

BENJAMIN RUBIN, M.D.
PRE-OPERATIVE SURGERY PACKET

Location of your surgery:

Your surgery will be at **Main Street Specialty Surgery Center (MSSSC)**.

- 280 S. Main Street, Suite 100, Orange Ca 92868. In our building on the first floor.
- Phone: (714) 704-1900
- **Check in with the receptionist at MSSSC 1 1/2 HOURS PRIOR TO YOUR SURGERY START TIME.** (Example: If your surgery start time is 8:00am you will need to check in at 6:30am).
- Please be flexible the day of surgery as it may be necessary to move your surgery time ahead due to cancellations or changes in the schedule.
- **Do not eat or drink anything after midnight prior to your surgery date.**
- **If your surgery is after 2:00 PM then you can wake up early and before 6:00 AM** you can have clear liquids (water/ apple juice/ Gatorade) and dry toast, then nothing to eat or drink after.
- Report any infections as soon as possible as surgery cannot be performed until all infections have been treated and resolved to prevent spread of bacteria to your joint. Generally you need to be off antibiotics for at least one week prior to surgery.

Pre-operative clearance:

- It is necessary for you to have specific testing (labs, chest x-ray, EKG) prior to surgery to make sure it is safe for you to have general anesthesia.
- If you have general medical conditions such as heart disease, diabetes, high blood pressure, bleeding disorders, etc our office will require a medical clearance. Please arrange this with your personal physician two weeks prior to surgery. Depending on your medical history you may also need to be seen by other specialists (Cardiologist, Endocrinologist, etc). You will receive an information sheet from Betty to give to your personal physician explaining the specific orders required. Our office will need all your pre surgical clearance paperwork 3 business days before surgery otherwise your surgery may be postponed.
- If you are otherwise healthy our office can order the labs, chest x-ray and EKG.
- For healthy patients under 21 years old, a blood count will be done the day of surgery utilizing a finger stick. No lab tests are necessary.

Medications to stop before surgery:

- 7-10 days before surgery stop Plavix/ Coumadin/ Warfarin after consulting your internist
- 3 days before surgery stop aspirin or anti-inflammatories (Ibuprofen, Aleve, Motrin)
- You can continue to take Tylenol and Celebrex as needed
- Discontinue all herbal supplements, blood thinning medications or weight loss medications 3 days prior to surgery.
- **FAILURE TO DO SO MAY RESULT IN YOUR SURGERY BEING CANCELLED BY THE ANESTHESIOLOGIST**

Medications to take the morning of surgery:

- Take only medications that are required (for heart disease, blood pressure, arrhythmias, seizure disorders, asthma, breathing problems, etc) with a sip of water
- If you take diabetic medications please check with your internist to determine if you should still take these the morning of surgery
- If you use an inhaler bring it with you the day of surgery

Medications to take after surgery:

- At the pre-op visit you will be given a prescription for a pain medication to use after surgery. Have this filled **prior to surgery**. After surgery if you are not having much pain you can use Tylenol or Ibuprofen in place of the pain medication.
- Primary narcotic medication given is Norco (hydrocodone) or Vicodin. Take 1-2 pills every 4-6 hours as needed. Plan on using the narcotic for about 5 days, depending on your pain level. If you are not having much pain use Ibuprofen, Advil or Motrin as needed.
- Do not take the pain medication or anti-inflammatory on an empty stomach
- If you are having pain in between doses of Norco/ Vicodin then take 2-3 (200mg tabs) of Ibuprofen, Advil or Motrin every 4-6 hours.
- For surgeries of larger magnitude or if your pain is not relieved with Norco/ Vicodin you may be given Percocet. This is a prescription you will have to pick up from the office.
- Side effects of pain medication include constipation and nausea. For constipation you may try increased fluids, prune juice, milk of magnesia, Senekot, Colace, Miralax, or even magnesium citrate. For excess nausea/vomiting we can prescribe Zofran as needed.
- Sleep medications such as Ambien or Lunesta are available by request if you feel you need these to assist you with sleep before or after surgery, however we usually do not find this necessary.

Before Surgery:

- Please visit the website www.benrubinmd.com
In the tab under “For Our Patients” then “Postoperative Instructions” are instruction sheets specific to each surgical procedure, photos of sling positions and videos of the shoulder exercises to start. Do these exercises after shoulder surgery unless you have been instructed otherwise.
- Arrange for someone to help you with everyday tasks like cooking, shopping, laundry.
- No dental work one week prior to surgery and two weeks after surgery.
- You will receive a phone call 1-3 days prior to surgery from the surgery center nursing staff to review all instructions. To protect your privacy, only a message to return their call will be left.
- The day before eat light and drink plenty of fluids to minimize dehydration.
- Get a good night’s rest

The Day Of Surgery:

- Shower that morning: do not use any deodorant, powder, lotion, or makeup
- Leave all jewelry and contact lenses at home
- Wear comfortable loose fitting clothing and low heeled shoes:
 - For knee surgery---**loose fitting shorts or sweats**
 - For shoulder surgery---**loose fitting short sleeved top that buttons or zips up the front**
- Patients under the age of 18 must be accompanied by an adult
- Bring your current insurance card and the appropriate completed forms with you
- You will have a chance to speak with the anesthesiologist before your surgery to discuss any concerns you may have about the general anesthesia or past anesthesia history.
- **You must arrange for someone to take you home from surgery and stay with you for the first 24 hours. You will not be allowed to drive yourself or take a taxi home alone if you have had any sedation/anesthesia. YOUR PROCEDURE MAY BE CANCELLED IF YOU DO NOT HAVE A RIDE HOME.**

POTENTIAL RISKS OF SURGERY

Anesthesia

Complications are not common, but may infrequently occur. Please discuss any questions you may have regarding possible anesthetic complications with the anesthesiologist prior to surgery. If you have any allergies to medications, or are currently taking any medications, be sure the anesthesiologist is informed.

Infection

Precautions are taken to help guard against infection, including special preparation of the skin, sterile technique and the use of antibiotics when appropriate. However, if infection does occur, it may require further surgery and/or hospitalization.

Excessive Bleeding or Swelling

Swelling often occurs as a result of the fluids used during the arthroscopic procedure and is usually resolved within a few hours after the surgical procedure. Bleeding rarely occurs and usually involves only staining of the post-op bandages. In some instances, however, accumulated blood in the knee may need to be removed.

Phlebitis

Deep vein thrombosis or blood clotting can occur following arthroscopic surgery. This is very rare. It is important to keep the leg elevated above the level of the heart for the first 24-48 hours after surgery. You should also avoid a 90 degree knee bend position for prolonged periods of time. Excessive post-operative calf tightening, swelling and pain may be a sign of early phlebitis. You should report these symptoms to our office promptly.

Instrument Breakage

It is possible that a piece of one of the small surgical instruments may break off inside the joint. This rarely occurs and the piece can usually be removed arthroscopically. However, an incision may occasionally be required to retrieve a piece of the instrument.

Nerve Damage

A number of smaller nerves and some very important larger nerves may pass across the joint and could be injured during the arthroscopic procedure. This rarely occurs, but when it does it can result in a serious problem requiring additional treatment.

Numbness or Pain

Small sensory nerves lie directly underneath the skin close to the entry sites of arthroscopy. During placement of the arthroscope, it is possible to injure the nerves and leave an area of numbness, or focal area of pain. This usually diminishes with time.

www.benrubinmd.com
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POST-OPERATIVE SURGERY INSTRUCTIONS

General Activity Level:

- You will be given specific instructions following your surgery as to use of the involved area including guidelines for active and /or passive movement, weight bearing limitations, immobilization and sling use. The specific instruction can be found on the website under “Post-operative Instructions”. Please look at these in advance of your surgery.

CPM (Continuous Passive Motion): Use the CPM 6-8 hours a day, 2 hours at a time, or more if desired. The goal is to regain your motion as quickly as possible.

- Not applicable
- For ACL reconstruction/knee surgery: start at 0-45° and increase a minimum of 5-10° twice per day or more if tolerated. The goal is to attain 90° one week after surgery, 125° by 4-6 weeks after surgery.
- For Shoulder Surgery: Specific guidelines will be determined on an individual basis.

Ice: Cold is beneficial to reduce inflammation, swelling, and pain. **DO NOT** place ice or cold unit pad directly on the skin as this may result in a burn.

- Ice Packs: Use them intermittently, 20-30 minutes on, 20-30 minutes off. Use 4 to 5 times a day or as much as possible.
- Cooling Unit: Use constantly in the initial post-op period. This unit is temperature regulated and pumps cold water over your knee/shoulder. This is not required but helps significantly to reduce pain and decrease the use of oral pain medication.

BP Medical or Team Makena are the companies providing the equipment.

Brian Price with BP Medical: (714) 267-9393

Jamie Bulf with Team Makena: (619) 843-1632

Pain and Swelling:

- Take prescribed pain medication as necessary. Refills are made during office hours only
- **Due to the anesthesia/nerve block you often have little pain the first 48 hours. It is normal to have some numbness in the arm or leg after the block; this will wear off within the first 12-24 hours. In general your pain will increase 48 to 72 hours after surgery. Use the pain medication as soon as you begin to have pain.**
- **Clot (DVT) Prevention**—If you had knee surgery take aspirin 325 mg daily for 2 weeks post-op and perform ankle pumps (as instructed after surgery) to decrease the incidence of developing a blood clot.

Dressing Changes:

- After 48 hours you may remove the outer bandages. You will find steri-strips/tapes over the incisions--leave these in place until your post-operative visit.
- You may shower after 48 hours, but avoid soaking or submerging the surgical wounds
- Gently dry the area and apply Band-Aids if needed to further protect the wounds
- If your dressing becomes soaked with blood, please call the office and we will have you come in for a dressing change
- If you have been instructed to leave the dressings in place until your post-op visit then avoid showering and keep the involved area dry

Post Operative Appointment:

- You will usually be seen by Stacy Summa my Physician Assistant within the first 5-10 days following surgery though it may be necessary to change it based on the surgical findings. This is to review the surgical finding, do a wound check and initiate therapy.

RETURNING TO WORK/SCHOOL AFTER SURGERY

After Knee Surgery:

- For standard knee arthroscopy (meniscectomy, debridement) you will be allowed to bear full weight on it as soon as tolerated. We like you to use crutches for up to 3 days after surgery just to take it easy while recovering. You can return to work/school as soon as you feel capable (likely 3-5 days post-op). Take into consideration the specific activities and driving requirements related to your job. You will only be limited by your own soreness, stiffness and discomfort. It will take 4-6 weeks for you to be more comfortable with and return to most activities such as squatting, kneeling and climbing.
- For reconstructions or repairs (ACL reconstruction, meniscus repair) you will be in a knee brace and on crutches for 4-6 weeks. You will be allowed to bear full weight as tolerated. If the meniscus has been repaired you may be partial-weight bearing for up to 6 weeks. You can return to work/school as soon as you are comfortable, (generally within 1 week after surgery) as long as you are compliant with your brace and weight bearing restrictions. Take into consideration the specific activities and driving requirements related to your job. You may drive as soon as you are capable, as long as you are not taking narcotics beforehand.

After Shoulder Surgery:

- For an arthroscopy that does not involve a repair (subacromial decompression, Mumford, capsular release, debridement) you will use a sling a few days after surgery as needed. You can return to work/school as soon as you feel capable (likely 3-5 days post-op). Take into consideration the specific activities and driving requirements related to your job. You will only be limited by your own soreness, stiffness and discomfort.
- For reconstructions or repairs (rotator cuff repair, labral repair, suture Capsulorrhaphy, biceps tenodesis) you will be immobilized in a sling for 4 weeks after surgery. You can return to work/school as soon as you are comfortable, (generally within 1 week after surgery) as long as you are compliant with your sling restrictions. Take into consideration the specific activities and driving requirements related to your job. The sling will need to be worn nearly all day during the first 4 weeks. You can take your arm out of the sling to perform the exercises on the website or allow your arm to rest in your lap or on an armrest for short periods of time. You can keyboard and write in your sling or out of your sling with your elbow supported. You should not have your arm hanging at your side unsupported for any extended period of time. You may drive as soon as you are capable, as long as you are not taking narcotics beforehand.

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INFORMATION ON BILLING

Benjamin D. Rubin, M.D.

Pre-Certification: As a courtesy my staff pre-certifies every surgical procedure with the primary insurance company. However, this does not guarantee that benefits will be paid or the amount of benefits that may be payable. It is recommended you also contact your insurance company for pre-certification for the surgery.

Surgery Charges: My staff will bill your primary insurance company for my fees at no charge if you have provided us with completed insurance forms and all the necessary information. Please keep in mind that it is your responsibility to see that they pay on time. Once a month you will receive a copy of an itemized statement to retain for your records. Ultimately, the financial responsibility for the services provided rest with you, the patient, or your family, regardless of any insurance coverage. You are expected to pay any co-payments and / or deductibles at the time services are rendered.

Please be advised that you will receive 3 separate bills for you upcoming surgery. Prior to your surgery you will need to make payment arrangements for other physicians, facilities, or services involved in your care. To receive an estimate of your costs, please contact each facility directly. You may expect billings from:

- Orthopaedic Specialty Institute (714) 937-2120 Betty
Dr. Rubin's surgical fee
Surgical assist fee
Office visits

- Main Street Specialty Surgery Center (714) 704-1900 Alva
The surgery center fee
Pathologist (if applicable)

- Anesthesiologist (714) 704-1900 Alva

When inquiring about your estimate of costs you will be asked for the following information:

Patient first and last name
Name of physician or surgeon
Name or description of the procedure/test you are having
Estimated date of the procedure/test
CPT and/or ICD9 procedure codes

Diagnosis: _____
ICD9: _____

Procedure: _____
CPT: _____

Post-Operative Charges: Included in your surgical fees are medical visits for post-operative care during the first 3 months (90 days) after surgery , excluding removal of hardware which is 30 days. During this time there will be no charge for office visits. However, there will be charges for any necessary supplies or X-rays provided during this period.

Dr. Rubin wants you to know that he has a financial interest in Main Street Specialty Surgery Center. While Main Street Specialty Surgery Center may be recommended for outpatient services, the choice of where to obtain these services is yours to make. We will gladly provide you with information about any other facility in this community.