

BROWARD HAND CENTER



HARRIS GELLMAN M.D.  
PURNELL TRAVERSO M.D.

NEEDS REFERRAL  
Dx: \_\_\_\_\_  
CPT: \_\_\_\_\_

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

DEAR DR. \_\_\_\_\_

YOUR PATIENT: \_\_\_\_\_

IS SCHEDULED FOR: \_\_\_\_\_

ON DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

IN ORDER FOR YOUR PATIENT TO HAVE SURGERY, WE MUST HAVE:

**A MEDICAL CLEARANCE, HISTORY AND PHYSICAL**

- LABS: CBC WITH DIFFERENTIAL
- UA
- BASIC METABOLIC PANEL
- HCG – (FEMALE CHILDBEARING AGE)
- EKG – AGE 40 AND ABOVE)
- CHEST X-RAY (AGE 40 AND ABOVE)

**IF THE PATIENT IS ON COUMADIN,  
PLEASE HAVE THE PT/PTT INR  
REPEATED BEFORE SURGERY FOR  
THE MOST ACCURATE CLOTTING**

PLEASE FAX the lab results and a written MEDICAL CLEARANCE to our office:

**954-575-2563**

**AND**

- CORAL SPRINGS MEDICAL CENTER - 954 346 4214
- WESTON OUTPATIENT SURGICAL CENTER - 954 389 9845
- PARKCREEK SURGERY CENTER - 954 312 3251
- DELRAY BEACH SURGERY CENTER - 561 637 0230
- CORAL SPRINGS SURGICAL CENTER - 954 227 9975
- SURGERY CENTER AT CORAL SPRINGS (HCA) - 954 796 2975

**LAB RESULTS AND MEDICAL CLEARANCE MUST BE RECEIVED 24 HOURS PRIOR TO SURGERY**

Thank you,

- Harris Gellman M.D.
- Purnell Traverso M.D.

PLEASE NOTIFY THIS OFFICE OF  
PRE-OP CLEARANCE DATE:

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY



## Patient Medication Information

Certain medications need to be stopped prior to surgery. If you were taking any of the following medications, please notify your physician to see what alternative medication you may be able to take, or if it is safe to discontinue the medication. Some medications may not be stopped abruptly, but we need to be weaned – CHECK WITH YOUR PRIMARY CARE PHYSICIAN. DO NOT STOP OTHER PRESCRIBED MEDS, i.e. blood pressure medication, thyroid meds, etc.

Aspirin or aspirin containing products (Stop 2 weeks prior to surgery)

Alka Seltzer	Bufferin	Generic Aspirin
Anacin	Ecotrin	Measurin
Ascriptin	Easprin	Midol
Aspergum	Empirin	Synalgos
Bayer	Excedrin	Zorprin

IMPORTANT NOTE IN BOXED AREA FOR ALL PATIENTS ON BLOOD THINNERS

*IF YOU HAVE HAD AN MI, STROKE/TIA (MINISTROKE), CAD, ANGIOPLASTY WITH/WITHOUT STENT PLACEMENT, BY-PASS SURGERY, ATRIAL FIBRILLATION, CAROTID SURGERY, OR BLOOD CLOT (IN THE LEG OR LUNG), CHECK WITH YOUR PRIMARY CARE PHYSICIAN OR CARDIOLOGIST BEFORE STOPPING ASA OR "BLOOD THINNERS"*

### **" Blood thinners" / Antiplatelet**

Coumadin / Warfarin	Fragmin / dalteparin
Dipyridamole / Persantine	Innohep / Tinzaparin
Plavix / clopidogrel	Orgaran / danaparoid
Pletal / cilostazol	Heparin
Ticlid / ticlopidine	Enoxaparin (Lovenox)
Danaparoid (Orgaran)	Dalteparin (Fragmin)
Lovenox / enoxaparin	Tinaparin

**Anti-inflammatory/NSAIDs** (Stop 2 weeks prior to surgery / Check with Surgeon about stopping)

ADVIL ALEVE (NAPROXEN SODIUM)	LODINE (ETODOLAC)
ANAPROX (NAPROXEN, NAPRELAN, SYNFLX)	MECLOMEN
ANSAID (FLURBIPROFEN)	MEFENAMIC ACID (PONSTEL)
CATAFLAM (DICLOFENAC, VOLTAREN, ARTROTEX)	MOTRIN (IBUPROFEN, RUFEN, MEIPREN MIDOL MAPRIN)
CLINORIL (SULIDAC)	MALFON (FENOPROFEN)
DAYPRO (OXAPROZIN)	ORUDIS (ORAVAIL, KETOPROFEN)
DISALCID (SALSALATE, SALGESIC, SALFLEX, MONOGESIC)	RELAFEN (NABUMETONE)
FELDENE (PIROXICAM)	TOLECTIN (CHOLINE MG, TRISALICYLATE)
INDOCIN (INDOMETHACIN, HALTRAN)	TORADOL (ACULAR, KETOROLAC)

**Arthritis Medications** (Stop 2 weeks prior to surgery)

CAMA ARTHRITIS

B/C POWDER ARTHRITIS

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**Migraine/Headache Medications (Stop 2 weeks prior to surgery)**

FIORINAL

TRIAPRIN

**Pain medication (Stop 2 weeks prior to surgery)**

EQUAGESIC

ROXIPIRIN

NORGESIC

SALSALATE

PERCODAN

TRISALATE (CHOLINE MAGNESIUM TRISALICYLATE)

ROBAXISAL

**Selective COX-2 inhibitors (Check with Surgeon about stopping)**

CELECOXIB (CELEBREX)

ROFECOXIB (VIOXX) – IF YOU WERE TOLD TO STOP YOU ASPIRIN OR BLOOD THINNERS YOU SHOULD STOP YOUR VIOXX AS WELL

**All Diet Medications: Prescribed, Over the counter, Herbal (Stop 2 weeks prior to surgery)**

MERIDIA

PHENETERMINE (IONAMIN, ADIPEX)

METABOLIFE

TENUATE

**All Herbal Medications/Teas/supplements (Stop 2 weeks prior to surgery)**

I.E. ECHINACEA, EPHEDRA, GINSENG, GINKO, GOLDENSEAL, KAVA KAVA, ST. JOHN'S WORT

**Diet Supplement (Check with PRIMARY CARE PHYSICIAN about stopping)**

I.E. PROTEIN DRINKS

DIET DRINKS (SLIMFAST, ETC.)

(THIS DOESN NOT MEAN TPN, TUBE FEEDING, ENSURE, ETC. – DO AS DIRECTED BY SURGERY OR ANESTHESIA TEAM)

**Vitamins (Stop 10 days prior to surgery, unless otherwise directed by surgeon)**

ALL MEGADOSE VITAMINS, VITAMIN E, ANTI-OXIDANTS, FISH OILS

**Medications for Ulcerative Colitis ( check with PRIMARY CARE PHYSICIAN to see if you can stop meds)**

ROWASA/PENTASA/ASACOL

SULFASALAZINE/AZULFIDINE

**Psychiatric Medications/Anxiety/Sleep medication**

DO NOT STOP ABRUPTLY, CHECK WITH PRIMARY CARE PHYSICIAN ABOUT STOPPING MEDS. MEDICATIONS MAY NEED TO BE WEANED OR SUBSTITUTED)

MAO INHIBITORS

TRAZADONE (DESYREL)

SERZONE

**STOP ALCOHOL PRODUCTS 48 HOURS PRIOR TO SURGERY**

**STOP TOBACCO PRODUCTS 24 HOURS PRIOR TO SURGERY**

**STOP "STREET" / ILLICIT DRUGS AT LEAST 72 HOURS BEFORE SURGERY**

**YOU MAY TAKE TYLENOL/ACETAMINOPHEN PRODUCTS FOR PAIN**



**VERY IMPORTANT PLEASE READ**

**SPECIAL INSTRUCTIONS FOR PATIENTS**

**PRE-OP**

1. NOT EAT OR DRINK ANYTHING AFTER 12 MIDNIGHT, THE NIGHT BEFORE YOUR SURGERY. IF YOU HAVE ANYTHING AFTER MIDNIGHT YOUR SURGERY MAY BE CANCELED.
2. YOU MUST HAVE SOMEONE AVAILABLE TO DRIVE YOU HOME. EVEN IF YOU HAVE LOCAL ANESTHESIA.
3. DO NOT WEAR OR BRING ANY JEWELRY, VALUABLES OR LARGE AMOUNTS OF MONEY TO THE HOSPITAL THE DAY OF SURGERY.
4. THE DAY BEFORE SURGERY, PLEASE CLEAN AND TRIM YOUR FINGERNAILS AND REMOVE ANY NAIL POLISH.
5. THE DAY BEFORE SURGERY PLEASE GENTLY SCRUB THE OPERATIVE ARM WITH A WASHCLOTH AND WARM SOAPY WATER FOR 3 MINUTES IN THE MORNING, AFTERNOON AND EVENING AND ONCE AGAIN THE MORNING OF SURGERY. THIS HELPS TO PREVENT INFECTION.
6. YOU WILL HAVE THE BULKY DRESSING ON YOUR/HAND AFTER SURGERY.
7. THE HOSPITAL WILL CALL YOU THE DAY BEFORE SURGERY TO LET YOU KNOW WHAT TIME TO ARRIVE.
8. DR. GELLMAN/ DR. TRAVERSO MAY HAVE TO POSTPONE YOUR SURGERY IF YOU HAVE ANY OF THE FOLLOWING: SORE THROAT, RUNNY NOSE, CUTS, SCRATCHES OR OPEN BUG BITES ON YOUR OPERATIVE HAND OR ARM. THIS CAN INCREASE YOUR CHANCES OF INFECTION.
9. IF, AFTER SURGERY, YOU HAVE PAIN NOT MANAGED MY PAIN MEDICATION OR ANY OTHER QUESTIONS OR CONCERNS, PLEASE CALL OUR OFFICE AT **954-575-8056**.
10. PLEASE BE AWARE THAT, DUE TO UNFORESEEN EMERGENCIES, YOUR CASE MAYBE RESCHEDULED TO A LATER DATE. WE APOLOGIZE IN ADVANCE FOR ANY INCONVENIENCE.

**POST-OP**

1. KEEP HAND/ARM ABOVE YOUR HEART AT ALL TIMES, ESPECIALLY WHILE SLEEPING.
2. APPLY ICE PACKS TO THE OUTSIDE OF YOUR BULKY DRESSING FOR 10 MINUTES EACH HOUR.
3. KEEP HAND/DRY.
4. TAKE MEDICATIONS AS PRESCRIBED.

***YOUR FIRST POSTOPERATIVE APPOINTMENT AT THE OFFICE WILL BE ON:***

**DATE** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY