



### **Important Information regarding your surgery**

**SECOND OPINION:** I recommend for you seek additional opinions before you proceed if you are not comfortable with my opinions. I encourage you to take an active role and learn about the problem and the treatment options before scheduling any procedure from any surgeon.

**RISK FACTORS:** Surgery is not without risk and exposure to potential complications. To minimize complications, there are some things you should understand about what factors may contribute to worse outcomes.

The following is a partial list of patient specific issues and how they can affect your surgical outcome. This list is not all-inclusive.

1. **SMOKING:** This inhibits healing and can increase intensity and length of post-operative pain. It takes several months, if not years, to undo the affects of smoking. It is never too early to stop smoking.
2. **GENETICS:** An individual's genetics can impact healing, pain and procedure outcomes.
3. **COMPLIANCE:** One of the most common reasons for less than satisfactory surgical results is patient failure to follow physician instructions. This includes, but is not limited to, premature removal of bandages, self-removal of sutures, over-using pain medication, inappropriate use (or lack of use) of braces/slings/splints and other durable medical equipment, not attending physical therapy or even doing too much therapy and engaging in an others activity before it's safe, etc. If we have not specifically discussed, **ALWAYS** ask before doing any activity after surgery.
4. **MEDICAL CONDITIONS/MEDICATION:** Many patients have chronic medical conditions (e.g. diabetes, high blood pressure, heart disease) that can affect surgical outcomes. It is required that if you are over 50 years old, have major medical conditions or taking any medication (including some over-the-counter and/or supplements) obtain pre-operative clearance by your PCP or medical specialist. This may include a panel of blood work, EKG, physical exam and other tests if warranted. Sometimes, despite all current medical conditions being adequately treated and controlled, there may still be increased risk associated with a surgical procedure. Although we have discussed those risks in the office, it is important for you to **ask any questions you feel necessary in order to clearly understand how your medical status may affect your surgery.** Certain medications can hinder healing as well (e.g. **NSAIDS** such as ibuprofen

or naproxen and steroids). **Always ask before taking any new medicine** (even “over the counter”) in the first few months after surgery. Post operatively, you may resume all medicine required to manage your chronic conditions such as diabetes and high blood pressure. *HOWEVER-before taking any of the medicine we prescribe for post-op pain or nausea, please check with your PCP and/or pharmacist to make sure there are no drug interactions. In most cases, none of the medication we prescribe is REQUIRED. They are simply to make your recovery more comfortable.*

5. **SUPPLEMENTS:** We advise stopping all supplements (herbal, etc.) for a minimum of 2 weeks prior to surgery, unless specifically instructed otherwise. **These can lead to complications with healing and anesthesia and in some cases, death.**
6. **POST-OP ACCIDENTS:** Be especially careful after surgery. Accidents, such as tripping and falling, happen more frequently when you have had surgery. This can injure your surgically treated knee/shoulder and affect the outcome. It is important to be extremely cautious with everything you do until you have fully healed. A seemingly simple movement (e.g. reaching into a cabinet after shoulder surgery), can affect healing and lead to further surgery. **Do not assume anything: ALWAYS ask first.**
7. **“PERSONALITY of the PROBLEM”:** As there are many variables that affect outcome, one of the most important is the “personality” of the problem. Not all tears/injuries are created equally and not all joints are the same. Do not compare your situation to others or even to your opposite side if you have had similar surgery in the past. Everyone heals at his/her own rate due to individual circumstances. Your situation is specific to you only. ALWAYS discuss concerns, “dos/don’ts” with my assistant or me.
8. **ANXIETY:** Being anxious for surgery is normal. However, being overly concerned and uncomfortable with your decision to proceed with surgery can hinder your recovery and lead to complications and an excessively painful post-op experience. Create a relaxed and controlled environment at home, arrange for assistance if you need it, do not over-schedule activities/work until you feel you are ready. **PLAN AHEAD!!**

### **RISKS/COMPLICATIONS INFORMATION (NOT CONSENT FOR SURGERY)**

The following are known risks and complications associated with your surgery. I have very strict protocols, which all staff are required to follow and have developed a peri-operative strategy to minimize complications for every surgery that I perform. This includes the use (or lack of use) of certain medicines, post-op rehab protocols with specific rehab clinics that are accustomed to my practices, specific bandage methods and timing of their removal, exceptional clinic and operating room staffing, custom protocols in my surgical suites, etc. Based upon continuous research and individual patients’ needs, I adjust protocols to enhance patient experiences and outcomes.

### **NOT ALL INCLUSIVE**

These following have all been reported in the literature: ***Persistent pain, hardware/implant/device failure, recurrent meniscus tear (knee), fracture, dislocation, progressive degeneration of the joint, stiffness (loss of motion), infection, deformity, damage to nerves/blood vessels in close proximity to the surgical area, bleeding, numbness, swelling/effusion, instability, recurrent ligament tear or stretching (e.g. in cases of ligament reconstructions of the knee or shoulder), wound healing problems, DVT/PE (Blood clots), recurrent labrum/rotator cuff tear or failure to heal (shoulder), progressive cartilage degeneration/arthritis, tendinitis, need for transfusion or other life-saving measures, stroke, paralysis, death.***

To minimize the chances of any of these complications from occurring, numerous precautions are taken including the use of antibiotics when indicated, blood thinners (e.g. aspirin, or other oral or injected medicine, which may be under the supervision of your PCP or other medical provider), strict sterility in the OR, small incisions, meticulous surgical technique, experienced and trusted staff and anesthesiologists. I have a reputation of being very controlling and meticulous in my operating room and have, in fact, asked staff to be replaced if they do not meet my high standards.

Unfortunately, because of human biology and the nature of surgery, unforeseen complications can still happen and can be unpredictable. This is especially true if you have had surgery in the same area previously. It is imperative that you and I work together to control all of the factors we can to minimize the risks of surgery.

**ALWAYS ask questions if you are unclear of anything or do not understand what you have been told. NEVER assume or guess anything.** Although you will be informed in detail of everything you need to know, many patients tend to forget what they have heard. Elemental information regarding the procedure will be verbally expressed and repeated many times, and/or given in written form. It is imperative that you feel comfortable with all that will happen before, during and after surgery and it is perfectly acceptable for you to ask questions. Please remember that this surgery is ELECTIVE. It is meant to improve your quality of life only and it is not mandatory. Aside from the technical aspect of surgery, my obligation is to educate you as much as possible so that you are able to make an informed decision. **However, you need to participate and learn about your problem and the treatment recommendations that we discuss.** The more you know, the lower your anxiety will be, resulting in a better response to treatment. If you are uncomfortable, I urge you to make an appointment for 1-2 weeks before your procedure and come with all questions written down so we may address your concerns well in advance. My experience has shown that waiting until the day of surgery is not beneficial, as patients tend not to remember what is said. Please check our HEALTH LIBRARY at [www.AZISKS.com](http://www.AZISKS.com) for helpful information.