

Preparing For Your Total Joint Surgery

Medications

Some medications need to be stopped at various times prior to surgery, anywhere from 7 days to 24 hrs before your procedure. Please read this sheet carefully to make sure you're stopping the correct medications at the proper time. If you have any questions, please call the office to clarify. If there are medications you can continue through surgery, **take them the morning of the procedure with a small sip of water only**. Drinking any other liquids may result in cancellation of your surgery.

Anti-Inflammatories & Aspirin : Non-steroidal anti-inflammatory drugs (NSAIDS) such as Aspirin, Aleve, Advil, Motrin, Naproxen, Naprosyn, Mobic, Diclofenac and Ibuprofen, **must be stopped 7 days** prior to surgery. If not stopped in time, your surgery will be postponed due to potential bleeding issues.

Supplements/herbals: Any supplements such as ginkgo biloba, ginger, ginseng, saw palmetto, St Johns Wart, turmeric and willow bark **must be stopped 7 days** prior to surgery. If not stopped in time, your surgery will be postponed due to potential bleeding issues. You **CAN CONTINUE** your multivitamin, vitamin A/B/C/D/E and calcium.

Weight Loss or Diabetic: If you take any of the following medications for either weight loss or diabetes, you **MUST stop them 7 days** prior to surgery to reduce the risk of significant nausea and vomiting and/or aspiration due to delayed gastric emptying. Please stop Ozempic/Semaglutide, Byetta/Exenatide, Trulicity/Dulaglutide, Victoza/Liraglutide, Adlyxin/Lixisenatide, Rybelsus/Semaglutide. You can resume these meds the day after surgery.

Prescription Blood Thinners

These **MUST BE STOPPED** prior to surgery. They are **typically stopped 3-5 days** prior to your procedure, but you will receive a stop date at your pre-op appointment. We may request input from your cardiologist or primary care physician on when these meds need to be stopped or if you will need temporary coverage with Lovenox (belly injections).

Examples include: Plavix (Clopidogrel), Warfarin (Coumadin), Xarelto (Rivaroxaban), Pradaxa (Dabigatran), Eliquis (Apixaban). If not stopped in time, your surgery will be postponed due to potential bleeding issues.

Diabetic Medications: DO NOT TAKE any of your diabetic medications the morning of surgery. This included all oral and injectable medications.

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Blood Pressure Medications: DO NOT TAKE ACE inhibitors (“-PRIL” – Lisinopril, benazepril, etc.) **OR** ARB’s (“-SARTAN” – Losartan, Valsartan, etc.) the day of surgery. These medications could make your blood pressure too low during the operation.

We **DO WANT** you to take other blood pressure medications such as beta blockers (-LOL Metoprolol, Atenolol), calcium channel blockers (amlodipine, diltiazem, verapamil, nifedipine) and hydrochlorothiazide.

We **DO WANT** you to take your BPH or urinary retention medications the morning of surgery. These include (tamulosin/Flomax, finasteride/proscar, prazosin/minipress, doxazosin/cardura)

Rheumatoid Medications: Some rheumatoid medications can be continued up to and through surgery. However, medications such as anti TNF-Alpha agents (ie:Infliximab, Etancercept, Adalimumab) need to be stopped anywhere from **2-12 weeks** prior to surgery. **Please let your surgeon know if you are on any of these medications.**

Bathing and infection control:

- The 2 days prior to surgery and the morning of your procedure, apply Hibiclens/chorhexadine soap at the end of your shower/bath. Apply it directly to your skin with your hand, from your neck down, avoiding contact with eyes and genitals. Make sure to concentrate the soap at the surgical site. Let the soap sit for 2-3 minutes and then rinse thoroughly with warm water. Do not use regular soap after. Towel-off like normal and apply clean clothes. Do not apply any lotions or skin products after. Using the hibiclens helps reduce your risk of infection. You **DO NOT** need to use it after surgery.
- Avoid shaving the surgical area 48 hours prior to surgery as this may increase the risk for infection. Shaving of the surgical site will be done by the OR staff the day of surgery.

Exercise:

- Exercising, up to the day before surgery, helps improve your strength, range of motion and endurance. This will help to lead to a successful outcome and recovery.

Food & Nutrition:

- **NOTHING** to eat or drink after midnight the night before surgery (includes clear liquids & coffee). It is **OK** to brush your teeth or rinse your mouth the morning of surgery and take your allowed medications with a small sip of water.

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- For **2 weeks** leading up to surgery, drink Boost or Ensure (Glucerna if you are a diabetic) **once or twice** a day along with your regular meals. This will help supplement your diet with essential vitamins, nutrients, and protein that will help reduce postoperative complications and improve the recovery and healing process.
- Eat light meals the day before surgery and eat more fiber in your diet to help avoid constipation. The combined effects of anesthesia and your pain medications may slow down your bowel function and lead to constipation.
- Eat foods rich in iron, such as lean red meat and dark green leafy vegetables, and foods high in Vitamin C to help your body absorb the iron.

Sleep Apnea

- If you suffer from sleep apnea and use a Continuous Positive Airway Pressure (**CPAP**) machine please inform your surgeon prior to surgery. You will need to bring your CPAP machine with you to the hospital.

Smoking

- Smoking causes breathing problems, increases the risk of medical complications and infection, and slows the recovery and healing process. You must pass a negative nicotine test before surgery and continue with smoking cessation after surgery.

Alcohol Use

- Before surgery, it is important to be honest with your health care provider about your amount of alcohol use. Inform them how many drinks per day or per week you have. This information helps determine if you are at risk for alcohol withdrawal or other alcohol related problems that may occur after surgery. If you feel that you need help and are interested in a program prior to surgery, please reach out to your physician to discuss. We are here to help you prepare and recover from your surgery as quickly and safely as possible.

Home Safety Preparation

- Setting up your home for your return prior to having surgery will help keep you safe, make your life easier, and aid in your recovery. It may be a good idea to practice maneuvering around the house prior to surgery.
- Create a wide, clear path from your bedroom to your bathroom and kitchen so you can easily move about. This may mean you have to move obstacles-such as throw rugs, extension cords, and furniture out of your walk way.

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- If your bedroom/sleeping area is on another floor than your main living area or you have steps into your home from the outside, then you will need to work on stairs prior to coming home after surgery or make other arrangements.

Adaptive or Durable Medical Equipment

- A front wheeled walker, cane, elevate toilet seat and shower chair are standard equipment used by all patients recovering from total joint replacement surgery.
- It is highly recommended that you contact your insurance company prior to surgery to find out what is covered under your policy and have these if your home prior to surgery as to prepare.

Questions regarding your upcoming surgery or scheduling:

Please call Surgery Scheduling @ (541) 472-0603

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