

CORE

ORTHOPEDICS & SPORTS MEDICINE



Daniel T. Kuesis, M.D.
Gregory N. Drake, D.O.
Jeffery A. Murray M.D.
Raymond J Metz Jr. MD

Specialties:

Orthopedic Surgery
Arthroscopic Surgery
Sports Medicine
Adult/Pediatric Fractures
Trauma
Cartilage Restoration
Spine/Shoulder Specialist
Joint Replacement/Revision

555 Biesterfield Road
Elk Grove Village, IL 60007

2380 Lakewood
Hoffman Estates, IL 60169

847-690-1776
Fax 847-690-1777

www.coreorthosports.com

Patient Pre-surgery checklist

Name: _____ Date of procedure: ____/____/____

You will be called the night before surgery to tell you what time to be there the following day.

Our office will arrange home health care for after surgery.

Geneva Surgical suites
119 Elizabeth Lane
Genoa City, Wisconsin 53128
Ph: 262-295-1213

_____ Get lab work done **3 weeks** prior to surgery (bring script provided) If there is a delay it may postpone surgery. (NO APPOINTMENT NEEDED at the hospital)

_____ See Primary Care Physician and any other specialists 3-4 weeks prior. (Bring form provided)

_____ No eating or drinking after 11PM the night before surgery (you may take important medications such as blood pressure medication with a tiny sip of water)

_____ Do not take medications such as Advil, Aleve, Motrin, Naprosyn, Mobic, Multivitamins, Vitamin E, Fish oil or Herbal medications starting 7 days prior to surgery, as they can effect bleeding time. Tylenol is ok to take.

_____ Follow up with Dr. Kuesis in the office 7-10 days prior to surgery, for a final consultation. Please bring any family members with you at that time.

_____ Have transportation to take you home

_____ Total joint replacement, make a follow up appointment 2-2.5 weeks after surgery.

_____ Arthroscopies make a follow up appointment for 7-10 days after surgery.

Very Important! If you are having possible rotator cuff repair, you must start PT 3 days Post-op, **NO DELAYS**. Please arrange for this ahead of time. Note, you will not be driving until out of brace and not on pain meds. One of Dr. Kuesis' assistants will contact you 1-2 days after surgery, if you had an arthroscopy. They will fax an order to your physical therapy facility. We are unable to give you an order prior to surgery because we write specific instructions based on the surgical procedure done.

****Please drop off any disability paper work at our office and allow one week for completion. Do not bring to the hospital. Please note there is a one-time \$30 fee for completing these forms. Dr. Kuesis will speak with your family after the procedure, if they are not there after surgery he will go over everything at the post-op visit. He will be unable to call relatives if they are not there. Also, please note if your insurance changes the front desk will need a copy of the card faxed or dropped off at the office. Please call and let us know if it is switched so that your surgery may be properly pre-certified.**

****Please note, any outstanding balance at Core orthopedics must be paid in full prior to surgery****

Please call 847-690-1776 x1013 with any questions.

Thank you,



[HOME](#) [ABOUT US](#) [MEET OUR STAFF](#)

[PHYSICIANS](#) [DIRECTIONS](#)

[CONTACT US](#)

Directions to Geneva Surgical Suites, LLC

119 Elizabeth Lane
Genoa City, WI 53128
Phone: 262.295.1213
Fax: 262.295.1221

From Barrington

-Take North on IL-59
-Take US 12 West to IL-59 ramp
Take right to stay on US 12 (entering Wisconsin)
Use the right lane to turn slightly left onto Co Hwy H
Make first Right turn on Elizabeth Lane
Geneva Surgical Suites is located on the left

From Elk Grove

Use Interstate 90 West towards Rockford
Merge onto I-90 West
Use Right lane to take the IL-53 exit towards NW suburbs
Keep Right at the fork. follow signs for IL-53 NW suburbs
Keep Left. follow signs for Kirchoff Road
Use the Right 2 lanes to turn Right onto US 12 West
Take Right to stay on US 12 (entering Wisconsin)
Use the right lane to turn slightly left onto Co Hwy H
Make first Right turn on Elizabeth Lane
Geneva Surgical Suites is located on the Left

From Wisconsin(North)

Use US 12 East
Turn Right onto Co Hwy H (at end of Highway)
Take Right to stay on US 12 (entering Wisconsin)
Make first Right turn on Elizabeth lane
Geneva Surgical Suites is located on the left

General Medical Preoperative Optimization

PATIENT: _____

SURGEON: _____

PRIMARY CARE PROVIDER: _____

SURGERY: _____

SURGICAL DATE: _____

Past Surgical History: _____

Significant Diagnoses: CHECK ALL THAT APPLY

- Cardiac Disease:
 - Hx CHF Stage _____ Left Ventricle Ejection Fraction _____
 - Coronary Artery Disease
- Cardiac Stents: Most Recent Cardiac Stent Date _____ Bare Metal Drug Eluting
- CABG: Year _____
- Valvular Heart Disease: Types and Severity: _____
- Stents, Non-Cardiac Location _____
- Stroke / Peripheral Arterial Disease _____
- COPD/Asthma: FEV1 < 1 Liter History of Smoking Within Last 2 Months Steroid Dependent Oxygen Dependent
- COPD: Mild Moderate Severe Very Severe
- Diabetes: Latest HgbA1C _____ Date _____
- Obesity/OSA: BMI _____ CPAP/BIPAP CPAP/BIPAP Settings _____
- Coagulopathy: Abnormal PT/PTT
- Anemia Thrombocytopenia Leukopenia
- History of Heparin Induced Platelet Antibody (HIPA) _____
- History of DVT/PE: Date _____ Post Op vs. Spontaneous _____
- Renal Failure/Insufficiency: Creatinine Level _____ EGFR _____
- Dialysis/ ESRD _____
- Abnormal EKG or Rhythm Disorder: Explain: _____

OTHER SIGNIFICANT DIAGNOSES: _____

ANTICOAGULATION:

Check patient's drug, and instruction box regarding when to continue or discontinue prior to surgery

ANTIPLATELET	CONT PREOP	WHEN TO DC	ANTITHROMBIN X/A	WHEN TO DC
<input type="checkbox"/> Aspirin	<input type="checkbox"/> Physician completing this form is responsible to notify surgeon if pt is taking any of these meds preop	<input type="checkbox"/> 7 days preop	<input type="checkbox"/> Warfarin (Coumadin)	<input type="checkbox"/> 5 days
<input type="checkbox"/> Clopidogrel (Plavix)		<input type="checkbox"/> 7 days preop	<input type="checkbox"/> Dabigatran (Pradaxa)	<input type="checkbox"/> 2 days if normal EGFR <input type="checkbox"/> days if abnormal EGFR
<input type="checkbox"/> Prasugrel (Effient)		<input type="checkbox"/> 7 days preop	<input type="checkbox"/> Rivaroxaban (Xarelto)	<input type="checkbox"/> 2 days if normal EGFR <input type="checkbox"/> days if abnormal EGFR
<input type="checkbox"/> Aggrenox (ASA + dipyridamole)		<input type="checkbox"/> 7 days preop	<input type="checkbox"/> Apixoban (Eliquis)	<input type="checkbox"/> 2 days if normal EGFR <input type="checkbox"/> days if abnormal EGFR
<input type="checkbox"/> Ticagrelor (Brilinta)		<input type="checkbox"/> 7 days preop		
<input type="checkbox"/> Ticlodipine (Ticlid)	<input type="checkbox"/> 7 days preop			

BRIDGING THERAPY:

- Patient requires preoperative bridging. Physician supervising bridging: _____
- Patient requires postoperative bridging. Physician supervising bridging: _____
- Consult Cardiologist for post-operative care: _____
- Consult Physician _____ for medical post-operative management

BETA BLOCKER:

Is patient on beta blocker? Yes or No and _____

- If yes, continue beta blocker at all times
- If yes, place beta blocker protocol on chart

- This patient is medically optimized for surgery
- This patient is **NOT** medically optimized. Physician must notify Surgeon ASAP

Reason: _____

The above information has been dictated in my H&P done on _____ (date), dictation # _____

THIS FORM DOES NOT REPLACE THE H&P, but positive diagnosis should be covered in H&P.

Date _____ Time _____ Physician Signature _____

Please fax to Dr. Kuesis: 847-690-1777

And

Geneva Surgical suites 262-295-1221

Patient Name: _____

Date of Birth: _____

Cardiology Preoperative Optimization

PATIENT: _____ SURGICAL DATE: _____
 PRIMARY CARE PHYSICIAN: _____ SURGERY: _____
 CARDIOLOGIST: _____ SURGEON: _____

CARDIAC HISTORY:

- MI: Date of last MI: _____
- CAD:
 - CABG: Date: _____
 - Coronary Angioplasty: Date: _____
 - Coronary Stent(s): Date inserted: _____
- Stress Test Results: _____
- Cardiomyopathy: _____ Ischemic _____ Other: _____ Describe: _____ Ejection Fraction: _____
- Heart Failure: _____ Compensated _____ Uncompensated Ejection Fraction: _____
- Valvular Heart Disease: _____ Aortic Stenosis Types and Severity _____
- Peripheral Vascular Disease: _____
- Abnormal EKG or Rhythm Disorder: _____ Explain: _____
- Permanent Pacemaker or ICD: _____ Contact Name/Number for DOS device management: _____

ANTICOAGULATION:

If patient on one of below drugs, must check continue or discontinue (DC)

ANTIPLATELET	Instruct to continue preop OR when to DC	Continue PREOP	WHEN TO DC
<input type="checkbox"/> Aspirin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 7 days preop
<input type="checkbox"/> Clopidogrel (Plavix)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 7 days preop
<input type="checkbox"/> Prasugrel (Eliquis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 7 days preop
<input type="checkbox"/> Aggrenox (ASA + dipyridamol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 7 days preop
<input type="checkbox"/> Ticagrelor (Brilinta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 7 days preop
<input type="checkbox"/> Ticlopidine (Ticlid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 7 days preop

ANTITHROMBINS IN XIA	Instruct to continue preop OR when to DC	Continue PREOP	WHEN TO DC
<input type="checkbox"/> Warfarin (Coumadin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5 days
<input type="checkbox"/> Dabigatran (Pradaxa)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2 days if normal EGFR <input type="checkbox"/> days if abnormal EGFR
<input type="checkbox"/> Rivaroxaban (Xarelto)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2 days if normal EGFR <input type="checkbox"/> days if abnormal EGFR
<input type="checkbox"/> Apixiban (Eliquis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2 days if normal EGFR <input type="checkbox"/> days if abnormal EGFR

BRIDGING THERAPY:

- Patient requires Preoperative Bridging. Physician supervising bridging: _____
- Patient requires Postoperative Bridging. Physician supervising bridging: _____
- Consult Cardiologist for Post-Operative care: _____

BETA BLOCKER:

Is patient on beta blocker: Yes or No and _____
 • If yes, continue beta blocker at all times and place beta blocker protocol on chart.

This patient is optimized from a cardiac stand point.
 This patient is NOT optimized from a cardiac stand point. Physician must notify Surgeon ASAP.
 Reason: _____

Date _____ Time _____ Physician Signature _____
 Date _____ Time _____ Read Back/Print Physician Name _____

Please fax to Dr. Kuesis 847-690-1777
 And
 Geneva Surgical suites 262-295-1221

Patient Name: _____
 Date of Birth: _____

CORE

ORTHOPEDICS & SPORTS MEDICINE



Daniel T. Kuesis, M.D.

Gregory N. Drake, D.O.

Jeffery A. Murray M.D.

Raymond J. Metz Jr. M.D.

Date: ___/___/___

Dear Dr. _____

Specialties:

Orthopedic Surgery

Arthroscopic Surgery

Sports Medicine

Adult/Pediatric Fractures

Trauma

Cartilage Restoration

Spine/Shoulder Specialist

Joint Replacement/Revision

Adult and pediatric Hand surgery

Our mutual patient: _____ D.O.B. ___/___/___

Is on our surgical schedule for ___/___/___ @ Geneva surgical suites for the procedure of: _____

under _____ anesthesia. Admission type: Day Surgery/ In-Patient.

Hx of: _____

We have informed the patient to contact you for clearance, recommendations or orders for surgery. We have also instructed the patient to contact their primary care physician. The patient's primary care physician will be giving clearance but, we would like to ensure the patients safety with a collaborative team decision to proceed with surgery.

555 Biesterfield Road
Elk Grove Village, IL 60007

2380 Lakewood
Hoffman Estates, IL 60169

847-690-1776
Fax 847-690-1777

www.coreorthosports.com

From: Dr. Kuesis/ Kim R.N

Phone 847-690-1776

Fax 847-690-1777

PLEASE CIRCLE ONE, SIGN AND FAX BACK TO 847-690-1777.

*Patient *IS* Cleared for Surgery OR Patient is *NOT* Cleared

*For inpatients.... Will you be rounding on the patient @ hospital? Yes or No?

*Comments or additional orders: _____

Signature: _____ M.D.

CORE

ORTHOPEDICS & SPORTS MEDICINE



Daniel T. Kuesis, M.D.
Gregory N. Drake, D.O.
Jeffery A. Murray M.D.
Raymond J. Metz Jr. M.D.

Specialties:

Orthopedic Surgery

Arthroscopic Surgery

Sports Medicine

Adult/Pediatric Fractures

Trauma

Cartilage Restoration

Spine/Shoulder Specialist

Joint Replacement/Revision

Adult and pediatric Hand surgery

555 Biesterfield Road
Elk Grove Village, IL 60007

2380 Lakewood
Hoffman Estates, IL 60169

847-690-1776
Fax 847-690-1777

www.coreorthosports.com

Date: ___/___/___

Dear Dr. _____

Our mutual patient: _____ D.O.B. ___/___/___

Is on our surgical schedule for ___/___/___ @ Geneva surgical suites for the procedure of: _____

under _____ anesthesia. Admission type: Day Surgery/ In-Patient.

Hx of: _____

We have informed the patient to contact you for clearance, recommendations or orders for surgery. We have also instructed the patient to contact their primary care physician. The patient's primary care physician will be giving clearance but, we would like to ensure the patients safety with a collaborative team decision to proceed with surgery.

From: Dr. Kuesis/ Kim R.N

Phone 847-690-1776

Fax 847-690-1777

PLEASE CIRCLE ONE, SIGN AND FAX BACK TO 847-690-1777.

*Patient *IS* Cleared for Surgery OR Patient is *NOT* Cleared

*For inpatients.... Will you be rounding on the patient @ hospital? Yes or No?

*Comments or additional orders: _____

Signature: _____ M.D.

CORE  Lab Work @ hospital

- Daniel T. Kuesis, M.D.
- Gregory Drake, DO
- Jeffrey Murray M.D
- Raymond J. Metz Jr. M.D.

NAME _____ DATE _____

Diagnosis **PRE-op testing** _____ D.O.S. _____

CBC, CMP, EKG

No appointment needed

Dr. _____

555 Blesterfield Rd., Elk Grove Village IL 60007
(847) 690-1776 • Fax (847) 690-1777

Fax results to PCP & Dr. Kuesis

**PREVENTION OF INFECTION
TOTAL JOINT PATIENT**

Cleansing the skin before surgery is an important first step in reducing the risk of infection after a surgical procedure. Your participation in bathing with a cleansing product prior to surgery is vital.

SUPPLIES NEEDED:

- 1-2 bottles of over-the-counter Hibiclens (Chlorhexidine Gluconate) solution available at stores like Walgreens, Walmart, CVS, and Osco. Also available at St. Alexius Medical Center at no charge at the Day Surgery entrance reception desk, Monday - Friday and at Alexian Brothers Medical Center at the Outpatient Pharmacy and the Registration area.
- A clean washcloth

INSTRUCTIONS:

Two (2) days before surgery:

- Shower or bathe normally. Use your usual soap. Do not shave below the neck.
- Rinse well
- Apply plenty of Hibiclens using a clean washcloth to your entire body from the shoulders down. **Avoid your genitals and mucous membranes. Do not apply above the neck.**
- Leave on for three (3) minutes, then rinse well.
- Pat dry. It is normal for the skin to feel tacky or sticky for several minutes after using the Hibiclens, but this is only temporary.
- Do not apply lotions or creams to washed area after using Hibiclens.

One (1) day before surgery:

- Repeat above instructions.

Morning of surgery:

- Repeat above instructions.

WHEN YOU ARE AT THE HOSPITAL:

- Make sure to tell your healthcare providers that you completed the three (3) Hibiclens skin cleansings.

MUPIROCIN 2% OINTMENT:

Your physician will be giving you a prescription for Mupirocin 2% ointment. You may or may not need to fill this prescription; it depends upon your nasal swab test result. Only fill this prescription if the doctor calls you and instructs you to fill it. Again, your participation is vital as this will help reduce the risk of skin and soft tissue infections.

INSTRUCTIONS:

- Starting five (5) days before your surgery, apply a sufficient amount of ointment to cotton swab to coat the inside of both nostrils.
- Pinch nostrils closed and rub for thirty (30) seconds.
- Do this morning and evening each day including the morning of the surgery day.

If you have any questions, please call:

Alexian Brothers Medical Center
Pre-surgical Clinic (847) 640-3870

St. Alexius Medical Center
Pre-operative Testing Center (847) 755-8668

AMITA HEALTH™

Alexian Brothers Medical Center
800 Riverfield Road
Eli. Grove Village, IL 60007

St. Alexius Medical Center
1500 Burlington Road
Hoffman Estates, IL 60149

Patient Name

**PREVENTION OF INFECTION
TOTAL JOINT PATIENT**

ITEM # 0071175
FORM # 36952 08/15
(Procedure Record)



PX