



Surgical **Booklet**

DR. STEPHANIE A. BODEN, M.D.

Surgical Booklet

Dear Valued Patient,

Thank you for allowing our team the opportunity to take care of you. Providing an excellent and unparalleled surgical experience for you is very important to us. We have created this booklet as a guide for you for your upcoming procedure.

Please thoroughly read through all of the necessary sections to appropriately prepare for your surgery day. My team and I hope that you find this information helpful as you work towards a better, more active lifestyle. If you have any questions or concerns, please do not hesitate to call (502) 588-4521 or send us a message through MyChart.

Sincerely,

Stephanie A. Boden, M.D.

Important **Contact Info**

Practice Manager

Natasha Lonnon

natasha.lonnon@uoflhealth.org

Medical Records Request

(502) 562-3062

Physical Therapy

Frazier Rehab PT

(502) 681-1682

Clinical Questions

Dr. Boden's Office

(502) 588-3630

or send a message through MyChart
during business hours

Before Surgery **CHECKLIST**

- ☐ Obtain Preoperative Clearance if instructed by Dr. Boden and have results faxed to the office **at least 1 week prior to surgery**. Failure to do so may result in rescheduling your procedure. Fax: (502) 588-9542
- ☐ Schedule your first post-operative physical therapy session for the first day after your surgery, unless instructed otherwise by the surgical team.
- ☐ Set up first postoperative appointment with our office
- ☐ **Medications:** Stop taking medications as instructed per your PCP.
 - 2 weeks before surgery: stop dietary supplements, narcotics, and NSAIDs.
 - 7 days before surgery: stop blood thinners unless instructed otherwise by the prescribing provider. stop cannabis use. Stop Ozempic.
 - 24 hours before surgery: stop alcohol use.
- ☐ **Durable Medical Equipment** Get fitted for braces, crutches and review cold therapy units before surgery, if indicated. Cold therapy is effective at reducing pain and swelling postoperatively - it is always a good idea to use cold therapy
- ☐ **Midnight the night before surgery** Do not eat or drink between now and your surgery

Information **about SURGERY**

Surgery Date

Your surgery is scheduled for _____
at the following location: _____

- A nurse will contact you after 3 PM on the business day prior to surgery with instructions including the time to arrive at the hospital and where to go. If you have not heard from the hospital by 3 PM the day before your procedure, please call 502-588-4521.
- On the day before surgery, you may eat a normal diet. However, do not eat any solid food after midnight. You may have clear fluids up to 3 hours prior to your surgery (ginger ale, water, and apple juice). No milk or dairy products.
- Arrive on time to the surgery center. If unforeseeable delays arise, please contact either our office at (502) 588-4521 or the appropriate surgery center as soon as possible.
- **You must have a family member or guest take you home if you have an ambulatory surgery, which means that you leave the hospital on the same day as your surgery. Kentucky State law requires that ambulatory patients have an escort to take them home. You CANNOT call a car service to take you home.**

Please Bring

- A legal picture identification.
- Insurance Card.
- Assistive devices/Braces/Cold Therapy that you might have.
- Paperwork if not submitted previously.
- Medication list.
- Non-slip, flat, closed toe, athletic or walking shoes.
- One credit card if needed for the day.
- A book, magazine or hobby item.

Please Do Not Bring

- Jewelry and piercings.
- Valuables.
- Remove contacts and wear eyeglasses.
- Remove acrylic nails.

After Surgery **CHECKLIST**

- ☐ **Pain Management:** Please refer to the Pain Management section, then contact our office if pain is not well managed.
- ☐ **Wound Management:** Please refer to wound management section.
- ☐ **Diet:** Resume normal diet the day of surgery.
- ☐ **Preventing Blood Clots:** Do the home exercises, take aspirin or lovenox as instructed.
- ☐ **Exercises:** Please start home based program as soon as possible (same day of surgery).
- ☐ **Physical Therapy:** Start on day 1 postoperative, unless instructed otherwise by Dr. Boden.

BEFORE SURGERY

Before Surgery

Do I need preoperative clearance?

If instructed by Dr. Boden, you are required to obtain preoperative medical clearance. Preoperative clearance is performed through UofL pre-admission testing (PAT). Once you have a surgical date, our office will help you schedule your appointment with PAT between 10 to 28 days prior to your surgery date. The PAT visit will determine if you need any further imaging, labs, or specialty clearance prior to surgery.

If the PAT requires additional screening after the initial evaluation, it is the patient's responsibility to obtain further testing before proceeding with surgery.

If any specialists (such as a pulmonologist or cardiologist) are involved in patient care, additional clearance from the respective specialist is required.

Medical clearance results may be faxed to 502-588-9542.

Medical clearance must be obtained within 30 days of surgery. Please ensure our office has received clearances at least 7 days prior to your procedure. **Failure to obtain medical clearance may result in the cancellation of surgical procedures for the safety of the patients.**

Postoperative Appointments

Office Visit

Make a post-surgical office appointment as directed by our team.

Physical Therapy Appointment

Prior to surgery, you can arrange to attend physical therapy beginning on the day after your surgery unless instructed otherwise by the clinical team. You will get the prescription at the time of surgery, but you can make the appointment before. Plan on attending outpatient physical therapy at least 2-3 days per week at the beginning of the recovery process unless otherwise specified. Please remember to bring both the prescription and the protocol you received on the day of surgery to your initial physical therapy visit.

Before Surgery

Medications to Stop Before Surgery

14 Days Before Surgery, You Need To STOP:

- Any Narcotics (such as Vicodin, Norco, Darvocet, Percocet or Oxycontin)
- Stop NSAIDs (Advil/ibuprofen, Aleve/naproxen, etc.)*
 - If pain is severe, you may take Advil as needed, but try to limit as much as possible
- Discontinue Diet Supplements (i.e. Phentermine)

7 - 10 Days Before Surgery, You Need To STOP:

- Blood thinners with written permission from your physician (example: Plavix, Coumadin, Warfarin, Xarelto, prescribed Aspirin)
 - If your PCP or cardiologist does not advise stopping blood thinners prior to surgery, please notify our office as soon as possible via phone (502-588-4521) or MyChart message.
 - Please discuss with your prescribing physician when you should resume blood thinners following surgery.
- Ozempic

24 Hours Before Surgery, You Need to STOP:

- ACE inhibitors unless otherwise instructed : Benazepril/ (Lotensin), Captopril (Capoten), Enalapril(Vasotec/Renitec), Fosinopril (Monopril), Lisinopril (Lisodur/Lopril/Novatec/Prinivil/Zestril), Perindopril (Coversy/Aceon), Quinapril (Accupril), Ramipril (Altace/Tritace/Ramace/Ramiwin), Zefenopril, Candesartan (Atacand), Eprosartan (Teveten), Irbesartan (Avapro), Losartan (Cozaar), Olmesartan (Benicar), Telmisartan (Micardis), Valsartan (Diovan)
 - ACE inhibitors can generally be restarted after surgery. Please check with your prescribing physician regarding when it is safe to resume these medications.

Medications That Are Okay To Take Prior To Surgery:

- Tylenol
- Celebrex
- Glucosamine Chondroitin Sulfate
- Daily Vitamins

If you are taking any other medications that are not listed, **review with your primary care physician.**

Before Surgery

Durable Medical Equipment

If Dr. Boden asked you to get any special braces for your surgery, make sure to do this as soon as you can. That way you can try the brace on prior to surgery to test out how to function at home in this brace. If you did not get a prescription for a brace, one will be provided for you from the hospital.

The bracing company will reach out to you to get you fitted for your brace before surgery. If you have not gotten a call from them, please reach out to the office at 502-588-4521 to let us know.

Acknowledgement Of Patient Responsibility

You are currently scheduled for surgery with Dr. Stephanie Boden and may be prescribed durable medical equipment for postoperative use. Equipment may include a brace, Continuous Passive Motion (CPM) Machine, Ultrasling (shoulder) brace, Continuous Passive Motion (CPM) Machine (hip), or an ice compression device (knee, elbow or shoulder). It is recommended that you use the equipment prescribed to facilitate your postoperative recovery and rehabilitation. We believe that when prescribed, these devices are an integral part of achieving a successful outcome.

Following your surgery, if the insurance does not cover the prescribed equipment, the company will submit a letter of medical necessity to your insurance to appeal this decision. There is no guarantee of payment and certain insurance policies will not cover equipment, regardless of the significant benefit and medical necessity. Please contact your insurance company prior to your surgery to verify your Durable Medical Equipment (DME) benefits.

DAY OF SURGERY

Day of Surgery

Instructions

- Do NOT eat or drink anything after midnight before your surgical date.
- Do not drink alcohol or use recreational drugs for 24 hours prior to surgery and for 24 hours after, and for the duration that you are on narcotic pain medications.
- If you use an inhaler on a regular basis, please bring it with you to your procedure.
- Do not take Angiotensin-converting enzyme (ACE) inhibitors on the day of surgery: Benazepril/ (Lotensin), Captopril (Capoten), Enalapril (Vasotec/Renitec), Fosinopril (Monopril), Lisinopril (Lisodur/Lopril/Novatec/Prinivil/Zestril), Perindopril (Coversy/Aceon), Quinapril (Accupril), Ramipril (Altace/Tritace/Ramace/Ramiwin), Zefenopril, Candesartan (Atacand), Eprosartan (Teveten), Irbesartan (Avapro), Losartan (Cozaar), Olmesartan (Benicar), Telmisartan (Micardis), Valsartan (Diovan).
- If you have an illness such as a cold, fever, sore throat, or stomach or bowel upset, please notify the office as soon as you can.
- Contact lenses, jewelry, piercings in and around the mouth, and dentures must be removed at the time of surgery. If you have acrylic nails, please remove one nail from any finger, as our oxygen monitoring sensors do not penetrate acrylic nails.
- Take only prescribed medications instructed to be continued by your PCP, such as for high blood pressure (hypertension) or irregular heartbeat (arrhythmias, atrial fibrillation). Be sure to inform your anesthesiologist of these conditions on the day of surgery.

Anesthesia

All questions regarding anesthesia will be addressed by your anesthesiologist in the preoperative holding area prior to surgery.

Day of Surgery

A responsible adult must accompany you to the procedure, remain in the office during the procedure, drive you home, and stay with you at home for 24 hours after the procedure. A taxi/Uber/Lyft will not be allowed without a responsible adult accompanying you.

If you are taking diabetic medications, you should check with your PCP to determine if you should take these medications on the morning of surgery.

While taking narcotic pain medication, you will not be permitted to drive. You may need to arrange for transportation to your initial follow-up visit.

What Should I Bring To Surgery?

- Photo ID
- Insurance Card
- Friend or family member who will be available the entire time and take you home after surgery
- Wear comfortable, loose fitting clothing
 - Shoulder/elbow surgery: zip-up or button-down shirt
 - Knee surgery: loose fitting pants or shorts
 - Hip surgery: loose fitting pants or shorts
- If you have any durable medical equipment provided prior to surgical date, such as brace/crutches, sling or cold therapy units, please bring to surgical facility.

Arrival Time

The surgical facility will contact you the day before surgery to notify you of your arrival time/surgical time. **PLEASE DO NOT BE LATE.**

If you have not been contacted by 3:00 pm the day before your surgery date, please call Dr. Boden's office at (502) 588-4521.

AFTER SURGERY

After Surgery

Pain Management

Recovering from any surgery involves pain and discomfort. Our team's approach to pain management can help reduce your discomfort and thus speed your recovery. We use multi-modal pain management to help provide safe and effective care. This may consist of local anesthetics, regional pain blocks, and a combination of oral pain medications. If you are on narcotic pain medications, please refrain from alcohol and other recreational drug use.

Tips For Effective Pain Management

- Take your pain medication as prescribed, but expect to use less after the first week or so.
- Take your pain medication before the pain becomes severe.
- Use cold therapy to physically reduce swelling and inflammation, the cause of pain, leaving you with less discomfort.
- Using cold therapy properly can help reduce the number of opioids you have to take.

Wound Management

- Maintain your operative dressing, loosen bandage if swelling of the foot and ankle occurs.
- It is normal for the incisions to bleed and swell following surgery. If blood soaks onto the dressing, do not become alarmed, reinforce with additional dressing.
- To avoid infection, keep surgical incisions clean and dry until your sutures are removed approximately 10-14 days after surgery. You may shower beginning post-operative day 3 so long as you place a plastic barrier over your surgical site. Follow the specific post-operative instructions provided to you on the day of your surgery regarding when to remove the surgical dressings.
- Please do not place any ointments, lotions or creams directly over the incisions.
- Once the sutures are removed around 10-14 days post-operatively, you can begin to get the incision wet in the shower. Let water and soap lightly run over the incision and pat dry. Do not scrub. NO immersion in a bath or hot tub. NO application of ointment/lotion to the surgical site until given approval by the surgical office.

After Surgery

Below is information about the medications that you may be prescribed after surgery. All medications will be electronically prescribed to your pharmacy following your surgery. If you have any questions or concerns, please contact the office.

- **Non-steroidal anti-inflammatory medication (NSAIDs)** help to decrease postoperative pain and swelling. These include medications such as ibuprofen (Motrin, Advil) and naproxen (Aleve). Do NOT exceed recommended daily limit. Avoid NSAIDs if you have a history of ulcerative colitis or stomach ulcers. If you have a history of kidney problems, please consult with your primary care doctor prior to starting NSAIDs.
- **Tylenol (acetaminophen)** may also help with pain after surgery. Taking Tylenol and an NSAID together can greatly help to decrease your pain without opioids. Following surgery, you should take 1000 mg of Tylenol every 8 hours (up to 3,000 mg in 24 hours) for 1-2 weeks. If you have a history of liver problems, please consult with your primary care doctor prior to starting Tylenol. Do not take if you are taking a narcotic pain medication that includes acetaminophen.
- **Opioid / narcotic pain medications** are usually necessary for the first 3 – 7 days postoperatively. It is important to note whether your prescription contains Tylenol / acetaminophen. If it does, then you cannot take additional Tylenol while you are taking this opioid medication. Narcotics are addictive medications, and due to an increase in narcotic dependency, we are careful to limit the number of pills and prescriptions that we provide. Additionally, you should safely dispose of any narcotics / opioids once you no longer need them. Below are some examples of narcotic medications that may be prescribed.
 - **Oxycodone** : 1 – 2 tablets (5 mg oxycodone) every 4 – 6 hours as needed for severe postoperative pain. You can supplement oxycodone with Tylenol as recommended above.
 - **Oxycodone / acetaminophen (Percocet)** : 1 – 2 tablets (5 mg oxycodone / 325 mg acetaminophen) every 4 – 6 hours as needed for severe postoperative pain.
 - **Hydrocodone / acetaminophen (Norco)** : 1 – 2 tablets (5 mg hydrocodone / 325 mg acetaminophen) every 4 – 6 hours as needed for severe postoperative pain.
- **Zofran (ondansetron)** is an anti-nausea medication. Pain medications may cause nausea and/or abdominal discomfort, and Zofran may help reduce this sensation.
- **Senna** is an over-the-counter medication that helps to treat opioid-induced constipation. You can take senna 8.6 mg two times per day as needed to treat constipation. Opioid medications, immobilization, and anesthesia contribute to postoperative constipation. If you have concerns about postoperative constipation, we can add additional medications to your regimen such as Miralax or milk of Magnesia.
- **Blood thinners / DVT prophylaxis** are typically prescribed after surgery on the lower extremity. Blood clots are a risk after any orthopaedic surgery, and you are at an increased risk if you are non-weightbearing. For most surgeries, Dr. Boden will prescribe enteric coated aspirin 81 mg twice daily for blood clot prevention. If you have a history or family history of blood clots, DVT (deep vein thrombosis), pulmonary embolism, smoking, use birth control, take hormone replacement therapy, or plan to fly then a stronger blood thinner may be used. If you experience increased bruising or bleeding, stop the medication and call Dr. Boden's office.
- **Vitamin D** – If you have a broken bone (fracture) or require a fusion (arthrodesis), then vitamin D can assist in bone healing. Vitamin D is an over-the-counter supplement that can be found at your local pharmacy. You may take 5,000 IU daily for 28 days (4 weeks) after your fracture or fusion to aid in bone healing.

If you have any questions regarding your medications, please feel free to ask. You may want to speak with your primary care doctor about these medications to check if there are any interactions or contraindications if you are unsure.

After Surgery

Preventing Blood Clots

After surgery, clots called deep vein thromboses (DVT) may form in the leg veins. In rare cases, these leg clots travel to the lungs where they may cause additional symptoms. To prevent and reduce the incidence of clot formation, mechanical devices (calf pumps) are used while you are in the hospital to squeeze the leg muscles, thus maintaining blood flow in the veins. Also, a medication to minimize clot formation, such as enoxaparin (Lovenox) or aspirin, may be prescribed.

Arm / Leg Swelling

Following surgery, most patients develop swelling in the operated leg or arm. Although the amount of swelling can vary from patient to patient, the swelling itself is normal and may be accompanied by "black and blue" bruising that will usually resolve gradually over several weeks. For the first month after your operation, prolonged sitting with the operative extremity in a down position tends to worsen the swelling. If you had surgery on your leg, you should not sit for more than 30 to 45 minutes at a time. Periods of walking should be alternated with periods of elevating your leg in bed. When elevating the leg, the ankle should be above the level of the heart. Lying down for an hour in the late morning or afternoon helps reduce swelling.

To Prevent Or Reduce Swelling

- Elevate operated leg or arm in bed on one to two pillows while lying flat.
 - If you underwent knee surgery, DO NOT place the pillow(s) under the knee. You should have the pillow(s) under the foot and ankle only to allow for the full extension of the knee to be restored post-operatively.
 - This is extremely important in the overall recovery of range of motion following knee surgery.
- Avoid sitting for longer than 30 to 45 minutes at a time.
- Perform ankle exercises if you underwent leg surgery and wrist/hand exercises if you underwent shoulder surgery.
- Apply ice to your surgical area for 20 minutes a few times a day.

Physical Therapy and Post-Operative Rehabilitation

Physical therapy is a critical part of the postoperative and recovery process. Upon discharge from the surgical facility, you will receive a physical therapy prescription and Dr. Boden's rehabilitation protocol. Physical therapy should begin 24-48 hours after surgery, unless instructed otherwise by the surgical team. To schedule, contact any of our locations directly. If you do not have a specific physical therapy facility that you visit, Dr. Boden and her medical team will provide recommendations around the Louisville area. If you know where you would like to complete physical therapy, please alert the office, and we will fax the referral to your preferred facility in advance.

Foods that

FIGHT **Inflammation**

- Fruits

- Strawberries
- Blueberries
- Oranges
- Cherries

- Tomatoes

- Nuts

- Almonds
- Walnuts
- Other nuts

- Olive Oil

- Leafy Greens

- Spinach
- Kale
- Collard greens

- Fatty Fish

- Salmon
- Mackerel
- Tuna
- Sardines



CAUSE **Inflammation**

- Fried Foods

- Sodas

- Refined Carbs

- Lard

- Processed Meats



Frequently Asked Questions

What If My Surgical Site Swells After Surgery?

It is common to experience swelling after surgery. Sometimes, you will not swell until several days after your surgery. Remember that your body is healing from surgery and some swelling is normal. The more activities and physical therapy you perform, the more swelling you may experience. With that said, we do want you to remain active and participate in therapy. But, the swelling will decrease by using cold/compression therapy often. If you have swelling for several days that is accompanied by redness and heat or coolness in your surgical site, or if the swelling does not resolve after ice and exercise, please contact the office.

Will I Have Bruising After Surgery?

Yes, you will have some degree of bruising after surgery, but everyone is different. Some will only experience redness around the incision; others will have bruising down the entire extremity. Both are considered normal and will resolve over 10-14 days.

What Should I Expect My Activity Level To Be?

Every patient is different. Every day you should be increasing your activity level, but let your pain level and swelling be your guide. You will make 90 percent of your recovery in the first three months, and the remaining ten percent will come within the first year. At some point, most patients overdo it with activities and therefore take a few steps back in their recovery. You may have increased swelling or discomfort if this happens. You need to become concerned if you cannot control your pain with rest, ice, and medications. If this is the case, please contact the office.

What If I Am Having Problems Sleeping?

Make sure that your pain is well controlled throughout the day by using your Tips for Effective Pain Management (page 16).

When Can I Shower Or Bathe?

To avoid infection, keep surgical incisions clean and dry until your sutures are removed approximately 10-14 days after surgery. You may shower beginning post-operative day 3 so long as you place a plastic barrier over your surgical site. Keep your incision dry. Do not immerse the incision in a bath or apply ointment/lotion to the surgical site until given approval by the surgical office. This is typically around 4-6 weeks following surgery once your incision (s) are fully healed.

Follow the specific postoperative instructions provided to you on the day of your surgery regarding when to remove the surgical dressings and for further instructions.

When Do I Get My Stitches Removed?

Your sutures should be removed 10-14 days after surgery. This appointment can be set up before surgery, just contact the scheduling office at (502) 588-4521 to schedule. If you come from a great distance, you may have your sutures removed by a local physician (primary care doctor or surgeon) if they are willing to do so.

Frequently Asked Questions

How Long Do I Have To Wear The Sling Or Brace?

This depends on the procedure Dr. Boden is doing on your knee, shoulder or hip. The amount of time you are to remain in your medical device will be discussed with you before surgery and at your first postoperative visit. It will also be included in your physical therapy prescription. If you have any questions regarding this, please contact Dr. Boden's office or send a message via MyChart.

What Positions Can I Sleep In?

You may sleep on your back or in an upright position with your arm well supported in your sling or leg in your brace. Some patients find it more comfortable to sleep in a recliner. If you are having hip surgery, an abduction pillow was provided with your hip brace for your comfort while sleeping.

When Can I Restart The Meds I Was Told To Stop Prior To Surgery?

Please check with your prescribing doctor or PCP. Most medications can be restarted the day after surgery.

How Long Will I Be On Narcotic Medication?

You can stop taking the narcotic medication when you are no longer experiencing moderate pain. You can always contact the office during business hours and ask for a less strong medication, or switch to over the counter medications for your discomfort. *Note:* No narcotic pain medications will be prescribed after hours or on weekends. Narcotics should only be used in the initial postoperative period, and you should try to wean off of them over the first 1-2 weeks after surgery. Try using cold therapy more consistently to reduce pain. Cold therapy is a proven and highly effective pain reliever.

How Long Should I Use Cold Therapy?

Cold therapy is a safe and highly effective method of pain management. As long as you are experiencing pain, you can use cold therapy to reduce swelling and inflammation, which are the root causes of pain. When using "real" ice, avoid direct skin contact > 20 mins to prevent damage / frostbite of the skin. In either case, check the skin frequently for excessive redness, blistering, or other signs of frostbite. When using the ice machine, it is okay to ice continuously as long as you check the skin frequently.

When Do I Need To Call The Doctor?

If you have a fever above 101.5, chills, sweats, excessive bleeding (example: you had to change the dressing twice in 12 hours), foul odor, excessive redness, excruciating pain, yellow or green discharge, notify our office. If immediate attention is required, please call 911 or go to your nearest emergency room. For all non emergency questions, please call the office during business hours, or send a message via MyChart.

What Should I Do To Avoid Constipation?

Drink plenty of fluids and eat fruits and fiber. If you continue to have symptoms of constipation you can take Milk of Magnesia, which is a mild oral laxative, or use Magnesium Citrate, which is much stronger. To try and prevent problems, you can also take an over the counter stool softener while taking the narcotic pain medication.

Thank You **Thank You**

Thank you for choosing UofL Health for your care.

If you have any questions or concerns, please do not hesitate to reach out to Dr. Boden or her office via phone or MyChart.

Office: (502) 588-3630

Fax: (502) 588-9542



<https://uoflhealth.org/provider/stephanie-boden-orthopedic-surgeon/>

@stephaniebodenmd



Stephanie Boden, M.D., is a fellowship trained orthopedic surgeon specializing in sports medicine and shoulder surgery. She has served as a team physician for the Chicago Bulls, Chicago White Sox and DePaul University. She is a team physician for the University of Louisville. She specializes in minimally invasive arthroscopic and advanced open reconstruction procedures of the shoulder, elbow and knee.