



Mount Sinai

Nolan A. Maher, MD

Joint Replacement Recovery Guide

DATE OF SURGERY: _____

SURGERY SITE:

- MS West - 428 West 59th Street, NYC NY 10019
 MS Morningside - 1111 Amsterdam Ave, NYC NY 10025 (114th St)

SCHEDULING COORDINATOR:

MSW Office (425 W 59 St)
Kalli Barrett
TEL: 212-523-6060
FAX: 212-636-3102
Kalli.Barrett@mountsinai.org

Park Ave Office (910 Park)
Lucy Padilla
TEL: 212-861-9800
FAX: 212-861-5276
LuciaLucy.Padilla@mountsinai.org

MS Morningside Clinic
Tatianna Cruz
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Instructions for Using This Booklet

1. This is your joint replacement surgical packet. Please read this packet carefully. Most of your questions will be addressed in the packet or in the “Frequently Asked Questions” section at the end. This packet will cover:
 - Pre-operative instructions (medical clearance, joint class, preparing for surgery)
 - Information about your hospital stay
 - Post-operative instructions (discharge information, pain management)
2. Use the pre-operative checklist to make sure you are prepared for your upcoming surgery.
3. Write down any questions you still have after reading this booklet, and call Dr. Maher or his team to discuss them.

Important Phone Numbers

Dr. Maher’s Office	212-523-6060
Mount Sinai Hospitals (all)	212-523-4000
Patient Information	212-523-5678
Pre Admission Testing (PAT)	212-523-6424
COVID Test Site	212-362-2111
Private Room Request (MSW)	212-636-4600
Surgery Confirmation (2-6PM)	
Mount Sinai West	212-523-6424
Mount Sinai Morningside	212-523-3371

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Pre-Operative Instructions

Medical Clearance

You will need to see your internist or primary care physician for pre-operative testing to clear you for surgery.

We will discuss with you a two week timeframe so that you see him/her no more than 30 days prior to your surgical date and that we receive your clearance at least 14 days prior to your surgical date. This ensures your results are at the office and hospital in a timely fashion.

If not received within this time frame you risk your surgery being cancelled.

If you are under the care of any specialists (cardiologist, pulmonologist, hematologist, etc.) you must see them prior to surgery and obtain clearance. In some cases additional testing may be needed so please start this process right away.

If you have not done so already, please provide our office with the name and telephone number of your physician(s). Please also confirm your pharmacy prior to surgery since we will be e-prescribing your medication after discharge.

****It is your responsibility to follow up with your doctor(s) to ensure our office receives the paperwork in a timely manner****

If you do not have a primary care physician, we can make an appointment for you to complete testing at our Mount Sinai Ansonia office on the UWS at:

Mount Sinai Doctors Ansonia Building
2109 Broadway (74th and Broadway), 2nd Floor
New York, NY 10023
212-362-2111

Medical Clearance Request:

Included as last page of this packet (Appendix C).



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Joint Class

Our joint class is now virtual due to COVID and being held via Zoom. Our team will contact you with a date and time for your class, and send you a link for the class.

The Orthopaedic Department at Mount Sinai holds a pre-operative “joint class” for all patients undergoing joint replacements. It is a **MANDATORY** class.

They will review general information about your upcoming surgery. If you have specific questions please contact the office at 212-523-6060.

COVID Nasal Swab

All surgical patients must have a negative COVID swab within 48 hours of surgery. The COVID testing site is located at:

Mount Sinai Doctors Ansonia Building
2109 Broadway (74th and Broadway), 2nd Floor
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212-362-2111

If there is no answer, please try calling 929-399-6042.

Our pre-admission department will contact you to schedule both your joint class and COVID testing.



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Blood Management

Patients undergoing joint replacement surgery may require blood transfusion. It is rare though and occurs in less than 5% of patients. Patients who are having both hips or both knees replaced in the same surgery, or undergoing revision joint replacement surgery are at increased risk for needing a transfusion. We can discuss your options if you are in this category.

If your religious conviction will not allow you to receive blood transfusions or any blood products, please let us know and we will coordinate a meeting with our Bloodless Surgery Coordinator.

Pre-Operative Eating and Drinking Guidelines

8 Hours Before Your Surgery:

Please stop eating food. A good rule of thumb is no food after midnight the night before. You may continue to drink liquids.

Before you leave for the hospital:

Drink up to 16 oz of the following beverages:

1. Gatorade: any flavor except for the red Gatorade
2. Black coffee/tea: you may add sugar but DO NOT add milk/dairy
3. Water

Please avoid milk, pulp, alcohol, or red drinks!

Remember to take your medications as directed!



Surgery and Hospital Stay

Pre-Op Instructions and Checklists:

- See Previous (Pre-Operative Instructions) and Appendix A (Checklists)

After Checking In:

- You will meet with the anesthesiologist:
 - Discuss anesthesia, have questions answered.
 - Inform anesthesiologist of medications you have taken.
 - Consent form for anesthesia is reviewed.
- You will meet with the Physician Assistant:
 - Discuss procedure, have questions answered.
 - Consent form for surgery is reviewed and signed.
- Meet with Dr. Maher and your operative leg will be marked.

After Your Surgery:

- You will be brought to the PACU (Post Anesthesia Care Unit / Recovery Room), where you will recover.
- The surgeon will inform your family about the procedure.
- Your family may visit you briefly in the PACU / Recovery Room.
- On the day of surgery, your therapy may begin in the PACU.
- All patients will get out of bed on the day of surgery with assistance.
- If you require an inpatient stay, you will be transferred to the orthopedic unit.

Day #1 After Surgery:

- Physical and Occupational therapy will continue.
- Social Worker will visit to begin your discharge planning process.
- Begin to plan transportation home. If possible, it is helpful to have someone available to take you home.
- Our surgical team will check on your progress.
- Nurse Manager will visit.
- A member of the Pain Management team may visit.
- You will be rounded on by nursing staff every hour throughout the day and every two hours overnight.
- If all criteria are met, and with Dr. Maher's approval, you may be discharged.



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Discharge Instructions

Activity:

1. You can bear as much weight as you can tolerate ***unless otherwise specifically instructed by Dr. Maher.*** You may use the walking aid with which you were discharged and switch to a cane when you feel comfortable. If you feel you can ambulate without any assistive device, you are welcome to do so for limited distances indoors. We expect you to use an assistive device for outdoor walking for the first 2-4 weeks. Keep in mind that every patient moves at their own speed of recovery so take your time.
2. *Unless Dr. Maher or our office specifically instructed,* you DO NOT have any movement precautions with regards to your joint replacement.
3. You will have physical therapy sessions 3 times per week for 6 weeks. Your therapist will work primarily on range of motion, strengthening, and gait training. You should also do your physical therapy exercises at home. A PDF and videos of exercises are available on our website at HipKneeNYC.com → Surgery → Total Hip/Knee Instructions.
4. High impact activity such as jumping, aerobics, hiking, tennis, and skiing are not permitted during the first 3 months after surgery.

Check your temperature on a daily basis. Please note that a low-grade temperature below 101.5 is not uncommon in the first 3 days after surgery. Notify the office if your temperature rises above 101.5 degrees.

Many patients experience significant swelling and bruising (black and blue marks) of the thigh and this may extend below the knee and down to the ankle. The swelling and bruising generally progresses over the first week following your surgery and will begin to resolve over the second week. It should largely resolved by your first post-operative visit. Provided you have been on a blood thinner since surgery (Aspirin or Lovenox), the risk of a blood clot is low and this swelling is an expected part of recovery. Swelling can be uncomfortable but is generally not painful. Continue to use ice on your leg 2-3 times daily for 20 minutes at a time to help reduce the swelling. Do NOT apply ice directly to skin as this may cause frostbite. Wearing compression stockings (TED hose) as instructed during the first 2 weeks after surgery will decrease your swelling.



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Sleeping:

Sleeping may be difficult in the first several weeks. This is due to the physiologic burden of surgery, the new medications you are on, and a change in your activity level. Napping during the day may make sleeping at night difficult. It is also important that your pain is well controlled at night. If sleeping is or becomes an issue please let Dr. Maher know.

Wound Management:

1. Remove your dressing 7-10 days after surgery. You should not keep the dressing on until your first visit as it traps too much moisture. After removing the dressing you may continue to shower and pat the area dry with a towel.
2. Some wound drainage or spotting on the bandage is OK. If the wound is bleeding or draining and leaks outside of the bandage, please notify our office. The first step is typically to remove the dressing and apply a compression dressing with gauze and an ACE wrap (can be purchased at any pharmacy or medical supply store).
3. Do not apply any creams or ointments to your surgical site.
4. You should examine the area around your bandage regularly for any signs of infection which include redness, warmth surrounding the incision, drainage of blood or pus, or any drainage that has a foul odor. Some redness and tenderness is normal in the immediate post-operative period, but if you have any concern please contact our office.
5. You may notice some bruising and/or swelling surrounding the surgical site; this is normal for the first two weeks after surgery.

Showering/Bathing:

1. You may shower after you return home from the hospital provided there is no wound drainage. Your surgical dressing is waterproof.
2. You should not scrub the incision or bandage. Be sure to pat the bandage dry with a towel after showering.
3. Any submersion in water, including a bath, jacuzzi, or swimming is NOT PERMITTED for the first 6 weeks after surgery.



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Post-Operative Medications:

1. You will be discharged with pain medication(s) and a stool softener. Please follow the instructions regarding these medications as provided by your nurse at the hospital. Please note that most narcotic pain medications have side effects that may include nausea, vomiting, sedation, dizzy spells, and/or constipation. If you experience any of these side effects to a severe extent, you should contact our office.
2. If you are suffering from constipation following your surgery, you may try taking both a stool softener and laxative together. A high fiber diet, as well as adequate hydration is also advised.
3. You should stop taking your narcotic pain medication whenever you feel you can. A good way to wean off the pain medication is to cut the doses in half, or increase the time between doses. For example, if you are taking 1 tablet every 4 hours, extend that time to every 6 hours, then every 8 hours, and so on.
4. A major, yet preventable complication of knee replacement is a blood clot (DVT). You have been provided with a prescription for ONE of the following to prevent a potential blood clot:
 - a. ASPIRIN 325MG to be taken twice a day, with food, for 28 days. Please note that this medication may cause an upset stomach or acid reflux. If this occurs, take an over the counter antacid such as Pepcid, Prilosec, Prevacid, or Nexium to help alleviate these side effects.
 - b. LOVENOX 40MG injection once daily injection for 28 days
5. You will also be sent home with a pair of thigh high compression stockings (TED Hose). You should wear these stockings during the daytime for the first two weeks after surgery, as they help reduce swelling as well as blood clots.
6. Unless instructed otherwise by our office, the use of additional non-steroid anti-inflammatory medications (NSAIDs) besides Celebrex including Aleve, Advil, Motrin, etc. should be avoided while taking your prescribed blood thinner to prevent bleeding. Unless otherwise instructed, you will take Celebrex daily for 28 days.
7. You should restart all of your prescription medications once discharged unless specifically instructed otherwise.
8. Herbal supplements may be restarted 2 weeks after surgery.



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9. IF you have been given Coumadin as a blood thinner, please follow-up with your internist within the first 2 days after discharge so the medication can be appropriately dosed.
10. Although not required, it is recommended that all patients follow up with their internist during the first 2 weeks after surgery to review their medications and overall medical well-being.

Medications To Be Taken After Surgery			
	Medication	Purpose	Schedule
SCHEDULED	Ecotrin®/Aspirin 325mg Tablet	Pain control Prevents blood clots	1 tablet in the morning and 1 tablet in the evening for 28 days
	OR		OR
	Lovenox®/Enoxaparin 40mg Injection		One injection daily for 28 days
	Tylenol®/Acetaminophen (Extra Strength) 500mg Tablet	Pain Control	2 tablets every 6-8 hours <i>Do Not take more than 8 pills in one day as this may harm your liver</i>
	Celebrex®/Celecoxib 200mg Tablet	Pain Control; Prevent abnormal bone growth	1 tablet in the morning and 1 tablet in the evening for 28 days
AS NEEDED	Oxycodone 5mg Tablet	Pain Control	1-2 tablets every 4-6 hours as needed for pain
	Miralax®/Polyethylene Glycol 17g Packet	Prevents Constipation	1 packet dissolved in 8 ounces of water, twice a day as needed
	Pepcid®/Famotidine 20mg Tablet	Antacid; Reduces stomach irritation caused by Aspirin (Ecotrin®)	1 tablet daily as needed if taking Aspirin (Ecotrin®)
	Zofran®/Ondansetron 4mg tablet	Prevents nausea	1 tablet every 8 hours as needed

*You may be prescribed different medication(s) based on your medical history.

**Please note that the After Visit Summary (AVS) that you will receive at the time of discharge will reflect a complete list of medications, including any routine medications that you were prescribed prior to surgery



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Post-Operative Office Visits

- 2 WEEKS: Dressing Removal, Wound Check, Medication Review
- 6 WEEKS: Wound Check, Evaluate Range of Motion, X-Ray
- 3 MONTHS: Evaluate Progress
- LONG TERM: 1, 2, 5, 10, 15, and 20 Years (Routine evaluation with X-Ray)

Note: If you are having any problems or concerns and need to be seen at any time, please call Dr. Maher's office.

Miscellaneous Issues

- You may resume driving when you are no longer taking narcotic pain medication and when you feel comfortable
- Sexual activity can resume after 2 weeks.
- Return to work depends on your job requirements, transportation, and multiple other factors. Rest is an important component of your healing both physically and psychologically. You can expect to feel fatigued during the day for the first couple of weeks, but you will find that your endurance, energy levels, and ability to ambulate improve on a daily basis.
- You should avoid dental visits for 3 months after surgery. You MUST take antibiotics prior to all dental cleanings or invasive dental work. Please call our office and a prescription can be electronically prescribed.
- If you are a smoker, please refrain from smoking. We know this is difficult but try your hardest. Smoking inhibits wound healing which can lead to further complications.
- WALK! Find a friend or family member and get out walking. When you return home, elevate your leg with a pillow underneath your heel and put ice on the surgical area.
- ICE! You can use homemade ice packs and apply to the surgical area a couple of times each day. You also have the option of renting an ice machine post operatively through Biodynamic Technologies. They offer GameReady Adjustable Cold and Compression Therapy that a patient can rent for 14 days for a cost of ~\$300. Unfortunately insurance does not cover this product. If you are interested in renting a unit, please let us know as soon as possible so that we help coordinate this. Additionally, there are units available for sale on Amazon if you are not interested in renting a unit. More information is on the following page.



Appendix A: Pre-Operative Checklist

Home Preparation Checklist

- Falls are often due to hazards that are easy to overlook, but are easy to fix. This checklist will help you identify any potential hazards in your home:
 - Remove all loose rugs, throw rugs, and runners
 - Remove all clutter from walking paths and stairs
 - Make sure you have a clear path to your bathroom
 - Keep pathways well lit, especially at night.
 - Store frequently used items within easy reach
 - Prepare meals ahead of time and store in freezer
 - Tape down any loose cords
 - Consider using a nonslip mat in your shower or tub

2-4 Weeks Prior To Surgery

- Obtain medical clearance/comprehensive evaluation to proceed with surgery
- Make sure Dr. Maher's office has the best phone number and email to stay in contact with you.
- Cancel any non-urgent dental appointments scheduled for the 3 months after surgery.
- Notify Dr. Maher if you are planning to have any minor medical procedures within 1 month of your surgery
- Adjust your work/social schedule accordingly during your anticipated recovery time
- Arrange for a cold therapy unit to have during your recovery (optional)
 - GameReady Ice Machine (~\$300 for 2 week rental)
 - Please call BioDynamics to arrange for pickup or home delivery of the GameReady at 1-800-879-2276 (M-F 8AM-5PM)
 - Cryocuff / Ossur Cold Rush Ice Machine (~\$225 on Amazon)



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1-2 Weeks Prior to Surgery

- Stop all anti-inflammatory medications such as Ibuprofen, Aleve, Advil, Naproxen, Mobic/Meloxicam, Voltaren/Diclofenac, Indocin and all herbal supplements. If you are taking medications such as Aspirin, Coumadin (Warfarin), Eliquis, or Xarelto, you should have a discussion with your PCP or cardiologist as to when they should be stopped.
- Medical clearance should be completed.
- Stop shaving the leg scheduled for surgery one week before to avoid nicks in skin.
- Prepare your home using the home preparation checklist (above)
- Notify Dr. Maher if there is any change in your medical condition (cold, infection, fever, etc.) prior to surgery. It may be necessary to reschedule.
- If you live alone, arrange for someone to stay with you for at least the first night after you return home and arrange for someone to stay with you or be immediately available for the first week after surgery
- Arrange for a family member or friend to drive and accompany you to the hospital on the day of surgery
- If you have pets, you may want to arrange for someone to assist in caring for them for a few days after you return home
- We ask all our patients to shower and use the Hibiclens (CHG) solution that you were given in the joint replacement class. You will do this for 5 days including the day of surgery. First use your regular shower soap all over your body. Then use the Hibiclens on the area that will be operated on. The last time you will use it is on the morning of your surgery.



Day Before Surgery/Day of Surgery

- You will receive a call from the hospital the day before surgery to confirm the time of the operation and when to be at the hospital. If you do not hear from the hospital by 2PM the day before your surgery please call:
 - Mount Sinai West 212-523-6424
 - Mount Sinai Morningside 212-523-3371
- Stay well hydrated the day before surgery: Drink plenty of fluids including water, Gatorade, or juice – You should drink 16oz of water or non-red Gatorade no later than 2 hours prior to your surgery
- DO NOT eat anything after midnight the night before your surgery
- Wear loose casual clothing and do not wear makeup/jewelry to surgery. Leave jewelry, valuables, and contact lenses at home
- Take medications as instructed by Dr. Maher or your primary care provider with a small sip of water
- Arrive at the hospital as instructed. Plan to arrive at the hospital 2 hours before your scheduled surgery time.
- PLEASE BRING THE FOLLOWING ITEMS ON THE DAY OF SURGERY
 - List of medications (and doses) that you are taking
 - Copy of lab results or medical clearance if done outside of Mount Sinai
 - Personal toiletries
 - Supportive shoes or sneakers for walking
 - Loose comfortable clothes (baggy shorts or pants, loose pajamas)
 - Telephone numbers of people you may want to call in the hospital
 - Eyeglasses
 - Insurance and Prescription cards
 - Photo ID and credit card
 - Cell phone and charger
- PLEASE DO NOT BRING
 - Valuables, computers, jewelry, large amounts of money.
 - Disability Forms - should be dropped off or faxed to the office. Please ensure that any portions you are required to fill out have been completed.



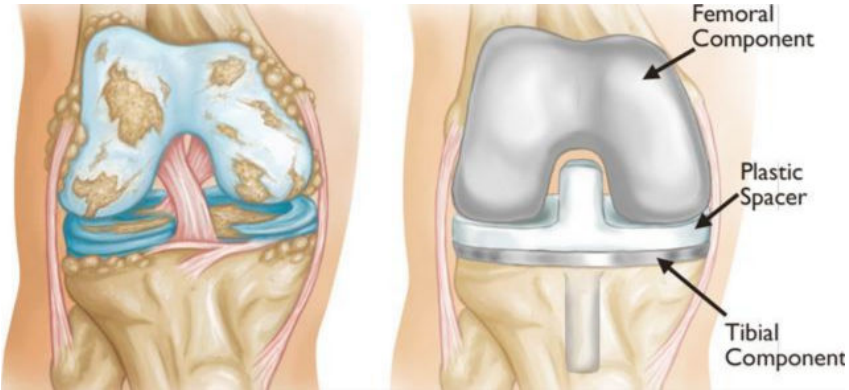
Appendix B: Frequently Asked Questions

Question	Answer
How long will I be in the hospital after surgery?	If there are no medical problems, the goal is that most patients usually stay in the hospital for one to two days.
<p>What should I ask my insurance company about my post-operative care?</p> <p><i>The phone number is usually on the back of your insurance card</i></p>	<p>We encourage you to know your rights and benefits. It is important to know what your insurance benefits will cover before your surgery and before admission to the hospital. Please contact your insurance company (the phone number is usually on the back of your insurance card) and ask the following questions:</p> <ol style="list-style-type: none"> 1. I am about to undergo a Total Knee Replacement and I will be hospitalized. I would like to know more about my health coverage once I am ready to leave the hospital. 2. With my coverage, if I go home after I leave the hospital, does my insurance cover home care service, specifically Physical Therapy? 3. After undergoing a total joint replacement, there is often a need for Durable Medical Equipment, such as a walker, tub-transfer bench and commode. Does my insurance cover this?
Who will contact the insurance company when I am in the hospital?	The case manager or social worker assigned to you will contact your insurance company. You will be involved with all discussions and decisions that are made for your care.
Will I need any special equipment after surgery and how will I get it?	If you need equipment it will be ordered by the hospital staff and delivered to your hospital room or your home (if your insurance covers this). Please check with your insurance company to see if they will cover Durable Medical Equipment, which may include a walker and a commode.
I live alone; what do I need to do to be prepared to return home?	It is important to read the Home Preparation Check List included in this booklet. It is also important to make arrangements with family or friends to help you. If needed, your social worker will guide you in selecting a Certified Home Care Agency (if your insurance covers this), which provides in home physical therapy and nursing care.

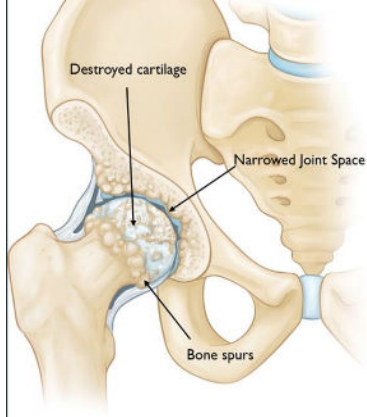
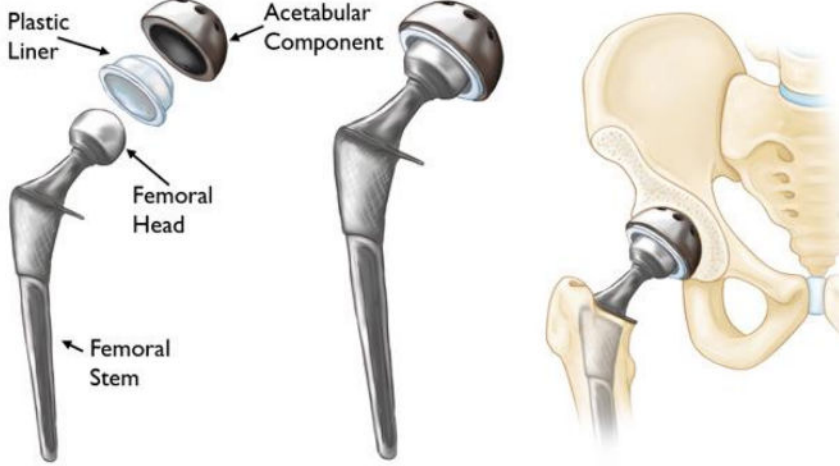


<p>What are the major risks of joint replacements?</p>	<p>Surgery is not without risk, and these risks will be discussed with you. Dr. Maher and his team do everything necessary to minimize the following risks:</p> <ul style="list-style-type: none"> ● Infection ● Blood clot ● Nerve or blood vessel injury ● Stiffness (Knee Replacement) ● Dislocation (Hip Replacement) ● Need for additional surgery in the future
<p>How long will my joint replacement last?</p>	<p>With today's bearing surfaces and surgical techniques, we expect these implants to last many decades.</p>
<p>What is the healing process like after joint replacement?</p>	<p>Soreness around the joint is common but should gradually improve. You will bear full weight on your leg on the day of surgery and most patients are able to eliminate walking aids after the first week. By 3 months, 90% of patients are fully recovered. You will continue to make strength gains for up to 1 year after surgery.</p>
<p>Why do I have to take so many medications after joint replacement surgery?</p>	<p>Medications after surgery are prescribed to help ensure a safe and comfortable recovery. Blood thinners are necessary to help avoid developing blood clots. The use of multiple types of pain medications has been shown to decrease the need for opioids.</p>
<p>Is swelling common after joint replacement?</p>	<p>Yes, swelling may occur for several weeks after your joint replacement and may involve your whole leg. The swelling peaks about 7-10 days after surgery but can last for up to 6 months. If you have <u>extreme</u> pain associated with swelling in your calf, call Dr. Maher's office.</p>
<p>What activities should I avoid after joint replacement?</p>	<p>A joint replacement is a mechanical device so over time the implants do experience wear and tear. We recommend avoiding distance running or cutting sports such as competitive soccer, basketball, or singles tennis.</p>
<p>What should prompt me to call the office after surgery?</p>	<p>You may call the office or message us on EPIC MyChart at any time. Concerning signs or symptoms include:</p> <ol style="list-style-type: none"> 1. Wound drainage or excess bleeding 2. Fever >101.5 3. Calf pain/swelling 4. Chest pain/difficulty breathing 5. Extreme pain not controlled by your medications 6. Unable to pass gas with nausea and vomiting

Knee Specific Questions

<p>What are you actually “replacing” in a knee replacement?</p>	<p>If knee replacement surgery was renamed today it would be called knee resurfacing. During surgery we remove the worn out ends of the thigh bone (femur) and shin bone (tibia) and cap each with a metal implant. We then place a surgical-grade plastic insert between the metal parts. Instead of bone rubbing on bone, your new knee is metal articulating with plastic.</p> 
<p>Should I have an area of numbness around my knee after surgery?</p>	<p>Yes, all patients experience a patch of numbness around the outside area of the knee due to standard placement of the incision. This area usually shrinks down to 1-2 inches by about 6 months after surgery but may never go away completely.</p>
<p>How much motion should I have after knee replacement?</p>	<p>By 6 weeks after surgery you should be able to bend your knee at least 90 degrees. Our goal is for patients to reach 110-120 degrees of knee flexion when fully recovered. If your knee was very stiff before surgery, the motion may not be significantly improved with surgery but the pain should be improved.</p>
<p>What will my knee feel like when it is fully recovered?</p>	<p>Your knee should feel fairly natural. It will always feel a little different compared to a non-replaced knee. You may also have some clicking in your knee due to the articulation between the metal and plastic implants; this is normal.</p>

Hip Specific Questions

<p>What are you replacing in a hip replacement surgery?</p> 	<p>The hip is a ball and socket joint. During a hip replacement the ball is removed and a metal implant is placed in the femur with a ceramic ball on top. On the socket side in the pelvis, a metal socket is placed with a plastic liner inside. The motion occurs between the ceramic ball and plastic liner.</p> 
<p>Which metals are found in a hip implant?</p>	<p>The hip replacement is composed of a titanium metal shell (acetabulum), a titanium stem, a surgical-grade plastic liner, and a ceramic ball. All of these parts together make up your new ball-and-socket hip joint.</p>
<p>Should I have an area of numbness around my hip after surgery?</p>	<p>Yes, most patients will experience a patch of numbness around the outside area of the thigh due to the placement of the incision. This is more common in patients who undergo an "anterior approach" hip replacement. This area usually decreases in size over time but may never go away completely.</p>
<p>What will my hip feel like when it is fully recovered?</p>	<p>Your hip should feel very natural. Many patients wake up from surgery without any groin pain and by 1 year may not be able to tell a difference compared to the other side.</p>



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Appendix C: Medical Clearance Request

PATIENT NAME: _____

SURGERY: _____ SURGERY DATE: _____

The above named patient requires the following pre-operative testing. Pre-operative testing should be done by your *primary care physician*, no more than 30 days before your surgical date. The results should be faxed at least 14 days prior to avoid delays.

Please fax the results at least 14 days prior to the date of surgery to:

MSW Office (425 W 59th St) ATTN: Kalli Barrett FAX: 212-636-3102 TEL: 212-523-6060 Kalli.Barrett@mountsinai.org	Park Ave Office (910 Park) ATTN: Lucy Padilla TEL: 212-861-9800 FAX: 212-861-5276 LuciaLucy.Padilla@mountsinai.org	MS Morningside Clinic ATTN: Tatianna Cruz FAX: 212-523-2130 TEL: 212-523-2134 Tatianna.Pessoa@mountsinai.org
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Medical Clearance / Pre-operative History and Physical

Complete blood count

Basic Metabolic Panel

PT

PTT

___ EKG (required for all patients 65 years and older or with history of cardiac condition)

___ Diabetic - A1C and Fructosamine

___ Urinalysis

Other tests/consults:

___ Cardiology ___ Pulmonology ___ Vascular ___ Rheumatology

___ Other: _____

Thank you very much for your assistance in this matter. If you should have any further questions, please feel free to contact our office at 212-523-6060.