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Date: _____

Dear _____,

You are scheduled for a _____ **TOTAL JOINT REPLACEMENT**
surgery at St. Clare Hospital on _____
at _____ by Dr. W. Brandt Bede. You will need to be at the hospital by _____.

Please read the following information very carefully, and mark the dates and times for the necessary appointments on your calendar immediately. Preparation for your upcoming surgery is a team effort, and requires your commitment to ensure your safety and help you have a smooth hospital stay. You are responsible for reading the following instructions, and completing the appointments listed on page 2 before being admitted to the hospital on the day of your surgery:

1. It is recommended that your family doctor evaluate you for surgery, perform an EKG if you have not had one in the past six months, and give you written medical clearance before your pre-operative appointment at our office (scheduled for the week before surgery, see page 2). If you have not had a dental check-up and teeth-cleaning in the past twelve months, this is also recommended prior to your surgery.

If you have been seen by a cardiologist or lung specialist for any type of heart or respiratory condition, the anesthesiologists may require that you also see that physician to obtain written clearance for surgery at least 10 days prior to your hospital admission. If you have a heart or respiratory condition and are unable to see your specialist before your surgery date, please contact the Surgery Coordinator immediately so that your surgery can be re-scheduled until after you are able to make this appointment.

Please make the appropriate appointment[s] as soon as possible, and have your medical doctor and/or cardiologist mail or fax us a copy of his/her notes from your most recent office visit and any recent laboratory test results, or have them give you photocopies to bring to our office at the time of your pre-operative appointment.

2. **If** your surgeon has requested that you donate your own blood (autologous blood donation), you will need to call and make one appointment date & time for each unit of blood ordered at Cascade Regional Blood Services. The phone numbers are on the enclosed Request for Autologous Services order form. You must take the order form (attached, if ordered) to the blood bank at your first blood donation appointment. Your physician has determined how many units of blood will be needed for your surgery. Blood donation must be completed no later than 7 days before surgery, and there must be at least 3 days between donating each unit if more than one is

7308 Bridgeport Way W, Suite 201
Lakewood WA 98499-8000
253-582-1617 Fax
253-582-7257 Phone
pugetsoundorthopaedics.com

1515 Martin Luther King Jr. Way
Tacoma WA 98405-3933
253-272-2642 Fax
253-572-2663 Phone

ordered. [For more information, call Cascade Regional Blood Services at their main number [253] 383-2553.] If you find that you are unable to donate your own blood for any reason, please call our office and notify the Surgery Coordinator.

3. **Please make every effort to attend a hospital Total Joint Replacement Class* if possible**, before your surgery. Family member(s) and/or anyone who will be helping you during your recovery are also encouraged to attend this class with you. This class will prepare you for your hospital stay and the physical therapy that you will receive after your surgery. Total Joint Replacement Class attendance is REQUIRED for all patients having surgery at St. Clare Hospital who have not had a previous joint replacement. For more class information, call the Franciscan Health System at 1-888-825-3227, *(See attached class schedules for dates, times & locations). Reservations are encouraged but not required.

The following REQUIRED appointments have been scheduled for you the week before surgery:

1. Pre-operative office visit at Dr. Bede's office, at Puget Sound Orthopaedics, 7308 S. Bridgeport Way SW, Lakewood, WA with Dr. Bede on _____.

This visit will last approximately 30 min's. to one hour. Please bring the family member(s) or support persons who will be assisting you after you go home from the hospital to this appointment so that their questions can be answered too. Please bring all of your daily prescription and over-the-counter medications, in their original bottles, to this appointment.

2. Pre-operative hospital appointment at the St. Clare Pre-Admission Clinic, at St. Clare Hospital, 11315 Bridgeport Way SW, Lakewood, WA, 98499) on _____ at _____ with _____.

The purpose of this appointment is to prepare your medical chart for surgery, and to also complete all necessary laboratory tests (blood and urine tests, EKG and chest x-ray if needed) in preparation for surgery. You will also receive final instructions about your medications on the day of surgery, and when to stop eating and drinking anything the day of your surgery (usually nothing by mouth is allowed 8 hours before the time of surgery), and more information about your hospital stay. You can expect this appointment to last approximately one to two hours. Please bring all of your medications to this appointment too.

Please do not hesitate to call if you have any questions about any of this information:

- If you have any questions regarding your surgery, appointments, insurance, or the schedule for your surgery, please call the **Surgery Coordinator, at (253) 582-7257, ext. 315.**
- If you have any questions regarding your hospital pre-admission clinic appointment, please call St. Clare Pre-Admission Clinic at **(253) 581-6962.**

Our goal is for you to have a smooth, safe and successful surgery experience, and your commitment to helping us achieve that goal is greatly appreciated!