

Daniel W. Wilen. M.D.
Board Certified Orthopaedic Surgeon
Diplomate of the Board of Orthopaedic Surgeons
7321 5th Avenue
Brooklyn, N.Y. 11209
Tel (718) 238-6518
Fax (718) 836-1460

PRE-OPERATIVE SURGERY INSTRUCTIONS

PLEASE OBSERVE THE FOLLOWING INSTRUCTIONS, AND CALL YOUR DOCTOR IF YOU HAVE ANY QUESTIONS

Please report to _____ at _____ Hospital _____ PM/AM on day _____ 200____
for _____

- Do not eat or drink anything after midnight the night before surgery. This includes gum, candy, water, coffee, milk, orange juice or as directed by doctor.
- It is important to have someone available to drive you home. You are not allowed to Drive yourself Home.
- Keep all post operative surgical dressings clean and dry.
- If you wear contact lenses/glasses and/or a hearing aid(s), please bring their cases for safekeeping.
- Before surgery, report any changes in your health to your surgeon immediately. If you have a cold or any signs of infection (toothaches, large boil, temperature, etc.), please call the office and appropriate action can be taken.
- Do not wear any jewelry, make-up, or own sandtones to the hospital.
- Wear loose comfortable clothing and sneakers so you can get easily dressed to go home.
- If you have been given any paperwork by your doctor, please bring it with you on the day of surgery (Medical Evaluation, History/Physical, Doctor's Order, Laboratory Results, EKG results, X-Rays, Consent, etc.). Medical Doctor Clearance
- Stop taking all aspirin and anti-inflammatory products (e.g. Motrin, Ibuprofen, Naprosyn, etc.) at least 7 days before surgery.
- If you need to take medication the morning of surgery, this medication may be taken as prescribed with a sip of water, not coffee or OJ, etc. If you are diabetic, do not take diabetic medication the morning of surgery. (discuss with your M.D.)

Other special instructions

Important for surgery: After your surgery a friend or family member 18 years old or older must bring you home.

Additional Advice After Surgery from your doctor:

You are scheduled to see your doctor: At: _____ am / pm



On: _____, 20____

Take the following medications as directed: **1** Bextra™ 10mg (1 to 2 BID) Bextra™ 20mg (1 BID, PRN)

2 Celebrex™ 200mg (1 to 2 tabs by mouth every 4 to 6 hours as need)

3 Ultracet _____

4 Vioxx 12.5 or 25mg once a day

**(discontinue above medications if GI problems)