

Important Contact Telephone Numbers.

Summit Orthopedics Main Number

(651) 842-5200

Return Appointments

(651) 842-5201

Medical Records

(651) 842-5455

Direction Line

(651) 842-5305

Emergency Room Numbers

Regina Medical Center (651) 480-4310

Regions Hospital (651) 254-3307

St. John's Hospital (651) 232-7348

St. Joseph's Hospital (651) 232-3348

United Hospital (651) 241-8755

Woodwinds

Health Campus (651) 232-0348



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Surgical Procedure

Date Time

Facility

Post Operative Appointment

Date Time

Clinic Location



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Experience the highest level of care.

Patients are required to have a pre-op history and physical with their primary care physician within seven days of their scheduled procedure. The results should be faxed to the facility where your surgery is scheduled, please see facility directory on back tear-out panel. You should also hand carry the original form to surgery.

Before Surgery Please Remember:

- You may not have anything to eat or drink after midnight the day before your surgery. This includes gum, mints, etc.
- Refrain from smoking after midnight the day before your surgery. Alcohol is prohibited 24 hours prior to surgery.
- Discontinue the use of Tylenol and or other pain medications at midnight the day before surgery unless otherwise directed by your physician.
- Discontinue the use of Vitamin E three weeks prior to surgery.
- Discontinue the use of Aspirin, Coumadin, and Plavix seven days prior to surgery unless instructed otherwise by your physician. Also discontinue anti-inflammatory meds (Ibuprofen, Advil, Naprosyn) seven days prior to surgery unless instructed otherwise by your physician.



**SUMMIT
ORTHOPEDICS**



Notify your physician if you become ill with a cold, fever, congestion, etc. the week prior to surgery. **These conditions may require the rescheduling of your surgery.**

If you are scheduled for outpatient surgery, please arrange for a responsible adult to drive you home after your surgery. You will need to have someone stay with you for 24 hours to help with routine care.

Do not wear make-up or fingernail polish on the day of surgery. Acrylic nails do not need to be removed. Please leave all valuables at home.

After Surgery

If you need a pain medication refill after surgery, remember to call or have the pharmacy call the office number on the enclosed business card. Please remember, narcotic refills cannot be prescribed after hours by the on-call physician and require a hand-signed prescription.

For any concerns following surgery please call the number on the enclosed business card. For urgent concerns after business hours please call **(651) 842-5200** and have the on-call physician paged.

After Surgery Do The Following Until You See Your Physician:

- **Rest with your surgical extremity elevated.**
- **Use ice on the surgical area for 20 minutes on and 40 minutes off, three to five times a day for three days following surgery. Ice will reduce the swelling and aid with healing and pain control.**
- **Keep the dressing clean, dry and intact.**
- **Drink fluids liberally, up to eight to ten glasses a day.**
- **Following general anesthetic, keep your lungs clear by coughing and deep breathing every two hours, when awake, for 48 hours following surgery.**

Notify Your Physician If You Have:

- **Fever**
- **Prolonged numbness and tingling for more than 24 hours following surgery**
- **Prolonged tingling**
- **Redness**
- **Increased pain, not managed by medication**
- **Increased swelling**
- **Excessive drainage from wound**
- **Decreased motion, greater than expected around the dressing**

If you have any of these symptoms, your doctor may need to see you.

Anesthesia

After you arrive at the hospital or surgery center on the day of surgery, you will meet with the anesthesiologist to discuss the types of anesthesia available. The following is a brief description of the types of anesthesia commonly used for surgeries.

General Anesthesia: This involves the use of an IV for injection of medication and anesthesia. The patient is put to sleep.

Local or Regional Anesthesia: Anesthetic is injected in the appropriate area to numb the surgical site.

Epidural Anesthesia: The patient is numbed from the waist down with medicine injected into the lower back.

Spinal Anesthesia: Much like an epidural, the patient is numbed from the waist down by medicine injected into the patient's back.

The final decision for the type of anesthesia used will be made jointly by the patient, the anesthesiologist and the surgeon.



Common Potential Complications Encountered During and After Surgery:

It is important to have realistic expectations about the proposed surgical procedure. Even though it's rare, there are potential complications with any surgery. It is important that you have reasonable knowledge of the potential problems. Other reported complications that are unusually rare may not be included on this list. Do not hesitate to discuss concerns with your physician at any time. Including the possibility of surgery not having the desired outcome.

Infection: Infection is the most commonly encountered post-surgical complication. The usual infection rate is less than two percent for most procedures. To minimize this problem, some patients get a single dose of preventative antibiotics just before the surgery. In the majority of cases, if an infection occurs, it can be controlled with normal measures. However, patients who have had joint replacements should discuss these potential complications in detail with their physician.

Thrombo-embolic problems: Blood clots of the veins in the legs can occur after fractures. They can also be encountered during joint replacement surgery and certain lower extremity surgeries. The worst complication of a blood clot includes the possibility of the clot spreading to the lungs, which could be fatal. Measures to prevent this possibility are routinely employed.



Wound problems: There are occasional problems with wound healing. This is more common in patients on steroid therapy, or patients with an underlying disease such as diabetes or rheumatoid arthritis. The wound often just requires a longer time to heal. Occasionally it can be necessary to go back to the operating room for a secondary wound closure.

Neurological complications: Depending on the anatomical area of surgery, there are nerves that are at risk. In the event of complication with a nerve, it is generally only a bruising of the nerve, which then recovers spontaneously. Sometimes there may be some sensory impairment after surgery. Injury to major nerves is very uncommon and usually avoidable.

Vascular complications: Depending on the anatomical area of surgery, there is a potential of blood vessel injury. This is usually apparent during the surgery and is usually corrected at that time. A major vascular injury is rare but, if encountered, might be very difficult to control and could be fatal.

Total joint replacement: One possible long-term complication of total joint replacement is subsequent loosening and failure of the component. Your physician can discuss this with you in detail.

Non-union: It is possible that a bone might not heal after a fracture or surgical procedure, often referred to as 'non-union of the bone.' Non-union is fairly uncommon but can be problematic and may require a second procedure.

Internal fixation failure: Screws, pins and plates might be used in various combinations to fix fractures or for elective surgical procedures. There is a very low incidence of fixation failure. In the majority of cases, failure is directly related to a non-union or a delayed union of the underlying bone. Internal fixation failure may require a secondary procedure.

Reflex sympathetic dystrophy: This is a very rare but significant condition. Reflex sympathetic dystrophy can occur secondary to any surgical procedure or following a fracture without surgical intervention.

Reflex sympathetic dystrophy is an abnormal outflow of stimulus from the patient's nerve system. It results in swelling, discoloration, pain and stiffness of the involved extremity. Various treatment options are available.

Anesthetic complications: There are also various complications which may arise from the anesthetic used. The Anesthesiologist will discuss possible complications with the patient prior to surgery.



Unless otherwise instructed by a nurse from the facility, you will need to arrive at the hospital two hours prior to your scheduled surgery time. If you need to cancel your surgery for any reason, please contact your physician's patient coordinator at the number listed on the business card above.

If you need help with disability, Family and Medical Leave Act or report of work ability forms, please contact the physician's patient coordinator listed on the business card above.

**HealthEast Surgery Center – Maplewood
Maplewood Professional Building**
(Next to St. John's Hospital)
1655 Beam Avenue
Maplewood, MN 55109
Phone (651) 232-7780
Fax (651) 232-7786

**HealthEast Surgery Center – Midway
HealthEast Midway Outpatient Center**
1700 University Ave. W.
St. Paul, MN 55104
Phone (651) 232-5959
Fax (651) 232-5985

 **LSC:**
Landmark Surgery Center
17 Exchange Street West
Suite 222
St. Paul, MN 55102
Phone (651) 842-5468
Fax (651) 842-5491


Regina Surgery Center – Hastings
1285 Nininger Road
Hastings, MN 55033
Phone (651) 480-4402
Fax (651) 480-4414

St. John's Hospital
1575 Beam Avenue
Maplewood, MN 55109
Phone (651) 232-7171
Fax (651) 232-7142

St. Joseph's Hospital
69 W. Exchange Street
St. Paul, MN 55102
Phone (651) 232-3171
Fax (651) 232-3332

**United Hospital Day Surgery Center
Allina Hospitals and Clinics
Ritchie Medical Building**
310 N. Smith Avenue
St. Paul, MN 55102
Phone (651) 241-5540
Fax (651) 241-5067

**United Hospital Surgery
Allina Hospitals and Clinics**
333 N. Smith Avenue
2nd Floor
St. Paul, MN 55102
Phone (651) 241-8100
Fax (651) 241-5073

 **WASC:**
Woodbury Ambulatory Surgery Center
8675 Valley Creek Road
Suite 300
Woodbury, MN 55125
Phone (651) 241-3450
Fax (651) 241-3453

Woodwinds Health Campus
1875 Woodwind Drive
Woodbury, MN 55125
Phone (651) 232-0131
Fax (651) 232-0616