**Pre-Operative Patient Checklist**

**Surgery Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Arrival Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6 Weeks Prior to Surgery**

* **Stop using all nicotine products**
	+ Nicotine reduces circulation to the skin and slows healing after surgery. You may be at a greater risk for blood clots, complications with anesthesia, infection, and a return to surgery.
	+ Nicotine products include cigars and cigarettes, e-cigarettes which contain liquid nicotine, and smokeless tobacco.
	+ Talk to your doctor about the resources to help you stop using nicotine products.

**4 Weeks Prior to Surgery**

* Pre-op Education Class: In-Person or Online

Click Link to Schedule: [Pre-operative Education Class - OASIS Hospital](https://oasishospital.com/pre-operative-education-class/)

**Class Date & Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Schedule medical clearance appointments, as ordered by your surgeon

**2-4 Weeks Prior to Surgery**

* Continue “pre-hab” exercises daily, as directed by surgeon
* Complete home safety checklist, page 3.2 in Pre-Op Education Booklet: [Pre-operative Education Booklet](https://oasishospital.com/wp-content/uploads/2022/01/PRE-OPERATIVE-EDUCATION-CLASS-BOOK.pdf)
* Buy items on shopping list, shop for meals and snacks
* Stop drinking alcohol
* Discontinue certain diet pills including Phentermine, Redux, Metabolite, Metabolife, or any ephedra-containing herbal products
* Make arrangement for pets, as needed
* Review online Pre-Op Education Booklet: [Pre-operative Education Booklet](https://oasishospital.com/wp-content/uploads/2022/01/PRE-OPERATIVE-EDUCATION-CLASS-BOOK.pdf)
* Confirm transportation home and that a caregiver will be with you for the first 24 hours after surgery

**1-2 Weeks Prior to Surgery**

* Ask your physician about:
	+ Stopping Aspirin, Motrin, Ibuprofen, Aleve, Meloxicam, Diclofenac and any other prescription anti-inflammatory medications before surgery. If you are taking Celebrex, your surgeon will give you specific instructions.
	+ Stopping blood thinning medications such as Xarelto, Plavix and Eliquis as directed by your physician.
* Fill any new prescriptions if ordered by your surgeon
* Ensure you have all your routine prescriptions refilled, if necessary

**5 Days Prior to Surgery (If Ordered by Surgeon)**

* Start Mupirocin (Bactroban) nasal ointment as ordered

**2 Days Prior to Surgery**

* Shower according to surgeon’s instructions
* Do not shave from the neck down 48 hours within surgery time

**Night Before Surgery**

* Shower according to surgeon’s instructions
* Do not eat or drink anything after midnight
* Remove all nail polish and make-up

**Morning of Surgery**

* Shower according to surgeon’s instructions
* If you have been instructed to take medications, take these with a small sip of water
* Remove all jewelry/piercings
* Bring the following items to the facility with you:
	+ Glasses/hearing aids/dentures with case
	+ Insurance card and photo ID
	+ Co-payment
	+ Medication & medical equipment you have been specifically asked to bring
	+ Preferred pharmacy information
		- This will be the pharmacy post-op prescriptions will be sent to that you will pick-up after discharge. Be sure this pharmacy is close in proximity to where you will be recovering. Keep in mind pharmacy hours.
* Leave all other valuables at home (jewelry, cash)
* Wear comfortable, loose-fitting clothing
* Do not apply make-up, lotion or perfume
* Please wear glasses instead of your contact lenses

**Information Following Surgery**

Physical Therapy Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Post-Op PT Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Therapist Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Post-Op Surgeon Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions to Ask Insurance**

* If Outpatient Physical Therapy is ordered, what is my co-pay amount?
* If Home Health Care Therapy is required, what is my co-pay amount?
* If I am planning to go to a Skilled Nursing/Rehabilitation Facility (less than 10% of patients will require this)
	+ What is my co-pay amount?
	+ Which facilities are In-Network with my health plan?
		- A tour prior to surgery is recommended
* If having knee, hip or spine surgery a front-wheeled walker will likely be ordered. What is my co-pay amount?

Durable Medical Equipment (DME) many patients find useful, but may not be required and are typically not covered by insurance are:

* Elevated Toilet Seat
* Shower Chair
* Bedside Commode

You can verify coverage with your health plan, check with your local pharmacy or the vendor of your choice to check prices for these items if you think you may wish to purchase.