



Dr Abay Sundaram - Orthopaedic Surgeon

P 08 6332 6335

E admin@drsundaram.com.au

W drsundaram.com.au



Murdoch

Murdoch Orthopaedic Clinic

Suite 10, 100 Murdoch Drive

Murdoch, WA 6150

Preparing for your upcoming procedure

Stopping medication

- **Blood thinners:** Please stop any blood thinning medications such as Apixaban, Rivaroxaban, Edoxaban, or Warfarin at least 2 days before surgery. If your INR is monitored, please ensure you take clexane as prescribed while the INR drops below your target range. Aspirin and clopidogrel can continue unless specified by Dr Sundaram or your Anaesthetist. Please let us know if you take fish oil supplement.
- **Diabetic medication:** Please stop any SGLT2 inhibitors (end in “flozin”) as advised by the Anaesthetist. Your ketones will be closely monitored.
- **Biologics:** For patients needing medication for an autoimmune or inflammatory condition, termed “biologics” (often end in nib or mab), please let Dr Sundaram know. Some medications need to be stopped weeks in advance and we can advise you accordingly.

Fasting times

- Standard fasting times are 6 hours before surgery. This includes solid food, dairy products, soft drinks, and some juices. For most patients we simply advise fast from midnight if we anticipate your surgery to occur before 12pm (midday)
- You can and should continue sipping water, clear apple juice, pre-operative hydration drinks, black tea or coffee up to 2 hours before surgery. The staff on the ward or day procedure unit will advise you when you check in.
- If you take any injections for weight loss or treatment of diabetes like Ozempic, Mounjaro, or Wegovy, your gastric emptying slows and you will need to fast for 24 hours before surgery.

Driving

- You are not able to drive within 24 hours of a general anaesthetic or procedural sedation. We would advise that you have a support person bring you to hospital and take you home following surgery.
- Dr Sundaram will advise about any specific driving restrictions following your surgery. You can expect not to be able to drive for 6 weeks if your arm or leg are immobilized in a boot or splint.
- Total knee replacement and total hip replacement patients are advised to wait until 6 weeks, when reflexes have safely returned to normal.

Dressings & Wounds

- When you leave hospital you may be either bandaged or have a tubigrip bandage and an RE3 cryocompression brace. The bandages can be removed after 48 hours.
- The tubigrip should remain underneath the RE3 brace for added comfort.
- You will have dissolving stitches and an “opsite” dressings over each wound. Please leave these intact until we see you at the 2 week appointment. These are waterproof so you can shower.
- If the dressings become loose or soaked, please contact us and we can help re-dress them.
- Please don't apply any creams or ointments to your wound unless instructed by Dr Sundaram.



Dr Abay Sundaram - Orthopaedic Surgeon

P 08 6332 6335

E admin@drsundaram.com.au

W drsundaram.com.au



Murdoch

Murdoch Orthopaedic Clinic

Suite 10, 100 Murdoch Drive

Murdoch, WA 6150

Post-operative appointments

- A 2 week appointment will be made for you as routine, which is included as part of your surgery.
- A 6 week appointment is recommended for some patients and this will be made following the first post-operative appointments.
- If you are worried about your wound, please contact us and email through a photo so we can help manage any problems before they develop.
- At any point in your post-operative journey, we encourage you to reach out directly to us via phone or email if any issues arise. We will look after you through the clinic.
- If you become unwell or experience a medical emergency, we ask that you contact 000 for assistance. Once safe, please let us know what has occurred and we will help in any way we can.

Procedure-specific instruction

- Information specific to your surgery will be provided with this letter. A balance of immobilization to support healing and rehabilitation to support functional recovery are vital.
- We work closely with your physiotherapist or hand therapist to ensure you get the best outcome from your procedure. If you have any concerns about engaging with any member of your team, please let us know and we can work with you to find a solution.