARING
TRIPLE ARTHRODESIS	SPLINT	TOE TOUCH WEIGHT BEARING (TTWB)	50% WEIGHT BEARING
MIDFOOT FUSION	SPLINT	TOE TOUCH WEIGHT BEARING (TTWB)	50% WEIGHT BEARING
MEDIAL COLUMN FUSION	SPLINT	TOE TOUCH WEIGHT BEARING (TTWB)	TOE TOUCH WEIGHT BEARING (TTWB)
GREAT TOE FUSION	SOFT DRESSING WITH ACE WRAP	WEIGHT BEARING AS TOLERATED (WBAT)	WEIGHT BEARING AS TOLERATED (WBAT)
BUNION REPAIR	SOFT DRESSING WITH ACE WRAP	WEIGHT BEARING AS TOLERATED (WBAT)	WEIGHT BEARING AS TOLERATED (WBAT)

**WEIGHT BEARING AS TOLERATED=** No assistive device such as crutches/walker/knee scooter needed. Okay to use for balance/comfort as needed.

**50% WEIGHT BEARING=** You are able to place 50% of your weight on the surgical foot/ankle. Crutches/walker are needed to offload the weight. Small short steps are encouraged. Use pain as your guide; if painful when ambulating you are likely putting more than 50% weight on the lower extremity.

**TOE TOUCH WEIGHT BEARING=** The foot may touch the floor for balance only. Crutches/walker/knee scooter are needed to ambulate.

# Your Surgery Day

*Thank you for choosing Fairview Health Services*

**Your surgery is on:** \_\_\_\_\_ (date)

Please arrive at: \_\_\_\_\_ a.m./p.m.

**Note:** This time may change. We will call to confirm the time and review any instructions.

If you haven't heard from us by the evening before surgery—or you have questions on the day of surgery—call your surgery center.

If you should expect to stay overnight in the hospital, your surgeon will let you know.

## Getting ready

Please review your to-do list in *Preparing for Your Surgery*. If you haven't yet received this, call your surgery center to request a copy.

## Important phone numbers

- **Interpreter Services:** 612-273-3780
- **Billing:** 612-672-6724

## Surgery center locations

### Fairview Lakes Medical Center

5200 Fairview Dr., Wyoming, MN 55092

[www.lakes.fairview.org](http://www.lakes.fairview.org)

*Fax test results to:* 651-982-7943

*Questions:* 651-982-7319

- Park in the Emergency Department parking lot. Use the Emergency entrance.

### Fairview Maple Grove Ambulatory Surgery Center University of Minnesota Health Maple Grove Clinics

14500 99th Ave. N., Maple Grove, MN 55369

[www.fairview.org/Specialties/Surgery/Fairview-Maple-Grove-Ambulatory-Surgery-Center](http://www.fairview.org/Specialties/Surgery/Fairview-Maple-Grove-Ambulatory-Surgery-Center)

*Fax test results to:* 763-898-1439

*Questions:* 763-898-1400

- You'll find free parking in front of the surgery center. Please go to the Ambulatory Surgery Center on the second floor.

### Fairview Northland Medical Center

911 Northland Dr., Princeton, MN 55371

[www.northland.fairview.org](http://www.northland.fairview.org)

*Fax test results to:* 763-389-6389

*Questions:* 763-389-6380

- Use the main entrance. Go past the main registration desk to the surgery registration desk. It is on your right, across from the Surgery Family Lounge.
- If you arrive before 5:45 a.m., please enter through the Emergency Department. Check in at the emergency room desk.

*(see next page for more locations)*

### **Fairview Range Medical Center**

750 East 34th St., Hibbing, MN 55746

[www.range.fairview.org](http://www.range.fairview.org)

Main line: 218-262-4881 or 888-870-8626

Day of surgery: 218-362-6709 or 1-877-362-6719

- If going home the same day of surgery: Park in the North parking lot. Use the North Entrance.
- If staying overnight in the hospital: Park in the West parking lot. Use the West Entrance.

### **Fairview Ridges Hospital**

201 E. Nicollet Blvd., Burnsville, MN 55337

[www.ridges.fairview.org](http://www.ridges.fairview.org)

Fax test results to: 952-892-2078

Questions: 952-892-2014

- Park in back of the hospital (on the east end). You will see parking spaces for surgery patients
- Enter through the Surgery Center doors. Go to the Surgery Family Lounge and check in at the welcome desk.

### **Ridges Surgery Center**

14101 Fairview Dr., Suite 400, Burnsville, MN 55337

[www.RidgesSurgeryCenter.com](http://www.RidgesSurgeryCenter.com)

Questions: 952-658-8000

- You'll find free parking in front of the surgery center. Please check in at the welcome desk.

### **Fairview Southdale Hospital**

6401 France Ave. S., Edina, MN 55435-2199

[www.southdale.fairview.org](http://www.southdale.fairview.org)

Questions: 952-924-5191

- Check in at the welcome desk, located in the Skyway Lobby. (If you're coming for a C-section, check in at the Birthplace on the 2nd floor.)
- Parking:
  - Park in the Skyway Ramp on the corner of France Avenue South and 65th Street (open from 4 a.m. to 10 p.m.). Walk across the skyway to the hospital and the Skyway Lobby.
  - If arriving between 10 p.m. and 4 a.m., park in the East Ramp. Then, walk through the hospital to the Skyway Lobby.
  - You may use valet parking on weekdays starting at 6 a.m. Go to Door 2 at the Skyway Lobby. To reach the valet, call 952-915-8898. There's a daily flat fee for parking.

### **Grand Itasca Clinic and Hospital**

1601 Golf Course Rd., Grand Rapids, MN 55744

[www.granditasca.org](http://www.granditasca.org)

Questions: 218-999-1770 (or toll-free 1-800-662-5770)

- Park in the Surgical Patient Parking area, near the emergency department entrance.
- Go to the welcome desk in the emergency department.

*FIIRO GAAR AH: Hadii aad ku hadasho Soomaali, waaxda luqadaha, qaybta kaalmada adeegyada, waxay idiin hayaan adeeg kharash la'aan ah. So wac 612-273-3780.*

*ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 612-273-3780.*

We comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex.



# Preparing for Your Surgery

## *A Patient and Family Guide to Surgery and Anesthesia*

Thank you for choosing us to manage your care.  
Your comfort and safety are our top concerns.

You and your family are the most important members of your care team. You will need to take an active role in your care.

Be sure to ask questions and learn all that you can about your surgery. If you have any safety concerns, tell a nurse as soon as possible.

This handout includes:

Important things to do before surgery .....	1
Eating and drinking guidelines .....	2
Day of surgery.....	3

If your child is having surgery, please ask for a copy of *Preparing for Your Child's Surgery: A Patient and Family Guide to Surgery and Anesthesia*.

This handout is for information only.  
It does not replace the advice of your doctor.  
Always follow your doctor's advice.

*Please tell us if you need a language interpreter.*

### **Important things to do before surgery**

#### ***Within 30 days of surgery***

- ☐ Schedule an exam ("History and Physical") with your family doctor.\* We may give you some forms for your doctor to fill out. Make sure they send the report to your surgery center. Tell your doctor if:
  - You have a pacemaker or ICD (cardiac defibrillator). Bring the ID card to surgery.
  - You have an implanted stimulator (deep brain, bladder, spinal cord, etc.). Bring the remote control to surgery.
  - You're a smoker. People who smoke have a higher risk of infection after surgery. Ask your doctor how you can quit smoking.
- ☐ If you have diabetes, work with your doctor to control your blood sugar. If it's not well-controlled, we may need to delay surgery (or you may have problems healing afterward).
- ☐ If your surgeon asks you to see your dentist: You'll need to complete any dental work before surgery. Your dentist must send a letter to your surgery center saying it's okay to do the surgery.
- ☐ Call your insurance to see what it will and won't pay for. Ask if they need to pre-approve the surgery. (If no insurance, call 612-672-2000.)

\* *Is your surgery in Minneapolis? If so, you may have your exam at the Preoperative Assessment Center (PAC). Call 612-676-5008 to schedule.*

## ***At least 10 days before surgery***

- ☐ Register for your surgery: Go to [fairview.org/reg](http://fairview.org/reg) or call 612-672-2000. Have your insurance card ready. *(Skip this step if you'll have surgery at University of Minnesota Health Clinics and Surgery Center.)*
- ☐ Arrange for someone to drive you home after surgery. If you'll go home the same day as your surgery, you may not drive, take a cab or take public transportation by yourself.
- ☐ Arrange for someone to stay with you for 24 hours after you go home. This person must be a responsible adult, 18 years or older.
- ☐ Complete an advance directive, if you wish. This tells us what treatment you would want—and who would make health care decisions—if you could no longer speak for yourself. You may download the form from [www.fvfiles.com/1628.pdf](http://www.fvfiles.com/1628.pdf), or request a copy from your surgery center.

## ***A few days before surgery***

- ☐ If you take medicine: You may need to stop it until after the surgery. Follow your doctor's orders.
- ☐ A nurse will call to review your health history and surgery instructions. (This call is not about your insurance details.) If you don't get a call by the evening before your surgery, please call your surgery center.
- ☐ Call your surgeon's clinic if there's any change in your health. This includes signs of a cold or flu (sore throat, runny nose, cough, rash, fever).

## ***The day before surgery***

- ☐ Don't smoke, chew tobacco, drink alcohol or take over-the-counter medicine (unless your surgeon tells you to) for 24 hours before and after surgery.
- ☐ Take a shower or bath the night before surgery. Follow the instructions your clinic gave you. (If no instructions, use regular soap.) Put on clean pajamas and use clean bed sheets.

## ***Plan your surgery day***

If you have questions on the day of surgery, please call your surgery center.

- ☐ Take another shower or bath in the morning. Follow the instructions your clinic gave you. If no instructions, use regular soap.
- ☐ After your bath or shower, put on clean, loose clothing.
- ☐ Don't put on makeup, powder, deodorant, lotion or cologne. Remove all jewelry and piercings.
- ☐ Bring these items with you:
  - Medical and prescription cards
  - Money or credit cards for parking and co-pays, if needed.
  - Your advance directive, if you have one.
  - A list of all the medicines you take. Include vitamins, minerals, herbs and over-the-counter drugs. Note any drug allergies.
  - Your inhaler, eye drops and CPAP machine, if you use these at home.
  - Remote control for any implanted stimulator.
- ☐ Leave at home: All medicines (except inhalers and eye drops), extra cash, jewelry, other valuables.

## ***Eating and drinking guidelines***

For your safety, please follow the guidelines your surgeon gave you for eating and drinking. If you didn't receive any guidelines, use the guidelines below.

## ***Why is this so important?***

During surgery, the muscles that keep food and liquid in the stomach will relax. If there's anything in the stomach—even a small amount—it may get into the lungs. This can cause a serious infection.

We want to keep you safe. If you have even a small amount of food or drink after the allowed time, we may need to **delay or cancel the surgery.**

## ***When to stop food, liquids and medicines***

All foods and liquids—whether by mouth or feeding tube—must be finished by the times noted below (unless you received special instructions). A nurse may call to explain the exact times you must stop eating and drinking.

- Eat and drink as usual until **8 hours** before surgery. After that, no food, milk or chewing tobacco.
- Keep drinking clear liquids until **2 hours** before surgery. These are drinks you can see through, like water, clear juice, and black coffee or tea (without milk or cream).
- Nothing by mouth within **2 hours** of surgery. This includes gum, candy and breath mints.
- Ask the care team if it's safe to take your medicine the day of surgery. If so, take it with a small sip of water.

## **Day of surgery**

### ***When you arrive, you will:***

- Check in. If you're under age 18, you must be with a parent or legal guardian.
- Receive a copy of the Patients' Bill of Rights. If you do not receive a copy, please ask for one.
- Change into surgery clothes.
- Meet with your care team. The surgeon will explain the surgery again. He or she may also mark the site where the surgery will be done. The anesthesia team will tell you what kind of anesthesia (medicine) they'll use to keep you comfortable during surgery.
- Be asked to sign a consent form. This form states that you allow the surgeon to do the surgery. Before you sign the form, be sure to ask any questions you may have. Keep asking questions until you understand the answers.

*Remember:* It's okay to remind doctors and nurses to wash their hands before touching you.

For safety reasons, we will ask you the same questions (like your name and birth date) many times.

Family can stay with you until it's time for surgery. Then, they will move to the waiting area. Note that cell phones are not allowed in some areas.

We will move you to the operating room. If you have questions about what will happen here, talk to your care team.

## ***After surgery***

You will move to a recovery room, where we'll watch you closely. If you have pain or discomfort, tell your nurse. He or she will try to make you comfortable.

If you're staying overnight, we will move you to your hospital room after you're awake. If you're going home, we may move you to another room. Friends and family may be able to join you.

The length of time you spend in recovery depends on the type of medicine you received, your medical condition and the type of surgery you had.

A nurse will check your comfort level often during your stay. He or she will work with you to manage your pain. Remember:

- All pain is real. There are many ways to control pain. We'll help you find what works best for you.
- Ask for pain medicine when you need it. Don't try to "tough it out"—this can make you feel worse. Always take your medicine as ordered.
- Medicine doesn't work the same for everyone. If your medicine isn't working, tell your nurse. There may be other medicines or treatments we can try.

We'll let you know when you're ready to leave the surgery center. Before you leave, we will tell you how to care for yourself at home and prevent infections. **If you don't understand something, please say so. We will answer any questions you have.**



## Preoperative History & Physical

Please fax to AM Surgery (952-924-8422),  
Same Day Surgery (952-924-5390), Eye Center (952-924-5475).  
Or dictate to (612-395-7336).

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Surgeon: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_ Location: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

**PREOP DIAGNOSIS / REASON FOR SURGERY:** \_\_\_\_\_

**SURGERY / PROCEDURES INDICATED:** \_\_\_\_\_

**HISTORY OF PRESENT ILLNESS:** \_\_\_\_\_

Has a member of your Family or a Partner (now or in the past) intimidated, hurt, manipulated or controlled you in any way? ☐ Yes ☐ No Referral needed: ☐ Yes ☐ No

### PAST HISTORY:

Surgical (including any anesthetic problems): \_\_\_\_\_

Medical: ☐ CAD ☐ HTN ☐ Valvular heart disease ☐ Dysrhythmia ☐ CHF ☐ Pulmonary disease  
☐ Other: \_\_\_\_\_

### MEDICATIONS (include herbals and vitamins):

Aspirin / NSAID use in last 10 days: ☐ Yes ☐ No Steroid use in last 10 days: ☐ Yes ☐ No

Plavix use in last 7 days: ☐ Yes ☐ No

Medications	Dose	Frequency	Medications	Dose	Frequency

**ALLERGIES:** \_\_\_\_\_ ☐ Latex ☐ Tape **INTOLERANCES:** \_\_\_\_\_

**SOCIAL HISTORY:** (☐ tobacco, ☐ alcohol, or ☐ drug use): \_\_\_\_\_

Health Care Directive: ☐ Yes ☐ No

Nutrition Status: \_\_\_\_\_

Learning Barriers: \_\_\_\_\_

**FAMILY HISTORY:** \_\_\_\_\_

FH of anesthesia reaction ☐ Yes ☐ No (if Yes, comment): \_\_\_\_\_ FH of bleeding disorder ☐ Yes ☐ No

### REVIEW OF SYSTEMS (any history or symptoms of the following):

Yes	No	Comments if Yes	Yes	No	Comments if Yes
<input type="checkbox"/>	<input type="checkbox"/>	General Appearance: _____	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes/Endocrine: _____
<input type="checkbox"/>	<input type="checkbox"/>	Skin: _____	<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular: _____
<input type="checkbox"/>	<input type="checkbox"/>	Head: _____	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory: _____
<input type="checkbox"/>	<input type="checkbox"/>	Eyes: _____	<input type="checkbox"/>	<input type="checkbox"/>	GI/Hepatitis: _____
<input type="checkbox"/>	<input type="checkbox"/>	Ears: _____	<input type="checkbox"/>	<input type="checkbox"/>	Urinary: _____
<input type="checkbox"/>	<input type="checkbox"/>	Nose: _____	<input type="checkbox"/>	<input type="checkbox"/>	Neurological: _____
<input type="checkbox"/>	<input type="checkbox"/>	Mouth and Throat: _____	<input type="checkbox"/>	<input type="checkbox"/>	Hematologic: _____
<input type="checkbox"/>	<input type="checkbox"/>	Infectious Disease: _____	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal: _____
<input type="checkbox"/>	<input type="checkbox"/>	Psychological: _____	<input type="checkbox"/>	<input type="checkbox"/>	Genito-reproductive: _____

## Preoperative History & Physical

Patient Name: \_\_\_\_\_

### PHYSICAL EXAM:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_  
Pulse: \_\_\_\_\_ Respirations: \_\_\_\_\_ LMP: \_\_\_\_\_

	<u>Normal</u>	<u>Abnormal - describe</u>		<u>Normal</u>	<u>Abnormal - describe</u>
General Appearance	<input type="checkbox"/>	_____	Heart	<input type="checkbox"/>	_____
Skin	<input type="checkbox"/>	_____	Abdomen	<input type="checkbox"/>	_____
Head	<input type="checkbox"/>	_____	Genitourinary	<input type="checkbox"/>	_____
Eyes	<input type="checkbox"/>	_____	Vaginal	<input type="checkbox"/>	_____
Ears	<input type="checkbox"/>	_____	Rectal	<input type="checkbox"/>	_____
Nose	<input type="checkbox"/>	_____	Musculoskeletal	<input type="checkbox"/>	_____
Mouth and Throat	<input type="checkbox"/>	_____	Lymphatics	<input type="checkbox"/>	_____
Neck	<input type="checkbox"/>	_____	Blood Vessels	<input type="checkbox"/>	_____
Thorax	<input type="checkbox"/>	_____	Neurological	<input type="checkbox"/>	_____
Breasts	<input type="checkbox"/>	_____	Other Findings/Diagnosis:		_____
Lungs	<input type="checkbox"/>	_____			

### LAB / RADIOLOGY RESULTS:

Hgb: \_\_\_\_\_ PLT: \_\_\_\_\_ INR: \_\_\_\_\_ BUN/Creat: \_\_\_\_\_  
 CXR: \_\_\_\_\_ (New or unstable cardiopulmonary disease)  
 Electrolytes: \_\_\_\_\_ (Digoxin or diuretic use, or renal disease)  
 EKG: \_\_\_\_\_ (Enclosed copy) (Consider age guidelines: men  $\geq 40$ , women  $\geq 50$  or in patients with hypertension, diabetes, peripheral vascular disease, chest pain, CAD if not done in last 6 months)  
 ECHO: \_\_\_\_\_ Stress Testing: \_\_\_\_\_  
 PFT: FEV<sub>1</sub> \_\_\_\_\_ FVC \_\_\_\_\_  
 Other Test Results: \_\_\_\_\_

### IMPRESSION / ACTIVE PROBLEMS:

☐ CAD: Severity/functional status: \_\_\_\_\_ ☐ Stable ☐ Needs preop evaluation  
 Most recent evaluation/intervention: \_\_\_\_\_  
☐ HTN: ☐ Well controlled ☐ Other \_\_\_\_\_  
☐ Valvular heart disease (or undefined murmur): Lesions/severity \_\_\_\_\_ ☐ Stable ☐ Needs preop evaluation  
 Last Echo: \_\_\_\_\_  
☐ Dysrhythmia: ☐ Atrial Fibrillation/Flutter ☐ Rate controlled ☐ Other: \_\_\_\_\_  
☐ History of ventricular dysrhythmia \_\_\_\_\_  
☐ CHF (or history of): Etiology: \_\_\_\_\_ ☐ Well compensated ☐ Other: \_\_\_\_\_  
 Last Echo: \_\_\_\_\_  
☐ Pulmonary disease: ☐ COPD: \_\_\_\_\_ ☐ Restrictive ☐ Stable ☐ Other: \_\_\_\_\_  
 Last PFT: \_\_\_\_\_  
 Other pertinent diagnoses: \_\_\_\_\_

**PLAN:** ☐ Patient's active problems diagnostically and therapeutically optimized for planned procedure.

☐ Other \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Print Provider Name: \_\_\_\_\_

Clinic Name and Number: \_\_\_\_\_

# Honoring Choices – Your Rights: *Making Your Own Health Care Treatment Decisions*

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## Minnesota Law:

Minnesota law allows you to inform others of your health care wishes. You have the right to state your wishes or appoint an agent in writing so that others will know what you want if you can't tell them because of illness or injury. The information that follows tells about health care directives and how to prepare them. It does not give every detail of the law.

## What is a health care directive?

A health care directive is a written document that informs others of your wishes about health care. It allows you to name a person ("agent") to decide for you if you are unable to decide. It also allows you to name an agent if you want someone else to decide for you while you still have capacity. You must be at least 18 years old to make a health care directive.

## Why have a health care directive?

A health care directive is important if your attending physician determines you can't communicate your health care choices (because of physical or mental incapacity). It is also important if you wish to have someone else make your health care decisions. In some circumstances, your directive may state that you want someone other than an attending physician to decide when you cannot make your own decisions.

## Must I have a health care directive? What happens if I don't have one?

You don't have to have a health care directive. But, writing one helps to make sure your wishes are followed. You will still receive medical treatment if you don't have a written directive. Health care providers will listen to what people close to you say about your treatment preferences, but the best way to be sure your wishes are followed is to have a health care directive.

## How do I make a health care directive?

There are forms for health care directives. You don't have to use a form, but your health care directive must meet the following requirements to be legal:

- Be in writing, dated, and state your name.
- Be signed by you or someone you authorize to sign for you when you can understand and communicate your health care wishes.
- Have your signature verified by a notary public or two witnesses (notaries and witnesses cannot also be named as agent).
- Include the appointment of an agent to make health care decisions for you and/or instructions about the health care choices you wish to make.

Before you prepare or revise your directive, you should discuss your health care wishes with your doctor or other health care provider. Information about where to get health care directive forms is given at the end of this document.

## What can I put in a health care directive?

You have many choices of what to put in your health care directive. For example, you may include:

- The person you trust as your agent to make health care decisions for you. You can name alternate agents, in case the first agent is unavailable, or joint agents.
- Your goals, values, preferences, and cultural beliefs about health care.
- The types of medical treatment you would want (or not want).
- How you want your agent or agents to decide.
- Where you want to receive care.
- Instructions about artificial nutrition and hydration.
- Mental health treatments that use electroshock therapy or neuroleptic medications.
- Instructions if you are pregnant.
- Donation of organs, tissues and eyes.
- Funeral arrangements.
- Who you would like as your guardian or conservator if there is a court action.

You may be as specific or as general as you wish. You can choose which issues or treatments to deal with in your health care directive.

### **Are there any limits to what I can put in my health care directive?**

There are some limits about what you can put in your health care directive. For instance:

- Your agent must be at least 18 years of age.
- Your agent cannot be your health care provider, unless the health care provider is a family member or you give reasons for the naming of the agent in your directive.
- You cannot request health care treatment that is outside of reasonable medical practice.
- You cannot request assisted suicide.

### **How long does a health care directive last? Can I change it?**

Your health care directive lasts until you change or cancel it. As long as the changes meet the health care directive requirements listed above, you may cancel your directive by any of the following:

- A written statement saying you want to cancel it
- Destroying it
- Telling at least two other people you want to cancel it
- Writing a new health care directive.

### **What should I do with my health care directive after I have signed it?**

You should inform others of your health care directive and give people copies of it. You may wish to inform family members, your health care agent or agents, and your health care providers that you have a health care directive. You should give them a copy. It's a good idea to review and update your directive as your needs change. Keep it in a safe place where it is easily found.

We are committed to making your health care wishes known. You may give a copy of your directive to any care team member or bring or mail a copy to any of our locations, and we will keep it in your medical record.

### **What if I've already prepared a health care document? Is it still good?**

Before August 1, 1998, Minnesota law provided for several other types of directives, including living wills, durable health care powers of attorney and mental health declarations. The law changed so people can use one form for all their health care instructions. Forms created before

August 1, 1998 are still legal if they followed the law in effect when written. They are also legal if they meet the requirements of the new law (described above). You may want to review any existing documents to make sure they say what you want and meet all requirements.

### **I prepared my directive in another state. Is it still good?**

Health care directives prepared in other states are legal if they meet the requirements of the other state's laws or the Minnesota requirements. But requests for assisted suicide will not be followed.

### **What if my health care provider refuses to follow my health care directive?**

Your health care provider generally will follow your health care directive, or any instructions from your agent, as long as the health care follows reasonable medical practice. But, you or your agent cannot request treatment that will not help you or which the provider cannot provide. If the provider cannot follow the agent's directions about life-sustaining treatment, the provider must inform the agent. The provider must also document the notice in your medical record. The provider must allow the agency to arrange to transfer you to another provider who will follow the agent's directions.

### **What if I believe a health care provider has not followed health care directive requirements?**

Complaints of this type can be filed with the Office of Health Facility Complaints at 651-201-4200 (metro area) or toll free at 1-800-369-7994.

### **What if I believe a health plan has not followed health care directive requirements?**

Complaints of this type can be filed with the Minnesota Health Information Clearinghouse at 651-201-5178 or toll free at 1-800-657-3793.

### **How to obtain more information**

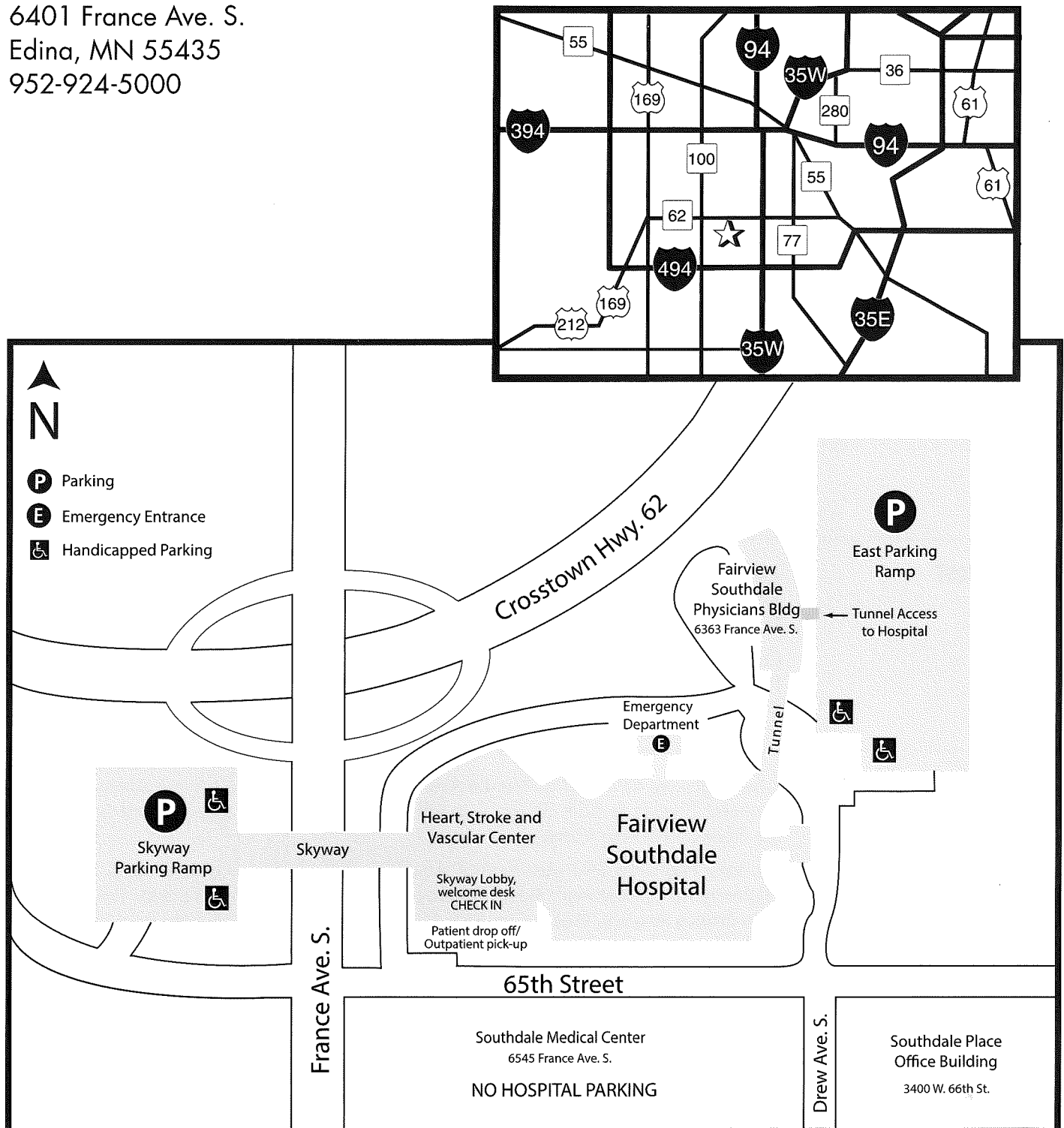
Ask any care team member for information, forms, or how to register for a free class on advance care planning and creating a health care directive. Or you may: visit [www.fairview.org/choices](http://www.fairview.org/choices), email [honoringchoices@fairview.org](mailto:honoringchoices@fairview.org) or call 952-914-1773.

Find other health care directive forms at Minnesota Board on Aging's Senior LinkAge Line: [www.mnaging.net](http://www.mnaging.net) or call 1-800-333-2433.

Directions to

# Fairview Southdale Hospital, Skyway Lobby, Edina

6401 France Ave. S.  
Edina, MN 55435  
952-924-5000



Directions continue on back

 **FAIRVIEW  
SOUTHDALE HOSPITAL**



## Directions to

# Fairview Southdale Hospital, Skyway Lobby, Edina

Fairview Southdale is conveniently located on the southeast corner of Highway 62 (Crosstown) and France Avenue in Edina. It is easily accessible from any point in the metro area. Please follow the appropriate directions listed below:

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### From North

Take Highway 35W south to Highway 62 (Crosstown). Follow Highway 62 west to France Avenue exit. Turn left onto France Avenue. Proceed one block to 65th Street. Turn right on 65th Street and take the first right into the Skyway Parking Ramp.

Or, take Interstate 94 east to Highway 494 (turns into 494 south) to Highway 62 (Crosstown). Follow Highway 62 east to France Avenue exit. Turn right onto France Avenue. Proceed to 65th Street (first stoplight). Turn right on 65th Street and take the first right into the Skyway Parking Ramp

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### From South

Take Highway 35W north to Highway 62 (Crosstown). Follow Highway 62 west (left exit) to France Avenue exit. Turn left onto France Avenue. Proceed one block to 65th Street. Turn right on 65th Street and take the first right into the Skyway Parking Ramp.

Or, take Highway 100 or 169 north to Highway 62 (Crosstown). Follow Highway 62 east to France Avenue. Turn right onto France Avenue. Proceed to 65th Street (first stoplight). Turn right on 65th Street and take the first right into the Skyway Parking Ramp.

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### From East

Take Highway 62 (Crosstown) west to France Avenue exit. Turn left onto France Avenue. Proceed one block to 65th Street. Turn right on 65th Street and take the first right into the Skyway Parking Ramp.

Or, take Highway 494 west to France Avenue exit. Turn right onto France Avenue. Proceed 2 miles to 65th Street. Turn left on 65th Street and take the first right into the hospital parking ramp.

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### From West

Take Highway 494 east to France Avenue exit. Turn left onto France Avenue and proceed 2 miles to 65th Street. Turn left on 65th Street and take the first right into the Skyway Parking Ramp.

Or, take Highway 394 east to Highway 100. Follow Highway 100 south to Highway 62 (Crosstown). Take Highway 62 east to France Avenue exit. Turn right onto France Avenue. Proceed to 65th Street (first stoplight). Turn right on 65th Street and take the first right into the Skyway Parking Ramp.

Or, take Highway 62 east (Crosstown) to France Avenue exit. Turn right onto France Avenue. Proceed to 65th Street (first stoplight). Turn right on 65th Street and take the first right into the Skyway Parking Ramp.

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### Parking fees

There is an hourly charge for parking, with a daily maximum. You may buy a daily pass from the parking attendant. Parking is also available in the East Ramp, near the emergency department. It is valid while attendants are on duty. Valet parking is available Monday through Friday from 6 a.m. - 6p.m. for a daily flat fee and includes parking and valet. For more information, contact the Parking Office, 952-924-5016.

## HOME MEDICATION LIST

### Please complete and submit this form prior to your surgery.

Fairview Southdale Hospital requires an accurate and complete medication list for your safety. Submit your medication list 7 days prior to your scheduled surgery. Failure to do so may result in rescheduling of your surgery date.

**Please be prepared to discuss any additions/changes to this list during your pre-operative admission process. You will also be asked when you last took your medications.**

You can submit a medication list (using the table below or your own list) by e-mail, regular mail or calling:

- A. To e-mail your medication list please send to: [fshmedlist@fairview.org](mailto:fshmedlist@fairview.org)

By sending your information to this e-mail address, you are consenting to the use of e-mail to send your medication information in an unencrypted method. Complete security of unencrypted e-mail to and from Fairview cannot be guaranteed.

- B. To mail your medication list, please send it in the attached pre-paid envelope to:

Fairview Southdale Hospital  
Attn: Medication Scribes  
6401 France Avenue South  
Edina, MN 55435

- C. To call, dial **(952) 924-5435** between the hours of 5:30 am - 1:30 pm (you may leave a message).

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### PLEASE FILL IN THE FOLLOWING INFORMATION

Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Pharmacy Name and Number: \_\_\_\_\_

Surgeon Name: \_\_\_\_\_ Date of Surgery: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Example medication list below:

Medication Name	Strength	Directions (time of day/how often)
Tylenol	325mg Tablet	Two tablets twice daily

Please fill in your medications like the example above (or attach your personal list):

Medication Name	Strength/dose	Directions (time of day/how often)

There is room to write in additional medications on the back.

### Additional Medications (continued from front)

**Be sure to include all supplements, vitamins, eye drops, inhalers, creams and/or patches!**

[illegible]

**Thank you for your cooperation!**

**On the day of surgery, please be prepared to go over when you last took each medication.**