



THE CENTER FOR REGENERATIVE ORTHOPEDICS

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PRE-TREATMENT CHECKLIST

- Complete and sign your Patient Medical History Form
- Sign and send in your Informed Consent Form.
- Read and sign the PRE and POST operative instructions
- Obtain blood work if needed. The doctor will determine if you need blood work.
Possible Blood Tests Required:
 - Complete Blood Count (CBC)
 - Prothrombin Time (PT) and Partial Thromboplastin Time (PTT)
 - Comprehensive Metabolic Panel (CMP)
- Initial phone or office consultation with one of our specialists

By Initialing below I confirm to have read and fully understand what is contained in the information form above.

Initials: _____

Date: _____

Day of Treatment Checklist

- Bring an extra set of clothing (Be sure to bring an extra pair of underwear)
- If you have a specific beverage or snack you prefer, bring them for after the procedure
- We will supply you with an abdominal binder / girdle to wear after the procedure

PRE-OPERATIVE INSTRUCTIONS

- 1. No Smoking** for two weeks prior and for two months after the procedure. Smoking decreases circulation, slows wound healing time, and can cause significant complications during healing. Second hand smoking affects healing in the same way, so please avoid people smoking around you.
- 2. Do not take Aspirin, Ibuprofen or Aspirin-containing products** for two weeks prior to the procedure and two weeks after the procedure. These medications and any other blood thinners interfere with normal blood clotting. Discuss with your primary physician to discontinue anticoagulant drugs at least 2 weeks before the procedure. See Medication Sheet for a list of blood thinners you are not able to take 2 weeks prior. You may take Tylenol or acetaminophen.
- 3. Please discontinue taking all vitamins, diet pills, and herbal medications** for two weeks prior to the procedure whether over the counter or herbal, as they may have side effects that could complicate a procedure by inhibiting blood clotting, affecting blood pressure, or interfering with anesthetics. Please check the medication list to cross reference the medications you are currently taking. If you must continue to take a particular medication or vitamin, please confirm with our specialists.
- 4. Do not drink alcohol** for one week prior to the procedure. Afterwards it is recommended to not consume alcohol for one week following treatment. Excessive consumptions of such products may create complications and increase bleeding and bruising, as well as slow healing.
- 5.** Notify the physician ASAP if you develop a cold, fever, sore throat, cough, nausea, vomiting, diarrhea or other indications of illness prior to your procedure.
- 6.** You may have a regular meal the morning or day of your treatment, prior to the procedure. Be well hydrated
- 7.** It is recommended to bring a change of clothing (including extra underwear)
- 8. Please make arrangements** for a friend or family member to bring you to the office and also drive you home after the procedure.
- 9.** We feel very strongly that Physical Therapy will give the patient the best possible results in conjunction with the Stem Cell procedure. You will get set up as per the doctors instructions
- 10. Do not** schedule personal appointments or meetings the day of the procedure. The procedure times may change and you need to be on call just in case there are any cancellations or delays. Please be ready and available if the doctor needs you to come earlier than the given time.

Initial: _____

Date: _____

POST-OPERATIVE INSTRUCTIONS

- Report any symptoms of feeling unwell:** Patients should be seen promptly by a physician for full evaluation should any of the following symptoms be encountered. Contact us or your doctor's office immediately if you experience any of these symptoms: **Temperature above 101 F, shakes and chills, sever unrelieved pain, or sudden onset of significant swelling or redness from extraction sites, dizziness, changes in heart rate, excessive pain at the injection or harvest site, abdominal pain, difficulty breathing or fever.**
- Please make arrangements for a friend or family member to bring you to the office and also drive you home after surgery. Have a responsible adult stay with you overnight for the first 24 hours. You will not be allowed to leave the facility alone, every patient will have an adult escort.

MEDICATION

- Antibiotics (If Applicable)** please take as directed starting the day after surgery. If you were discharged with an oral antibiotic, take it through the whole cycle as directed.
- Painkiller:** Please take as directed and only as needed for pain. If you experience pain, please take Tylenol or the prescribed pain medication. Pain medication should be taken with food to prevent nausea. **DO NOT TAKE** Naproxen, Ibuprofen, Aspirin or any prescription or over the counter NSAID, non steroidal anti-inflammatory drugs.
- Resume previous medication** as directed by the physician. No other medication should be taken for the first 2 weeks after surgery, unless directed or cleared by doctor. This includes not taking vitamins, Aspirin or aspirin containing products. **See Medication Precaution list.**
- If you experience nausea or vomiting it could be due to the pain medication or antibiotic if prescribed. Taking the drug with food reduces nausea. If nausea persists, please contact our office. In case of emergency call 911.**

WOUND CARE AND DRAINAGE:

- A large amount of drainage from the small incisions is normal during the first 24 to 36 hours following the extraction. The slightly blood-tinged fluid is residual anesthetic solution. In general, the more drainage there is, the less bruising and swelling there will be. Most drainage occurs the first 48 hours. You may experience a small amount of drainage for up to one week.
- Beginning the day after treatment, shower as normal using soap and water. If you are still draining, cover opening with maxi pad or bandage.
- Some patients experience itchiness around the extraction sites post-treatment. It is normal for the incision site to itch during the healing process. IF itching is extreme, take over the counter, oral Benadryl, or another oral antihistamine.
- You can expect edema (swelling) as well as ecchymosis (bruising) around your fat harvesting site after surgery. The amount of edema and ecchymosis depends on the extent of the procedure as well as the individual's tendency to bruise.
- Remember that there may be swelling for several weeks.

Initial: _____

Date: _____

BATHING

- Do not shower for the first 24 hours after the procedure. You may remove the dressings and take a shower 24 hours after.
- When showering, you may briefly get the incision sites wet. Afterwards, gently pat them dry.
- Do not submerge yourself in any water (i.e taking a bath or swimming) for the 1st week. Do not immerse in a bath, Jacuzzi, swimming pool, or the ocean until the incisions have healed completely.

Diet and Consumption

- After treatment, drink generous amounts of juice or water to prevent dehydration. Meals are not restricted. Drink plenty of clear fluids.
- Light foods are recommended for the first meal after the procedure. You may resume your usual diet in about 4 hours. Avoid salty foods (to minimize swelling).
- Be aware that drinking alcohol can jeopardize the results of the stem cell treatment. It is highly recommended to not drink any alcohol for at least the first 7 days.

Exercising and Physical Movement

- We recommend Physical Therapy for the best possible outcomes to take place. The Physical Therapy department at the Center is well trained in Orthobiologic rehabilitation, and follows specific protocols to assist you in your recovery. Dr. Frye will prescribe the appropriate physical therapy program for each patient.
- In regards to exercising after your procedure, please only do light walking and stretching for the first 3 days.
- Avoid lifting anything over 10 pounds for the first week.
- Physical Therapy protocols: If you are having a joint injected we would like to start Physical therapy before the procedure, or immediately after. For ligaments and Tendons therapy will usually start 3 weeks after procedure, but this may vary depending on condition.

By initialing below I confirm to have read and fully understand what is contained in the information above.

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REMINDERS

- Remember that there may be some swelling for several weeks.
- Please call the office immediately, or go to the ER if you experience the following
 - Leg Pain or Swelling
 - Shortness of breath
 - Temperature above 101 F
 - Shakes and chills
 - Severe unresolved pain
 - Significant redness at grafting sites

Medication Precautions

- If you are on medication for arthritis, circulation, or anticoagulants (i.e., baby aspirin, Motrin, Naprosyn, Perantine, Coumadin, Plavix), please inform us.
- For a two week period prior to and two weeks after the scheduled date of your surgery, please do not take any medication that contains aspirin or aspirin-related products such as ibuprofen (Motrin, or Advil) as an ingredient. Aspirin has an effect on your blood's ability to clot and could increase your tendency to bleed at the time of treatment and during the post-procedure period.
- Please be sure to avoid pseudoephedrine and other cold tablets for three days prior to surgery.
- Please check the labels of all medications that you take, even those available without a prescription to make sure you are not taking aspirin or aspirin-like substances.
- Please consult your primary care physician before stopping any prescribed medications.

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The following is a list of common medications and substances that can increase tendency to bleed:

Adprin	Coumadin	Indocin	Robaxisal
Advil	Darmason P	Indomethacin	Roxiprin Tablets
Alcohol	Darvon	Lodine	Rufin
Alka-seltzer	Daypro	Lortab ASA	Saleto Tablets
Anacin	Dipyridamole	Magnaprin	Scott-Tussin Cold
Anaprox	Dolobid	Medipren	Sine-Aid
Anaproxin	Doan's Capsules	Menadol	Soma Compound
APC	Dristan	Meprobamate	St. Joseph's Aspirin
Arthritis Pain Formula	Easpirin	Methocarbamol	Summit Extra Strength
Arthrotic	Ecotrin	Midal	Talwin
Ascriptin	Empirin	Mobigesic	Ticlid
Aspergum	Emprazil	Momentum Muscular	Toradol
Aspimax	Equagesic tablets	Backache Formula	Trandate
Aspirin (any form)	Excedrin	Motrin	Trental
Azdone	Femback	Nalfon	Trigesic
Backache Max Relief	Feverfew	Naprosyn	Trilisate
Bayer Aspirin	Feldene	Norgesic	Ursinus Inlay Tablets
Bayer	Fish Oil	Norwich	Vanquish
BC Powder	Florinal	Nuprin	Vick's Day Quil
BC Sinus	4 Way Cold Tablets	Orudis	Vioxx
Bufferin	Garlic Capsules	Oxycodone	Vitamin E
Buffex	Gelpirin Tablets	Pamprin	Voltaren
Butalbital Compound	Genprin	PAC Analgesic	Zactrin
Cema Arthritis	Ginko Biloba	Pensaid	Zorprin
Celebrex	Ginseng	Percodan	
Cephalgesic	Goody Headache Powder	Phenaphen	
Cheracol capsules	Halfprin	Ponstel	
Clinoril	Haltran	Propoxyphene	
Congesprin	Heartline	Quagesic	
Cope	Ibuprofen	Rhinocaps	

By signing below I confirm to have read and fully understand which is contained in the information above.

Signature: _____ Date: _____