

ORIF (Open Reduction Internal Fixation) Tibial Shaft Fracture

**Dr. Roger E. Murken**



**Financial Obligation for Your Surgeon’s Services**

Thank you for choosing Panorama Orthopedics and Spine Center (POSC) for your Orthopedic Care. We understand that surgery is a big decision and we would like you to understand your financial obligations prior to scheduling your surgery.

* + This ***estimate does not*** include ***any*** charges that you will incur with the Hospital, Surgery Center (Golden Ridge Surgery Center) and/or other Professional entities such as the Anesthesiologist or Pathologist as needed.
  + POSC will bill Your Insurance Company as a **courtesy service** to you for your surgeon’s services.
* During this time you will continue to receive statements as the insurance company processes your claim for payment.
  + Should you receive a **check** from the Insurance Company please forward it to us immediately for application to your account.
  + The insurance company will pay the designated amount according to your benefits with your insurance company. You will receive several Explanation of Benefits (EOB) for all billing providers including your surgeon
  + We will bill you for any remaining balance after your insurance has paid or we will refund your payment if overpayment is received.

Thank you

POSC Financial Counselor

06-13-2014

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Panorama Orthopedics and Spine Center

Pre-payment Policy

Please note that if you have a surgery or procedure scheduled our billing office will be in contact with you to arrange pre-payment prior to your upcoming procedure. We do require a portion of your deductible or a combination of your deductible and/or co-insurance prior to your procedure. Panorama will offer you the opportunity to pay your portion by noon the day prior to your scheduled procedure. This helps us to streamline our process as we strive to provide you with the very best care in the most efficient way possible.

For our self-pay patients, please keep in mind that we do require 60% of the total amount due to your provider be paid prior to the scheduling of your procedure.

If you have any questions about this pre-payment policy or would like to schedule a payment, please feel free to call Deb Gomez at 720-497-6118.

ORIF (OPEN REDUCTION INTERNAL FIXATION) TIBIAL SHAFT FRACTURE

POST-OPERATIVE GUIDELINES



◈ **Scheduling Your Surgery**:

A surgery scheduler will be contacting you within the next week to work on getting a date set for your surgery. Dr. Murken operates at St. Anthony’s Hospital, Golden Ridge Surgery Center and Ortho Colorado Hospital. His surgery days are typically Tuesday’s and Wednesday mornings.

**◈ Pre Operative Medications:**

Please call the physician’s office that has prescribed you any medications you are currently taking to inquire whether or not they should be discontinued prior to surgery. Please discuss with your prescribing physician prior to stopping any prescribed medications. Medication such as aspirin, Advil, Aleve, Motrin, Ibuprofen and prescription anti-inflammatory should be discontinued **ONE WEEK** prior to surgery. If your surgery is to be scheduled within the next week, discontinue any of these medications **IMMEDIATELY**. Taking these medications may cause excessive bleeding and complicate your surgery. \*\* Plain Tylenol or generic Tylenol is okay to take and will not cause excessive bleeding.

**◈ Post Operative Medications**

You will be discharged from surgery with prescription for pain medications to use after surgery. You or the person taking you home from surgery will want to fill these post op pain medications as soon as possible so that they are at home with you and available to you the night of surgery when needed.

Even if you have regular bowel movements prior to having surgery, you are likely to experience post-operative constipation. Exposure to anesthetics and narcotics, alterations in your diet and fluid intake and reduced physical activity contribute to this constipation.

When it comes to laxatives some are harsher on your intestines than others. In our experience using a stool softener is less harsh than a laxative. We recommend taking **Colace**, **Miralax, Milk of Magnesia or any stool softener**. If a stool softener or laxative does not alleviate your symptoms, you may have to take a different approach. Sometimes, the problem is not the consistency of your stools as they are moving along the intestines but the presence of hard stools in your rectum acting as a plug. GENTLY place a rectal suppository such as **Dulcolax**, to help remove that plug. If you try this twice without any results, then call our office at 303-233-1223.

During your last visit, it may have been discussed that you are at a risk for developing a DVT after surgery and Dr. Murken may have recommended either use of Aspirin or Arixtra use after surgery. If he did not mention this to you, then you may skip this next portion and go to the “Day/Night before Surgery” section.

\*\* If he recommended Aspirin, you will need to purchase some over the counter Aspirin and take 325mg one time a day for 21 days beginning the day after surgery.

\*\* You ***may*** have been told that you were at a higher risk and therefore prescribed **Arixtra** to take post-operatively. This is for postoperative anticoagulation therapy and you will be contacted by Rite Aid Pharmacy on Broadway and Mineral or Peoples Pharmacy, prior to surgery as they are the pharmacy that we use for this medication only. They will contact you to inform you of how you will get your prescription (more information on this below). **You will need to begin the Arixtra the day *AFTER* surgery.**

***\*\* While taking Arixtra and/or Aspirin, you ARE NOT TO TAKE any Advil, Motrin, Aleve, Ibuprofen or other anti-inflammatory medications. Again—please contact the prescribing physician to discuss stopping any prescribed medications while taking the Arixtra. (Anti-inflammatory medications may be re-introduced 3 days after completing the Arixtra injections).***

*The following will provide you with more information regarding the* ***Arixtra*** *and explain why you have been prescribed it.*

**Your surgeon has determined that you meet the criteria for postoperative anticoagulation therapy. He will be prescribing either Aspirin or Arixtra for use after your surgery. Following are some frequently asked questions:**

What is this medication that I am receiving? Arixtra and Aspirin are anticlotting drugs which are used to help prevent the possibility of developing a DVT after your surgery. Aspirin is an over the counter oral medication that you will need to buy on your own and take for 3 weeks after surgery and Arixtra is an injectable medication that will be sent to you from a pharmacy that you give to yourself for 10 days after surgery.

What is a DVT? DVT (or deep vein thrombosis) is a harmful condition in which blood forms a clot within a deep vein, usually the thigh or lower leg. The clot may partially or fully block blood flow. Following surgery you are at increased risk of developing a clot because blood flow is sluggish in people confined to bedrest and because surgery causes substances to be released by your body to promote blood clotting. (Being over the age of 40 or being a smoker or on hormone therapy (including birth control) or history of clotting disorder put one at a higher risk of developing a DVT which is why we then use this medication following surgery).

What are some of the potential symptoms of DVT? Pain (particularly in the calf) or sudden swelling in the leg, ankle or foot – Unusual reddish-blue color in the leg – Unusual warmth in the leg - Visibly enlarged veins. ***If any of these occur, contact our office IMMEDIATELY.***

What is a PE? A PE (or pulmonary embolus) occurs when a clot breaks free and travels through the bloodstream to the lung. This is a potentially fatal condition.

What are the potential symptoms of PE? Chest pain – Shortness of breath –Rapid heartbeat- Dizziness or fainting – Unusual sweating or anxiety – Unexplained cough or coughing up blood. Seek immediate medical immediately.

HOW DO YOU GET YOUR PRESCRIPTION FOR ARIXTRA? Once your surgery is scheduled, the surgery scheduler will send a prescription for the Arixtra to Peoples Pharmacy. They will get the prescription preauthorized through your insurance company and then will contact you to inform you of how to get the medication. They will either have you pick up the medication at their office or will call it into your personal pharmacy for you if you desire. **If you have not heard from them within a week before your surgery date PLEASE contact them directly**. Here is their contact information:

**Peoples Pharmacy—255 Union Blvd (between 2nd and 3rd on Union)**

**Phone number: 303-987-0707, Fax: 303-987-0405**

**Rite Aid Pharmacy- 100 East Mineral Avenue, Littleton, CO 80122 Phone: (303) 795-0043**

**\*\* Once again, if you have been told to take Aspirin, you will need to buy it on your own over the counter (Aspirin 325mg, coated).**

◈ **The Day/Night Before Surgery**

It is very important to follow these guidelines because if you eat ANYTHING prior to your surgery, for safety reasons your surgery will be cancelled. Eating prior to surgery will cause complications with anesthesia.

-**For all Patients:**  NO solid foods after midnight the day before your surgery.

**-For A.M. Surgical Patients:** No food or liquids of any kind after midnight the day before your surgery.

**-For P. M. Surgical Patients:** May have clear liquids (water, apple juice, cranberry juice or Gatorade) until 6 hours prior to surgery, then no foods or liquids of any kind.

-**For patients receiving a local anesthesia:** May have clear liquids (water, apple juice, cranberry juice or Gatorade) until 3 hours prior to surgery, then no food or liquids of any kind.

**-Diabetic Protocol (Golden Ridge Surgery Center):**  Do not take oral hypoglycemic medications. Check blood sugar in AM at home. Take ½ insulin dose if blood sugar over 120. Hold insulin if blood sugar is less than 120 or as directed by the anesthesiologist. Bring insulin to surgery.

**INITIAL SURGICAL DRESSING**

A gauze dressing will be covered by a very padded cast. This cast is too wide to accommodate a rubber walking boot. Caution is used to avoid sliding when the cast is resting on a hard floor surface. Occasionally, the cast needs to be decompressed if the pain control is not gained by 36 to 48 hours postoperative.

**BED REST, ELEVATION, AND WEIGHTBEARING**

Bed rest is prescribed for at least three days after operation. During the period of bed rest, the feet are elevated above the level of the heart. After the period of bed rest, progress with sitting with the feet elevated at chair level. Progressing with ambulation around the house is encouraged. Confinement to the house for the first week is recommended.

No weightbearing is allowed for at least 6 weeks after operation. Usually slow and deliberate progression in weightbearing is made at 25% increments after the first 6 weeks. Full weightbearing is approached about 9 weeks after the operation and you will continue to use the walker boot full weightbearing for an additional 3 weeks (totaling 6 weeks or until the fracture is healed).

**CRUTCHES/WALKER/CANE**

Crutches are used for about 6-9 weeks. As weightbearing is gained, transition to a cane is made. Initially, the cane is used on the side of the operated foot if one foot is operated upon. As comfort improves, walking is done more smoothly with a cane when the cane is in the opposite hand.

**BANDAGES, CASTS, AND WALKER BOOTS.**

The initial cast is changed to a walker boot at two weeks postoperative and X-RAYS are taken at 2 weeks , 6 weeks and 12 weeks postoperative. (Note: After 2 weeks, the cast is usually converted to the boot, but there are times when patients do require longer periods of casting)

**FOOTWEAR AND ELASTIC STOCKINGS**

At about 12 weeks postoperative, transition to a shoe is made. A lightweight hiking boot is often ideal. An elastic stocking is used at the time the walker boot is provided. The elastic stocking is used for approximately four months.

**SHOWERING, SUTURES, AND DRIVING**

The cast should be kept dry. This can be done with double trash bags bound tightly at the knee with a strong rubber band. Commercially available “cast guards” are available through the internet. Search on Google using the term Cast Guard. The showering cast guards are also available at some orthopaedic supply stores.

Sutures are removed at two weeks postoperative.

For right tibial shaft ORIF procedure, driving is usually started 12 weeks postoperatively, when safe. If the left foot is the operative one, driving may be started two to three weeks postoperative. Earlier driving may cause increased swelling in the right foot as it is in a dependent position.

**REHABILITATIVE EXERCISES**

First week: Isometric exercises are begun on the day of surgery as soon as able. Tighten (contract) the muscles of the foot and leg or 20 seconds, relax briefly and repeat. A “set” of isometric contractions is 5. Make an effort to do one set of isometric contractions every two hours of the waking day until ambulating with full weightbearing and without a cast.

Massage is started when a removable walker boot is used. Use both hands to grasp the ankle and the foot (including the toes). Apply progressively greater pressure with the hands. A set of massage is 5 twenty-second (hand applications). Do 4 or 5 sets per day in the initial two weeks of massage, then reduce the massage sets as motion exercises become emphasized.

Formal physical therapy is prescribed beginning with the time that a removable device is used. The physical therapy will emphasize maximizing residual motion, strengthening the lower extremity, and in the later phases of physical therapy, emphasis will be placed on developing maximum smoothness of walking (gait).

**SKIN CARE**

Skin care is to begin when a removable device is used. At that time, soften the skin with Vaseline, vitamin E ointment, or a thick hand lotion like Curel. When using Vaseline, cover the whole foot with a light amount of Vaseline and wipe away any excess. Do 2 or 3 times a day.

**Panorama Orthopedics & Spine Center**

**Contact Information**

*Dr. Roger Murken*

\*This form will help to get you in contact with the correct person/department to help expedite getting your questions/needs taken care of. Please refer to the numbers/contacts below to determine who best could help you with your specific need/question.

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| --- | --- | --- |
| Department | Reasons to call | Contact Information |
| **Triage**  (7am-5pm M-F)  \*Excluding Holidays | * Medical questions or concerns that require immediate attention | Call: 303-233-1223  Ask operator to transfer you to Triage Department |
| **Pharmacy Technician**  (9am-5pm M-F)  \*Excluding Holidays | * Refills for prescriptions * New prescriptions   Questions about meds | Call: 720-497-6662 |
| **Appointment Scheduling**  (9am-5pm M-F)  \*Excluding Holidays | * Schedule follow up appointments and office visits * Answers questions regarding patient appointments | Call: 303-233-1223  Request Appointment scheduling or request  ext 6060 |
| **Disability Coordinator**  (9am-5pm M-F)  \*Excluding Holidays | * Questions and concerns regarding disability/time off work and FMLA paperwork | Call: 720-497-6116  Fax: 720-497-6716 |
| **Pre-Authorizations**  (9am-4:30pm M-F)  \*Excluding Holidays | * Insurance authorization questions and concerns regarding surgery, bracing, injections and imaging ordered by physician (MRI, CT, ultrasounds, EMG’s). If you haven’t yet been contacted to schedule your procedure, call this line. | Call: 303-233-1223  Request Pre-Authorizations or request ext 7331 |
| **Panorama**  **Physical Therapy** | * Schedule physical therapy appointments * Questions or concerns for your therapist | Golden: 720-497-6616  (7am-7pm M-F)  Westminster: 720-497-6666  (7am-6pm M-F) |

Dr. Murken’s Primary Contact: Ariel

Phone: 303-233-1223 ext 6584

Fax: 720-497-6749

Dr. Murken’s Surgery Scheduler: Kylie

Phone: 303-233-1223 ext 6602

Fax: 720-497-6782

***Please feel free to communicate with us through the Patient Portal via PanoramaOrtho.com/Portal***

It can be used for requesting appointments, prescription refills, access to your medical records, communication with our doctors and their assistant and pay your bills.

*Billing Questions: 303-233-1223 – ask to speak to a Customer Service Representative in the billing department*

**What medications should you STOP**

**before your surgery?**

Some medications may need to be stopped before surgery. Please discuss the medications what you are currently taking with your surgeons and the physicians who prescribed the medications to see if you need to stop taking any of the prior to your surgery. Below is a list of medications that you will want to talk about:

**Warfarin (Coumadin)**

If you take Coumadin, please discuss this with your surgeons and physicians at least seven (7) days before your operation. You need to obtain special instructions about when to stop this medication.

**Enoxaparin (Lovenox ) or Arixtra**

If you take Lovenox or Arixtra, please discuss this with your surgeons and physicians as soon as possible. You need to obtain special instructions about when to stop this medication.

I**nsulin**

If you take Insulin, please check with your prescribing doctor or the anesthesiologist about what to do the day of surgery,

**Clopidogrel (Plavix),**

**Ticlopidine (Ticlid),**

**Persantine,**

**Or Fosamax**

If you take any of these medications please discuss this with your surgrons and physicians as soon as possible. Follow your surgeon’s instructions whether to continue taking thses medications or whether to stop taking it beofre your operations,

**Aspirin Drugs**

If you take products containing Aspirin, please discuss this with your sergeons and physicians at least ten (10) days before your operation. Your need to obtain special instructions about when to stop this mediaction.

***Examples of Aspirin products are:***

Anacin

Anodynos

Arthristis Pain Formula

Arthritis Strength BC Powder

Arthritis Strength Bufferin

Asa Enseals

Asa Suppositories

Ascriptin

Aspercin/Extra

Aspergum

Aspermin/Extra

Aspirin

Aspirtab/Maximum

Azdone Tablets

Baby Aspirin

Back-Quell

Bayer Aspirin

BC Arthritis Strength Powder

BC Cold Powder

Multi-Symptom

Formula/Non-Drowsy

Formula

BC powder/Tablets

Buffaprin/Extra

Buffasal/maximum

Buffects II

Bufferin

Buffex

Buffinol/Extra

Cama Arthritis Pain Reliever

Damason-p

Darvon Compound

Dasin

Doan’s Pills

Easprin

Ecotrin

Emagrin

Empirin

Equagesic

Excedrin

Fiorinal

Gensan

Goody’s Tablets/Powder

Halfprin

Heartline

Lortab

Magnaprin

Measurin

Mefenamic Acid

Momentum

Norgesic

Norwich

P-A-C Analgesic tablets

Percodan

Ponstel

Regiprin

Robaxisal

Saleto

Salocol

Sine-Off Sinus

Soma

Stanback

Supac

Synalgos-DC

Talwin Compound

Tri-Pain

Trigesic

Ursinus Inlay-Tabs

Valesin

Vanquish

Verin

Wesprin

Zorprin

**Nonsteroidal Anti-Inflammatory Drugs (NSAIDS)**

If you take NSAIDS, please discuss this with your surgeons and physicians at least three (3) days before your operation. You need to obtain special instructions about when to stop this medication.

***Examples of NSAIDS are:***

Actron

Acetnol

Advil

Aleve

Anaprox

Ansaid

Butazolodin

Cataflam

Celecoxib

Celebrex

Clinoril

Daypro

Diclofenac Potassium

Diclofenac Sodium

Disalcid

Dolobid

Etodolac

Evista

Feldene

Fenoprofen

Flurbiproben

Ibuprofen

Indocin

Indomethacin

Ketoprofen

Ketorolac

Lodine

Meclofenamate

Meclomen

Medipren

Meloxicam

Mobic

Monogesic

Motrin

Motrin-IB

Nabumetone

Nalfon

Naprelan

Naprosyn

Naproxen

Nuprin

Orudis

Oruvail

Osoxicam

Oxaprozin  
Pamprin-IB

Piroxicam

Relafen

Rufen

Salflex

Sulindac

Suprol

Tenoxicam

Tolectin

Tolmetin

Toradol

Trilisate

Vioxx

Voltaren

**Monoamine Oxidase Inhibitors (MAOI)**

If you take **tranylcypromine (Parnate, Sicoton), phenelzine (Nardil, Nardelzine), Isocarboxazid, Marplan, Deprenyl, resagiline (Azilect), or selegiline hydrochloride,** please discuss this with your surgeons and physicians at least fourteen (14) days before your operation. You need to obtain special instructions about when to stop this medication.

**Dietary Supplements: Vitamins, Minerals, Herbal Supplements, and Holistic Supplements**

Dietary supplements listed below should be stopped fourteen (14) days before your operation.

***Examples of supplements are:***

Aristolochia fangchi

Barberry

Bilberry

Borage

Bromelian

Cayenne

Chamomile

Chaparral

Coleus Forskolin

Coltsfoot

Comfrey

Dong quai

Echinacea

Ephedra or Ma Huang

Feverfew

Flaxseed Oil

Fuel

Garlic

Ginseng

Germander

Ginger

Ginsetnt, American

Ginko biloba

Green tea

Iron Compound

Hawthorn

Herbalife

Horse Chestnut

Kava kava

Licorice

Life root

Pennyroyal

Meadowsweet

Melatonin

Meridia

Metabolife

Motherwort

Poplar

Omega-3

Oregon Grape Root

Red Clover

Rippede

Shepherd’s Purse

St. John’s Wort

Vitamin E

Willow

Xenadrine

Yohimbe

***What medications can you take on the day of surgery?***

You **may** take any of these if they are currently prescribed to you:

Heart medication

Blood Pressure Medication

Anti-seizure Medication

Tylenol, if needed, for pain up until the day of your operation.

If you have asthma, use your inhaler the morning of surgery and BRING them with you.

DO NOT take Water Pills, Diabetic Pills… in addition to anything you have previously stopped taking in preparation for surgery (remember this includes Aspirin, Motrin, Coumadin, Warfarin)





