

Rodney Z. Wong, M.D., Inc.
Orthopedic Surgery & Sports Medicine

515 South Dr., Ste., 16
Mountain View, Ca. 94040
Ph. 650.967.7249 Fx. 650.967.7350

18550 DePaul Dr., Ste., 201
Morgan Hill, Ca. 95037
Ph. 408.778.2018 Fx. 408.778.0119

GUIDELINES

FOOD AND DRINK

Do not drink or eat after midnight, the day before the surgery. This also includes mints, gum or candy and mouth wash. If food was consumed, the procedure will automatically be canceled and you will be sent home. If your surgery is late in the afternoon, check with Dr. Wong to find out if you can eat in the morning.

MEDICATIONS

If you are taking Aspirin, or Aspirin containing products consult with your PCP or Dr. Wong about discontinuing Aspirin, you might be instructed otherwise. If you are asked to stop aspirin, you will do this 5 days before your procedure.

Stop the following anticoagulant medication 5 days prior to the procedure; Coumadin (Warfarin), Plavix, Ticlid, Aggrenox, Xarelto, Aspirin 325mg, “baby” Aspirin 81mg.

- **Stop the following anticoagulant medication 5 days prior to the procedure;** Motrin, Ibuprofen, Aleve (Naprosyn, Naproxen), Relafen (Nabumetone), Indocin (Indomethacin), Feldene (Piroxicam), Mobic (Meloxicam), Exedrin, Voltaren, Lodine (Etodolac), Salsalate, Sulindac.

-VERY IMPORTANT; When discontinuing these medications, consult with your primary care physician first.

- **Stop all “over-the-counter” herbal supplements 5 days before the procedure;** Vitamin E, fish oil, St, John’s Wort, Ginkgo, Ginseng and Garlic pills. All of these products can increase bleeding.

If you normally take any other medications (i.e, blood pressure, diabetes), provide our office with a list of those medications. Dr. Wong and/or your PCP with instruct you on if you should take them before or after your procedure.

Dr. Wong might give you 3 different types of pills to take before or/and after surgery. These are, an **anti-inflammatory**, an **antibiotic** and **pain medication**. The anti-inflammatory and the antibiotic, take until gone, you will not need a refill unless directed by Dr. Wong. **Take the anti-inflammatory and anti-biotic 6 hours after your procedure**, unless you stay at the hospital, then, follow the nurse’s instructions. Take pain medication as soon as you start feeling pain after the surgery but not sooner than 2 hours after, and only if necessary for your comfort. You may switch to over the counter pain pills as soon as you feel the prescription strength is not necessary. If you decide to do this, please call or email Dr. Wong’s office to inform them of this decision so that the office can note it in your file.

Take all medications given to you, unless otherwise indicated by Dr. Wong or your PCP. Do not use pain medication if the pain is not severe enough as some pain pills can cause dependency, unless instructed by your doctor and/or Dr. Wong. If pain medication refills are required, call your pharmacy and have them request a refill via fax, even if your prescription says no refills. This will be an easier and faster process. Do not wait until you’re out of pills to request a refill, call 2 days ahead, as we do not do refills over the weekend. Please keep in mind that we refill all medications at the end of each day

If nausea or vomiting develops 30 – 45 minutes after taking the medication prescribed, stop taking that medication and call our office immediately. Dr. Wong might be able to substitute any or all of them if necessary. If nausea continues more than 12 hours, call our office immediately or go to your nearest Urgent Care center. If you call our office after hours, please call our answering service at **650-934-1072** and they will page Dr. Wong and/or the doctor on call.

ALLERGIES

Inform the Doctor as well as the surgical facility of any allergies to latex, iodine or any medications.

REQUIRED TESTS

- Blood work will be required for all procedures, no exceptions. All tests must be done as instructed by the doctor and/or

his medical assistants. Having these tests done when instructed, will prevent cancellation of your surgery. If you decide to do your blood work elsewhere other than the lab slip for the facility suggested by the staff and/or doctor, you should inform the office immediately. These tests are **non-fasting** unless instructed by staff or Dr. Wong.

- If you are over 45 years old and had a **normal EKG** within the last 6 months, most likely you will not need a new one. All you have to do is, provide our office with a copy of your last EKG.
- However, if you have any heart issues, you will need to see your cardiologist. He/She will determine if your heart is healthy enough to proceed with the surgery.
- Females between the ages of 12-40 years of age might be required to have a urine pregnancy test.
- If you are over 55 you will need to see your family physician regardless if you're healthy. He/she will have to send our office the medical clearance. Our office will fax a note to your doctor telling their office about your procedure.
- **VERY IMPORTANT**; If you are under 55 years old but diabetic, have high blood pressure, high cholesterol or any other major health issues, please make an appointment with your family doctor so that they run the appropriate tests to prepare you for your surgery.

AUTOLOGOUS/DIRECTED BLOOD DONATION

You have the option to give blood for your own use for your upcoming procedure. You can also have a relative or a friend donate for you as long as they are the same blood type and are healthy. Insurance companies do not cover this procedure. The fee for this is estimated at \$500.00 dollars per pint. You will need 2 pints. The fee is non-refundable even if you don't get to use that blood. The blood is collected at Stanford Blood Center or the RedCross. We can fax over the request for you, but if you need more details, you will have to call the directly.

ATTIRE

Wear simple, loose clothing to ensure your comfort. Leave all valuables and jewelry at home as the staff cannot secure these items for you. If you wear contact lenses, do not wear them the day of the surgery.

TRANSPORTATION AND PARKING

Please arrange in advance for an adult to drive you home following surgery. You may take a taxicab if an adult friend or relative accompanies you home, or you may arrange a ride in advance with Roadrunners by calling (650) 940-7016 (Mountain View area), we still recommend that a relative or friend accompanies you, as the Roadrunners might not be able to take you inside your home. Please call the facility where you surgery will be performed for information on specific parking directions.

DURABLE MEDICAL EQUIPMENT (DME)

Dr. Wong might recommend some equipment and/or supports to speed up your healing and/or recovery. If this is the case, we will send the order and a representative from **Sports Bracing USA** will call you to make the necessary arrangements (company may be different depending on insurance coverage, Specially for workers compensation). Make sure they answer all of your questions about the equipment. Sports Bracing's number is **408-978-1114**. Sports Bracing will check if the DME is covered by your insurance, and if it's not, they will explain your options. Please discuss any payments directly with them. Some DME will be provided by our office and in this case, our office will obtain the arrangements and inform you.

RECOVERY

Following surgery you will be transferred to the Recovery Room for observation. The type of anesthesia you receive will determine your length of stay, it is anywhere from 1 – 4 hours after the surgery. They will evaluate your readiness for discharge prior to sending you home.

You may feel sleepy for 24 hours after the procedure, this is normal due to the medications you may have received both during and after your procedure. For your safety, please arrange in advance for an adult to stay with you the first night at home, after your surgery. If you have young children or others in your care, arrange in advance for their care as well.

Rest should be in your mind focus following surgery.

FOLLOW UP

You will need a follow up appointment to see Dr. Wong **3 – 7 days** after surgery, (**2 weeks** for total replacements) unless indicated otherwise by Dr. Wong. Please make your follow up appointment the day of your pre-op, or as soon as you get out of surgery or have someone call for you. It is very important that you keep this 1st post-surgery appointment.

HEALING & CARE

Healing takes time and may vary depending on your body's healing process. Follow all instructions given to you.

- Do not get the incision wet. If you get it wet, contact our office immediately, as this can cause infection and slow the healing. It is recommended to have sponge baths until otherwise indicated by your doctor. Or you may use plastic wrap to cover the area, make sure no water gets in. Definitely no baths or swimming.
- Do not try to take stitches and/or staples out yourself, and keep them completely dry.
- If you have a pain pump, do not take it out yourself, even if you feel it is empty or if you think you don't need it any more. If you feel it is not working properly, call Sports Bracing or/and our office at once.
- Do not attempt to take castings or splints off yourself. Please call our office if you have any questions on these.
- You may change your dressing only if it is soaked with blood, pus or other fluids, otherwise wait until your Post-Op appointment, our office will take them off and replace them if necessary.
- Do not stop taking your anti-inflammatory and antibiotic unless instructed by a physician. If any medical issues evolve due to use of these medications, please contact our office as soon as possible.

INSURANCE AND BILLING

The hospital or surgery center will receive your insurance information from our office prior to your arrival. On the day of the surgery, you will need to bring your health insurance card(s) for verification. Charges incurred from the facility and/or any other providers will be billed separately from the charges incurred by Dr. Wong. If you need to contact Dr. Wong's billing department their number is **(408) 356-4959** extension 209, have your full name, date of birth, date of service and insurance card/s available.

*In most instances, insurance carriers provide us with limited coverage information, this is why we strongly encourage you to contact them yourself to get more detailed coverage.

*Our office only checks benefits/coverage for the doctor and the facility. It is your responsibility to call your insurance and confirm these benefits, as well as any other charges such as, **anesthesiologist, pathologist, and radiologist** (*if applicable*).

*We strongly recommend you to call the **facility** and **anesthesiologist** before your procedure to find out what their charges will be. The facility can provide you with the anesthesiologist information. Always ask if they are in your insurance's network. Pathologist and Radiologist are rarely utilized and it's hard to predict when they will be.

*Following your surgery, you will receive your EOBs (explanation of benefits) from your insurance carrier. Do not panic when you see them, as these don't reflect the actual charges. Call the facility or doctor's billing service if you need more clarification.

PLEASE READ

1. One of the **facility** nurses will be contacting you a day before the surgery to go over any last minute instructions. If you do not hear from the nurse, please call that facility immediately.
2. Please be advised, that the facility, date and/or time might change due to availability of all parties. We try very hard to keep the time and date of your choosing, but this is not always achievable due to out of our control circumstances, If this was the case, our office will contact you as soon as we are informed. Thanks in advance for your patience.
3. ****After the procedure, if you notice any signs of infection like swelling, bleeding, pus, oozing or extreme pain or any other unfamiliar issues, call our office immediately at 650-967-7249. After hours call 650-934-1072 or go to your nearest urgent care or emergency room.**



Guidelines Acknowledgement Receipt

Name: _____ Surgery Date: _____

By signing this form I acknowledge that the “Guidelines” have been explained to me and I have received a packet containing the following information and/or items from Dr. Rodney Wong’s office;

- | | |
|---|--|
| <input type="checkbox"/> Date and Time of procedure | <input type="checkbox"/> Surgery Cancellation Policy. |
| <input type="checkbox"/> Instructions sheet. | <input type="checkbox"/> Consent to Surgical/Medical Procedure |
| <input type="checkbox"/> Blood Work Orders. | <input type="checkbox"/> MRSA swab and requisition |
| <input type="checkbox"/> Prescription for medications. | <input type="checkbox"/> MRI/CT order. |
| <input type="checkbox"/> Location of surgery. | <input type="checkbox"/> Autologous/Directed Blood Donation Guide & Order form |
| <input type="checkbox"/> D.M.E. By our office; ()Brace ()Crutches () Other _____ | |
| <input type="checkbox"/> Other _____ | |

Patient/Guardian signature _____ Date: _____

