Checklist for upcoming joint replacement surgery

Your surgery is scheduled at Texas Health Clearfork Hospital on _____.

Your pre-operative appointment will be over the phone with Dr. Ford's nurse Jasmine approximately 2 weeks prior to surgery.

Your post-operative appointment is scheduled with Ashley Pair PA-C on _____@ _____am / pm at Harris Parkway/ Alliance office location.

Your follow-up appointment is scheduled with Dr. Ford on _____ @ _____ am / pm at Harris Parkway/ Alliance office location.

******Dr. Ford has 2 different office locations; please review what office your appointment is scheduled at. *****

_____You must contact your **Primary care physician** for a written clearance within **30 days** of your surgery. **you must have your clearance by your pre-op appointment over the phone ***

_____If you see a specialist doctor for your **heart, lung, kidney, hematologist, neurologist, rheumatologist, infectious disease**, or a **urologist**, you will need to contact them for a written surgery clearance **within 90 days** of your surgery ***you must have your clearance by your pre-op appt over the phone. ***

_____You will need to **stop all anti-inflammatory** medications **2 weeks** prior to your surgery (Advil, Aleve, Motrin, Ibuprofen, Etodolac, Naproxen, Diclofenac, Vimovo, etc.) **& all supplements**, this includes diet pills, herbal supplements, vitamin E, fish oil / omega3, cherry extract, glucosamine, turmeric, and Co Q10**. Celebrex, Meloxicam, Multivitamin, Vitamin D, Vitamin B Complex, and Vitamin C are okay to continue up until surgery**.

_____ GLP- I diabetes injectables **should be stopped 2 weeks prior to surgery**: Dulaglutide, Trulicity, Exenatide, Bydureon, BCise, Byetta, Liraglutide, Saxenda, Victoza Lixisenatide (Adlyxin), Semaglutide (Ozempic, Wegovy, Rybelsus). **Please contact your PCP if you are taking these medications.**

_____Birth control pills, Premarin, or any estrogen product should be **stopped 4 weeks prior** to surgery.

_____**Diabetic patients** are required to have a **recent hemoglobin A1C within 90 days of surgery**. Please follow-up with your doctor on this test result when asking for surgery clearance. **If the test result is greater than 7.5, surgery may be cancelled**.

_____If you are on a blood thinner (Aspirin, Coumadin, Plavix, Eliquis, Pradaxa, Effient, Xarelto, etc.), **you will need to discuss when to stop these medications with the prescribing doctor.** Eliquis **72hr**, Coumadin/Warfarin **5 days**, Xarelto **3 days**, and Pradaxa **5 days**. Aspirin, Plavix and Brilinta **7 days** prior. Lovenox **24** hours prior.

_____ No smoking, vaping, dipping, or chewing tobacco prior to surgery.

_____You must call the hospital, at **# 817-433-7180**, at least **3 weeks** before your surgery to schedule a **mandatory pre-operative appointment** at the hospital.

_____ Joint Camp is required prior to your surgery. Please call to register **1-877-847-9355 OPTION #3**

_____Tylenol, and Tramadol are okay to continue to take up until the day before surgery. If you have a pain management doctor please contact them prior to surgery for pain management after surgery.

_____Remember if you come down with any type of infection / illness (sinus, dental, urinary, upper respiratory infection, flu) or bruises / abrasions to the surgical site within a month of surgery, please contact our office. **DO NOT SHAVE LEGS 72 HOURS PRIOR TO SURGERY.**

_____If you have ANY dental issues (cavities, cracked, decayed or painful teeth) this MUST be addressed prior to surgery. **Dental cleanings and Dental work must be completed at least 4 weeks before surgery or wait until 3 months after surgery**.

If you have any questions about surgery planning or post-operative care, please contact. **Dr. Ford's nurse- Jasmine at # 817-877-3432, option # 3, option # 7**.

Our office hours are Monday- Friday 9 am- 4:30 pm. Phones are down for lunch from 12:00- 1:30 pm.

Please sign up for MyChart by going to MyChart.TexasHealth.org.

Texas Hip and Knee Center Office Locations

- **Harris Parkway office- 6301 Harris Parkway, Suite # 300**
  Fort Worth, TX 76132
- **Alliance office - 10900 Founder's Way, Suite # 201**
  Fort Worth, TX 76244

Office contact numbers you may need:

Office number: 817-877-3432 **Main fax number:** 817-346-4394

Surgery precertification – Carly Valdez 817-877-3432 Ext: 1261018

FMLA / disability- LaTonya # 817-877-3432 option # 7

Financial Counselor for Texas Hip and Knee Center –# 817-433-8319 (must leave a message)

Financial Counselor for Harris Southwest or Texas Heath Clearfork- Joanna Estrada # 682-236-1759

MARCUS FORD, M.D.
Joint Replacement Surgery
Reconstructive Surgery of the Hip and Knee

To Whom it May Concern:

I have scheduled _____ D.O.B. _____ for a

_____.

To ensure the best possible outcome, I do require that the patient be evaluated by their **PCP / medical specialist** for medical clearance. The patient has been informed that the clearance process cannot eliminate all risks and is simply intended to ensure chronic medical conditions are under reasonable control.

Anesthesia determines which preoperative tests are medically indicated, which **may** or **may not** include the following CMP, CBC w/diff, ESR, PT/PTT, INR, MRSA Nasal swab, CXR and EKG. If you require any testing prior to clearing patient, please send me a copy to avoid any duplication. **Please be aware that some testing may have to be repeated if performed more than 30 days prior to surgery.**

Diabetic patients are required to have a hemoglobin A1C within 90 days of surgery. If test result is 7.5 or greater surgery may be postponed.

Thank you very much for your assistance in this patient's care.
If you have any questions, please do not hesitate to contact me or my nurse, Jasmine at 817-877-3432.

Sincerely,

Marcus Ford, M.D.

Please complete the following, if appropriate, and fax it to # 817-346-4430.

Date: _____

Upon Examination, I find no contraindications to the upcoming surgery.

Printed name of physician_____

Signature_____

Phone number _____

THE TEXAS HIP AND KNEE CENTER
6301 Harris Parkway, Suite 300 | Fort Worth, Texas 76132
10900 Founders Way, Suite 201 | Fort Worth, Texas 76244
817.877.3432

The Texas Hip and Knee Center
Joint Replacement Surgery

PRE-SURGERY MEDICATIONS

- **Vitamin C, B-complex, and Multivitamin**
  - -If you are not currently taking one, start now.
- **Vitamin D**
  - -Take 2000 IU daily for 5 days PRIOR, and 3 weeks after surgery.
- **Celebrex (Celecoxib)**
  - -Take medication as prescribed 5 days PRIOR, and for 7 weeks after surgery.

  ****If you have moderate to severe kidney disease do not take it ***
  - -If you have a sulfa allergy- Mobic (Meloxicam) will be prescribed in place of Celebrex post operatively
- **Hibiclens**
  - -Bathe/Shower daily with Hibiclens for 5 days prior to surgery
- **Mupirocin**
  - -Apply to both nostrils TWICE daily 5 days prior to surgery
- **Males will be given Flomax 0.4mg daily 5 days prior to surgery.**

Texas Health Clearfork

M.I.L.E.S. Class

Dear family members and caretakers,
Thank you for trusting your loved one's new hip or knee with us. We have a wonderful class that we want you to attend. We created this class specifically for you, the caretaker. Your loved one is with us such a short time and sometimes it is hard to remember all the things that the nurses, doctors and physical therapists tell them. During this 20 minute class, you will hear the same information that we are teaching your loved one during their stay. This will help you assist your loved one in their successful recovery from hip or knee surgery.

Classes are held Tuesday through Friday at 9:00 AM

Classes are located on the 3rd floor at Texas Health Clearfork

The five areas of focus are:

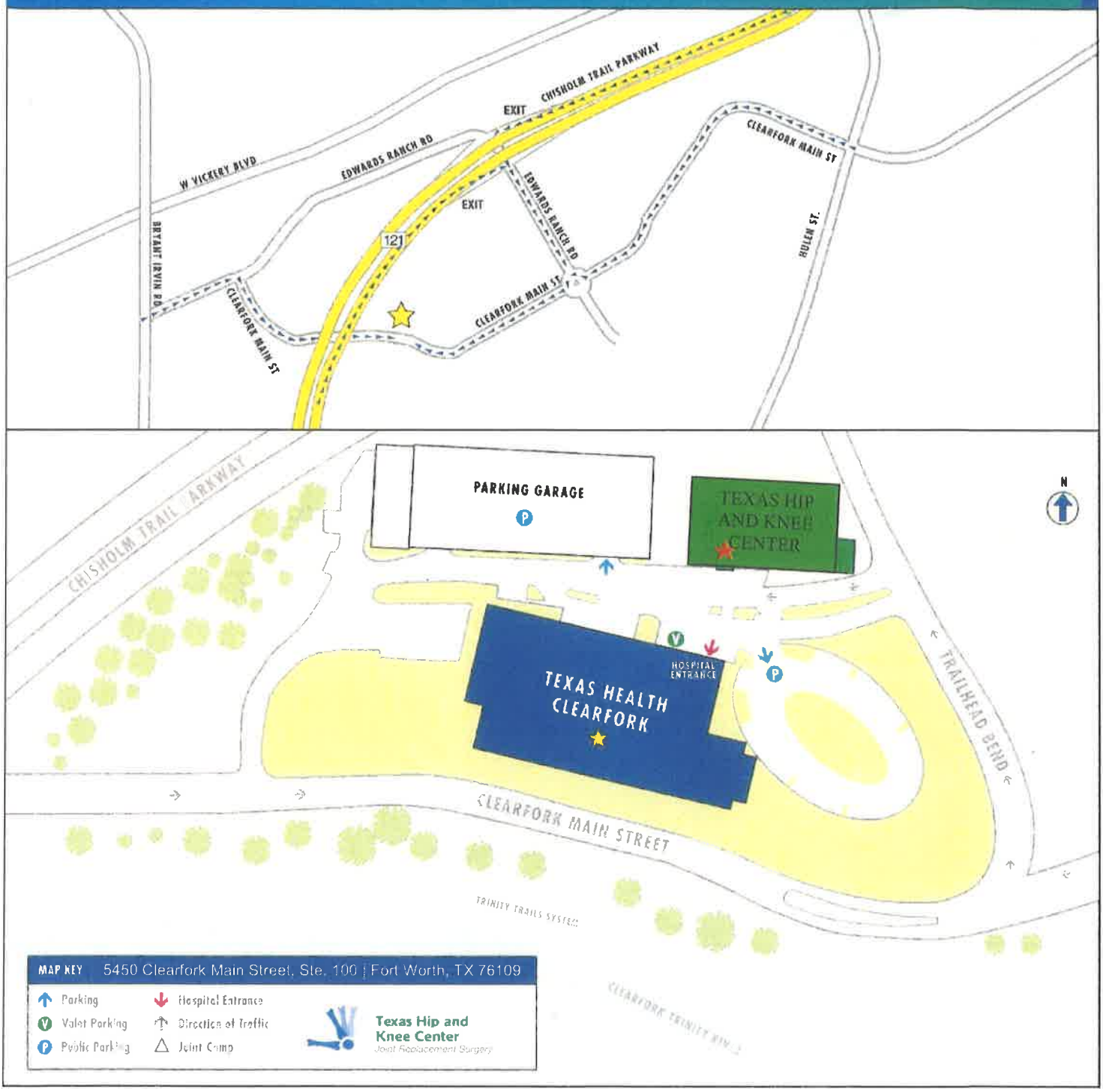
M - Medications
I - Issues to remember
L - Legs
E - Elimination
S - Surgical site dressing

Questions? Call Bonnie James, RN ONC at 817-433-7350
We look forward to meeting you during your stay with us.

Sincerely,
Texas Health Clearfork Staff

Texas Health Hospital® CLEARFORK

Finding Your Way – Texas Hip and Knee Center - Clearfork



From Chisholm Trail - *(north bound)*

Exit onto Edwards Ranch Road and keep right.

At traffic circle, take first exit onto Clearfork Main Street.
Destination is on the right.

From Chisholm Trail - *(south bound)*

Exit onto Edwards Ranch Road and turn left.

At traffic circle, take first exit onto Clearfork Main Street.

Destination is on the right.

From Bryant Irvin

Turn onto Edwards Ranch Road.

Turn Right onto Clearfork Main Street.
Destination is on the left.

From Hulen

Turn onto Clearfork Main.

At traffic circle, take second exit staying on Clearfork Main Street.

Destination is on the right.

Texas Health Physicians Group®

THE TEXAS HIP AND KNEE CENTER

Robert Schmidt, M.D. **Ajai Cadambi, M.D.** **Theodore W. Crofford, M.D.** **Jeffrey L. McGowen, M.D.**
Steven Ogden, M.D. **Daniel Wagner, D.O.** **David Shau, M.D.** **Marcus Ford, M.D**

PATIENT INSTRUCTIONS FOR THE DAY OF SURGERY

Your surgery has been scheduled at Clearfork Hospital on _____.

Please arrive at the hospital at _____ AM/PM.

Your approximate surgery time is _____ AM/PM.*

**Your surgery time is estimated. Many variables can speed up or delay the actual time of your surgery. You may wish to bring something to occupy your time, as there will be a wait from the time you arrive until your actual surgery time.*

- DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE YOUR SURGERY. (This includes chewing gum, hard candy, and mints). ***Please note that the hospital will review your medications with you at the pre-op visit and will provide you with further instructions on medications to take in the morning of your surgery.**

- DO NOT BRING ANY VALUABLES WITH YOU TO THE HOSPITAL.

- **LADIES**, PLEASE DO NOT WEAR ANY MAKEUP. EYE MAKEUP CAN IRRITATE YOUR EYES WHILE YOU ARE UNDER ANESTHESIA.

- BE PREPARED TO REMOVE DENTURES AND CONTACT LENSES PRIOR TO SURGERY.

- PLEASE BRING CPAP IF YOU HAVE SLEEP APNEA.

- BRING LOOSE, COMFORTABLE CLOTHING TO THE HOSPITAL. SINCE YOU WILL BE GOING TO PHYSICAL THERAPY WHILE YOU ARE IN THE HOSPITAL, YOU WILL NEED TO BRING CLOTHING YOU WOULD FEEL COMFORTABLE WEARING AROUND THE HOSPITAL FLOOR.

- IF YOU ALREADY HAVE CRUTCHES OR A WALKER, YOU MAY BRING THEM WITH YOU TO THE HOSPITAL. IF YOU DO NOT HAVE EITHER, THE HOSPITAL WILL SEE THAT YOU RECEIVE WHAT YOUR DOCTOR ORDERS.

- **TAKE A 3-5 MINUTE SHOWER WITH HIBICLENS ANTI-BACTERIAL SOAP DAILY STARTING 5 DAYS PRIOR TO SURGERY. PLEASE SHOWER WITH HIBICLENS SOAP THE EVENING BEFORE AND THE MORNING OF YOUR SURGERY (NO LOTIONS OR CREAM AFTERWARDS).**

POST-OP MEDICATIONS

SCHEDULED

Aspirin 81mg	**1**										
1 tablet twice a day											
prevents blood clots	**2**										
Acetaminophen 500mg	**1**										
2 tablets three times a day	**2**										
mild pain	**3**										
Cefaclor 500mg	**1**										
1 capsule twice a day											
antibiotic	**2**										
Celebrex 200mg	**1**										
1 capsule once a day											
anti-infammatory											
Docusate Soduim 100mg	**1**										
1 tablet twice a day											
constipation/stool softener	**2**										
Medrol (pak) 4mg											
take as package directs											
steroid/anti-inflammatory											
Pantoprazole 40mg	**1**										
1 tablet once a day											
Acid Reducer											
Tranexamic Acid 650mg	**1**										
1 tablet 3 times a day	**2**										
prevents blood clots	**3**										

POST-OP MEDICATIONS

AS NEEDED

Tramadol 50mg 1 tablet every 6 hours moderate pain											
Oxycodone 5mg 1 tablet every 6-8 hours severe pain											
Zofran 4mg 1 tablet every 6-8 hours nausea/vomiting											
Vistaril 25mg 1 capsule 3 times a day itching											

THE TEXAS HIP AND KNEE CENTER
Joint Replacement Surgery
Reconstructive Surgery of the Hip and Knee

Robert Schmidt M.D/Sarah Herr PA-C
Ajai Cadambi M.D/Lien Tran PA-C
Theodore Crofford M.D./Rachel Scharchburg PA-C
Jeffrey McGowen M.D/ Matthew Watson PA-C
Steven Ogden M.D/ Stephanie Kazmi PA-C
Daniel Wagner D.O/ Callie Jarratt PA-C
David Shau M.D/ Jared Smith PA-C
Marcus Ford M.D
Holly Chu PA-C/Wade Smith PA-C

PHYSICAL THERAPY ORDERS

Patient Name_____ **Date**_____

PHYSICAL THERAPY: EVAL AND TREAT
FREQUENCY: 2X A WEEK FOR 2 WEEKS
THEN 1X A WEEK FOR 2 WEEKS

ROM, GAIT, STRENGTHENING, HIP PRECAUTIONS
ICE/COLD THERAPY, ULTRASOUND THERAPY

WEIGHT BEARING STATUS: TTWB, 50%, WBAT

S/P: RT/ LT THA/ THA REVISION
SURGERY ON:_____

PHYSICAL THERAPY: EVAL AND TREAT
FREQUENCY: 3X A WEEK FOR 2 WEEKS
THEN 2X A WEEK FOR 4 WEEKS

ROM, GAIT, STRENGTHENING, ICE/COLD
THERAPY, ULTRASOUND THERAPY

S/P: RT/ LT TKA/ TKA REVISION
SURGERY ON: _____

Marcus Ford M.D.

6301 Harris Parkway Ste 300 Fort Worth TX 76132 phone 817-877-3432 fax 817-346-4394