ILLINOIS BONE & JOINT INSTITUTE®

PRE-SURGICAL CHECKLIST

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Patient	t:	MR#:
item an	ng for surgery may seem overwhelming at times, so I cr the pre-surgical process. This checklist is in chronolog d continue to work your way through, completing the las	ic order, so please begin with the first
You hav	ve been scheduled for surgery on: urgical procedure will be:	
	rgery will take place at:	
Your pr	reoperative lab appointment will be scheduled on: reoperative appointment with me will be scheduled on:	Morton Grove
There w	vill be four postoperative appointments: 3-weeks postoperative, will be scheduled on: 6-weeks postoperative, will be scheduled on: 12-weeks postoperative, will be scheduled on: 1-year postoperative, will be scheduled on:	
Our offic	ce will contact your insurance company as needed to author	orize your surgery & hospital admission.
Please	complete the items below as soon as possible: Medical Clearance – Please contact your primary care to be seen two(2) weeks prior to surgery. It is importate enough to have surgery. This usually involves a summin physical exam, an EKG and review of your medication condition dictates, other tests or evaluations by addition	nt that you be declared healthy nary of your medical history, a is and lab work. If your health
	☐ Medical clearance and test results should be sent that and to the pre-surgical testing department at:	to our office via: Fax (847) 929-1118
	Employment and Disability Forms – If you have forms or for your employer, please forward them to my office	
	Review the "Medication Instruction" sheet so you know medications you currently take will need to be stopped	
	Review the "Cleansing Instructions" for information on so you have it in your possession for your pre-surgical	
	Review the "Rehabilitation Information" to make arrange	gements in advance for your care.

Two (2) weeks or 14 days prior to surgery: See your physician for medical clearance and review of your medications and lab work.	
	Blood Typing – It is important that we learn your blood type prior to surgery. Please go to the hospital and have a Type and Screen blood test done within 14 days of having surgery. A prescription for this test is enclosed within this folder. Although you may not need an appointment for the blood test, you will need to register when you arrive at the hospital.	
	If you are having surgery at	
	Generally, I do not recommend donation of your own blood prior to surgery. However, if there are circumstances that require it, you will be notified.	
	D) days prior to surgery: Purchase a 150mg iron supplement and begin taking one tablet daily, 1 ½ hours after eating, 10 days prior to surgery (and for 1 month after surgery).	
One (1) week or 7 days prior to surgery: Check the "Medication Instruction" sheet for this time period.		
	Infection Prevention – Some people carry <i>Staph</i> bacteria in their nose and do not know it. A <i>Staph</i> nasal screen was performed in our office as part of your preoperative testing. If it was positive, I prescribed a nasal ointment to eliminate <i>Staph</i> bacteria from your nose. If prescribed, this is to be used for 5 days in a row, beginning this week.	
Five (5)	days prior to surgery: Every day for 5 days prior to surgery, shower with Hibiclens as described in the "Cleansing Instructions" sheet.	
Two (2)	days prior to surgery: Check the "Medication Instruction" sheet for this time period.	
	If you have not already been contacted, expect a call from the hospital instructing you on where to go and what time to arrive at the hospital.	
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.	

PRE-SURGICAL CHECKLIST - Continued

The day	y of surgery:
	Shower with Hibiclens the morning of surgery as described in the "Cleansing Instructions" sheet.
	Please arrive at the hospital at the scheduled time.
	Remember to bring a picture ID and insurance card(s) with you to the hospital.
	Please do not bring any valuables or jewelry to the hospital. The hospital is not responsible for lost or stolen items.
	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 hospital.
	Have someone drive you to the hospital. Remember, you will not be allowed to drive yourself home after your surgery and you will not be permitted to leave the hospital alone or by taxi.
	know, `, I am committed to your care. Please feel free to reach out to me if you have any ns or concerns while preparing for your surgery.

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