John A. Schlechter, DO

Pediatric Orthopaedics & Sports Medicine E-mail: info@youthsportsortho.com

PRE-OPERATIVE CHECKLIST	
Me	edications
use	Purchase an anti-inflammatory medication (ibuprofen (Advil/ Motrin) and acetaminophen (Tylenol) to e for discomfort following surgery (unless directed otherwise).
_	Purchase aspirin 325mg tablets (Hip or Knee (ACL) patients only)
Bá	andages:
or a	Purchase an elastic ACE style bandage and sterile 4x4 gauze at your local pharmacy. <i>(Elbow, knee ankle patients only)</i>
	Purchase Band-Aids or Adhesive Bandages.
Ic	9 <i>:</i>
	A Cold therapy pad/wrap may have been approved. If so arrange to have it delivered before the date of surgery. Bring the pad and the unit into the hospital/surgery center on the day of surgery.
	Purchase several re-usable ice packs.
Cr	utches:
	Obtain crutches and bring them to the hospital/surgery center on the day of surgery. (If applicable)
Br	ace – (Knee Range of Motion Brace/Shoulder Immobilizer/Hip Brace/ Foot pads)
	Obtain the brace prior to surgery and <u>have it fit to the operative extremity</u> . Bring the brace into the hospital/surgery center on the day of surgery.
Ca	ontinuous Passive Motion Machine (CPM) (Hip or Knee patients only)
	Arrange to have the unit delivered to your home before the date of surgery or the morning after. You will start using it the evening of surgery or the next morning at a speed that feels comfortable to you and at the range of motion prescribed.
Th	nerapy
	Formal physical therapy will be arranged, with specific therapist instructions provided at the first post-operative visit. You are to schedule an appointment with the facility to start therapy within the first 2 postoperative weeks. <i>(unless directed otherwise)</i>
Fo	llow-up Appointment:
	Schedule a post-operative appointment with Dr. Schlechter within 7 days following the operation. (unless directed otherwise)