



Aruna M. Seneviratne, MD
Department of Orthopaedic Surgery
425 West 59th Street, 5th floor
New York, NY 10019
Tel. 212-636-8290
Fax 212-636-3102

Date: 9/17/20

Dear Dr. _____

RE: mangapora, Kathryn DOB: 10/15/89

The above patient is scheduled for surgery. He/She requires medical clearance and the exams listed below.

Please fax all results and clearance letter at least 14 days prior to the date of surgery to (212) 636-3102, Attention: Dr. Seneviratne.

Procedure: Right rearsion ACL reconstruction
with BTB Allograft

Date of Surgery: 12/3/20

Required Exams: ☒ Chemistry 20 ☒ CBC ☒ PT/PTT ☒ UA

☒ Urine Pregnancy test ☒ ~~Urine~~ ☐ Stress Test

☒ ~~CHEST X-RAY~~

☒ OTHER Medical Clearance / covid test
(Hospital will contact patient to schedule covid)

Thank you for your cooperation. Should you have any questions, please do not hesitate to contact the office at 212-636-8290.

Sincerely,


Aruna Seneviratne, MD



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Fax: 212 636 3102

ARUNA SENEVIRATNE, M.D.
Orthopaedic Surgery, Sport Medicine

Name: Kathryn mangapurs

Your surgery is scheduled for: 12/3/20

Location:

Manhattan Surgery Center
619 West 54th Street Suite 602
New York, NY 10019
Main Line: 212-231-7778

Mount Sinai West Hospital
Ambulatory Surgery, 5th Floor
428 West 59th Street
Between 9th and 10th Ave
New York, NY 10019
Main Line: 212-523-4000

SurgiCare of Manhattan
800 2nd Avenue Between 42nd &
43rd Street
7th Floor
New York, NY 10017
Main Line: 212-419-1016

- **SURGERY TIME WILL BE CONFIRMED THE DAY BEFORE - AFTER 1:00PM**
- **DISABILITY FORMS/ LETTERS – 5 BUSINESS DAYS**

In Preparation for your Surgery, Follow the Directions Checked Below:

- ☒ Make an appointment to see your primary care physician (PCP) for medical clearance within 30 days of your surgery date. Please bring attached letter to your PCP and have his/her office fax all results and clearance letter to our office. Our fax number is (212) 636-3102.
- ☒ ***One week (7 days) prior to the surgery, discontinue*** Aspirin or any anti-inflammatory medications such as Ibuprofen, Aleve, Advil, Indocin and Naproxen. If you are on any blood thinners such as Coumadin (Warfarin), please let us know. They may need to be stopped several days before the surgery.
- Diabetic patients:*** Please speak with your physician prior to the procedure to discuss any necessary changes with your insulin or oral medication.
- ☒ **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE THE SURGERY.**
- ☒ On the day of the procedure, ***please arrive at the hospital two (2) hours prior to your scheduled surgery time.*** Please bring your insurance card and photo ID. Do not bring any valuables with you.
- ☒ **STATE LAW & Mount Sinai HOSPITAL mandate that you be accompanied from the hospital upon discharge on the day of surgery. Please make arrangements for someone to take you home.**

If you have any questions, please do not hesitate to contact my office at (212) 636-8290.

 <p>Mount Sinai West</p>	<p>Aruna Seneviratne MD</p> <p>Tel: 212-636-8290 Fax: 212-636-3102</p>	<p>Department of Orthopaedic Surgery</p> <p>425 West 59th Street, 5th floor New York, NY 10019</p>
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Preoperative Checklist for Surgery with Dr. Aruna Seneviratne

Having surgery is a significant event in your life. Dr. Seneviratne and his team are committed to superior outcomes and patient safety. Cancellation and postponement of surgery is a costly burden to the healthcare system, the hospitals, Dr. Seneviratne, and his other patients. In order to perform the surgery safely, and on time as scheduled, use this checklist to do your part in preparing for your upcoming surgery. Please complete 3 to 4 weeks before surgery.

- ☒ CBC
- ☒ Chemistry 20
- ☒ PT/PPT
- ☒ UA
- ☒ Urine Pregnancy Test
- ☐ EKG
- ☐ Chest X-Ray
- ☐ Sleep Study
- ☐ Stress test
- ☒ Medical Clearance
- ☐ Pulmonary Clearance
- ☐ Pediatric Clearance
- ☐ Clearance by AMS on DOS
- ☒ See your primary care doctor for medical clearance
- ☐ Cardiology testing and clearance if indicated
- ☐ Schedule your pre-operative class for joint replacement procedures
- ☒ Arrange for an escort to pick you up after surgery

Call Dr. Seneviratne's office (212) 636 8290 for:

- Any paperwork you may need such as disability papers
- Any questions you may have about the surgery

Your Surgical Procedure is scheduled at the following location:

Right Rensin ACL reconstruction with BTB Allograft

☐ Mt. Sinai West Hospital (MSW)
428 West 59th Street, 5th Floor
Between 9th & 10th Ave
New York, NY 10019
Tel: (212) 523-4000

☐ SurgiCare of Manhattan (SOM)
800 Second Ave (42nd & 43rd St)
7th Floor
New York, NY 10017
Tel: (212) 867-0609

☒ Manhattan Surgery Center (MSC)
619 W. 54th Street (11th & 12th Ave)
6th Floor,
New York, NY 10019
Tel: (212) 231-7778



Mount
Sinai
West

Department of Orthopaedic Surgery

Mount Sinai West
425 West 59th Street, Fifth Floor
New York, NY 10019
T 877-MD-ORTHO - Appointments

Primary Care Physician (PCP/Internist)

Name: _____ Phone Number: _____

Address: _____

Cardiologist

Name: _____ Phone Number: _____

Address: _____

Pharmacy Information

Pharmacy Name: Ballard Pharmacy Phone Number: 718-768-1325
Pharmacy Address: 226 Prospect Park West, Brooklyn NY 11215

Emergency Contact/Patient Escort for DOS

Name: Susan mangsara Phone Number: 810-240-9151

Address: _____



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INSTRUCTIONS ON CARING FOR YOURSELF AT HOME

POST OP INSTRUCTIONS FOLLOWING ACL RECONSTRUCTION

Medications:

- A nerve block maybe used to minimize post-operative pain. This will wear off within 8 to 18 hours.
- Most patients will need some narcotic pain medication such as *Percocet (Oxycodone)* or *Vicodin (Hydrocodone)*. Take as directed on the bottle or by Dr. Seneviratne.
- Common side effects of pain medicine are nausea, drowsiness, and constipation. To minimize these side effects, take the smallest dose needed to control the pain. Take medications with food. If constipation occurs, take an over the counter laxative. A stool softener such as Colace may prevent constipation.
- If you have severe nausea, or your pain is not controlled please call the office to have your medication changed.
- Do not drive a car or operate machinery while taking narcotic pain medications.
- You maybe given *Celebrex* to further enhance pain control. Take as directed on the bottle. Studies have shown it reduces the overall amount of narcotic pain medication needed, and increases the time interval between narcotic pain medication usage.
- If you were not given *Celebrex*, *Aleve* or *Ibuprofen (Advil, Motrin etc)*, can be taken in between narcotic pain medication dosing to help minimize peaks and valleys of pain.
- You must take 1 baby *Aspirin (81mg)* once a day for 4 weeks. This is to prevent a DVT (blood clot in the deep veins of your leg).
- Antibiotics are typically not prescribed after ACL reconstruction.

Diet:

- Begin with clear liquids and light foods such as broth, and Jell-O
- Progressively normalize your diet if you don't experience nausea, vomiting, or bloating.

Activity:

- You may walk as tolerated. You will need to use crutches for the first several weeks.
- You may weight bear as tolerated unless otherwise instructed by Dr. Seneviratne.
- Sex - no restrictions.
- Driving
 - Patients who have had surgery on the left knee, and who have an automatic transmission may drive when they can comfortably get the leg in and out of the car.
 - During driving the knee brace can be unlocked.
 - Patients who have had surgery on the left knee and have standard transmissions should not drive until they have good muscular control of the leg. This usually takes 3-4 weeks.
 - Patients who had surgery on the right knee should not drive until they have good muscular control of the leg. This usually takes 4-6 weeks.

Brace:

- The knee brace given to you immediately after surgery must be worn while walking and sleeping.
- It should be locked in extension (knee straight).
- You may take the brace off when doing exercises and/or the CPM machine.
- Brace hinges must be at the level of the kneecap.
- You may loosen or tighten the brace straps as necessary, but it should be snug.
- You will need to wear the brace for about 2-4 weeks.



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Ice/Cryotherapy:

- You should use the Cryocuff machine, the Gameready machine, or ice on the knee immediately after surgery. Use cold therapy as often as possible (especially after exercising) to reduce swelling and discomfort.
- If using an ice pack, do not ice the knee more than 20 minutes at a time. Let the knee warm up before reapplication. Avoid getting your wound wet.
- If you have a Cryocuff or Gameready you may keep this on the knee continuously, but follow the instructions provided by the vendor of the machine.
- For the GameReady machine, do not use compression for the first 48 hours after surgery.

Electrical stimulation sleeve (Kneehab)

- If you were provided with a Kneehab electrical stimulation sleeve please use it as directed by the orthotist who fitted you for it.

CPM (continuous passive motion) Machine:

- You should use this machine 2-3 hours at home two or three times daily for a total of 4-6 hours per day.
- Remove brace to use the CPM machine.
- The company will explain how to operate the CPM.
- Your goal with this machine is to achieve 95 degrees of flexion (bending) comfortably.
- Every time you use the CPM you should try to increase the flexion by 5 degrees. You will experience some discomfort while trying to increase your flexion.
- Once 95 degrees is obtained you may call the company to pick up the machine - usually about 3 weeks.

Crutches:

- Use the crutches when walking as the physical therapist taught you in the hospital. Put as much weight on your leg as you can tolerate. When you feel comfortable walking without your crutches you may do so. This is usually occurs at about 1-2 weeks.

Exercise:

- Begin exercises 24 hours after surgery (straight leg raises, quad sets, heel slides, and ankle pumps).
- It is safe to bend your knee immediately after surgery (unless otherwise instructed by Dr. Seneviratne) - in fact it will enhance your recovery and decrease your pain.
- It is normal for your knee to be stiff for a few days after surgery.

Wound Care:

- Keep your operative dressing on for 48 hours. You may loosen bandage if excessive swelling of the foot and ankle occurs.
- Remove all cotton and yellow gauze 48 hours after your surgery. Please leave steri-strips (white paper strips) on your wound until you see the doctor.
- Reapply ACE bandage over a new gauze pad to cover the incision.
- If you were given a stockinet, wear it for 1 week at all times (can remove it for showers and wound care).
- You may shower 48 hours after surgery, however you must place a plastic bag over the brace while showering or you have the option to take off the brace to shower. Whatever you decide to do please use CAUTION!! Be careful not to slip, twist, or fall. A stool placed in the shower so you can sit is a great idea so you can stabilize your knee. Do not soak in a bathtub, hot tub, or pool until the doctor tells you it is O.K. to do so. Once you are done showering pat the wound dry and reapply a dry dressing as directed above.

Elevation:

- When you are not walking your leg should be straight with 2 pillows under your foot or ankle (not behind your knee). Try to elevate knee as much as possible to reduce swelling.

Common Concerns:

- Numbness around the incision site on the outside part of the knee is a result of a disruption of a superficial nerve during the operative procedure. Most of this will resolve over time but a small area the size of a



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quarter usually remains numb. This is unavoidable because of the proximity of the nerve to the incision.

- A sudden rush or feeling of fullness with pain when going from a sitting to a standing position in the knee is common after surgery.
- Bruising and/or swelling of the thigh, shin and ankle are common after surgery. This usually occurs 3-4 days after surgery. This is caused by bleeding from the bone (which is cut during surgery) into the area just below the skin. To relieve this discomfort it is best to ice the leg.

Follow-up visit:

- You need to see Dr. Seneviratne about 7- 10 days following surgery for your first post-op visit. At that time your sutures (stitches) will be removed.

Physical Therapy:

- Please begin physical therapy 1-2 days after surgery. It is O.K. to start physical therapy prior to your first post-op visit in the office.
- If PT was not pre-arranged please call the office to arrange this.

Please call if:

- If at any time you have discomfort, swelling, or redness in the calf (behind the leg between the knee and the ankle) please call the doctor immediately.
- Fever (>101.5 degrees F) especially if accompanied by chills (low grade fever is common and not be concerned with).
- Excessive bleeding.
- Pain that is not controlled with medications.
- Numbness in leg lasting more than 18 to 24 hours.
- Any difficulty breathing or heaviness in the chest.

Follow-up care/Questions

- Dr. Seneviratne or his team members will call you on the first day after surgery to address any questions or concerns. If you have not been contacted within 48 hours please call the office at (212) 636 8290.
- If you do not already have a post op appointment scheduled, please contact the office during normal business hours and ask for appointment scheduling

REMEMBER - these are only guidelines for what to expect following ACL surgery. If you have any questions or concerns regarding your knee please do not hesitate to call the office at any time.



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CRUTCH TRAINING INSTRUCTIONS

CRUTCH FITTING INSTRUCTIONS:

Proper fit should allow for two-finger spaces between armpit and axillary pad and a fifteen-degree bend at the elbow.

TYPES OF WEIGHT BEARING PRECAUTIONS:

- Non-weight bearing (NWB): Do not apply any weight through involved leg.
- Toe Touch or Touch down weight bearing (TTWB): Allow only the ball of the foot to touch the floor for balance purposes.
- Partial weight bearing (PWB): Allow a maximum of 50% body weight to be applied to the involved leg.
- Weight bearing as tolerated (WBAT): Allow as much weight as tolerated through the involved leg.

USE OF CRUTCHES:

ON LEVEL SURFACES:

- Crutch tips should be approximately 6" in front and 6" to the side of both legs.
- Advance both crutches, then the involved leg followed by the uninvolved leg.
- Continue this sequence applying proper weight bearing precautions.

ON STAIRS (WITH RAILING)

UPSTAIRS:

- Hold the rail with one hand while the opposite hand holds the crutches.
- Step upward with the uninvolved leg followed by the crutches and the involved leg.

DOWNSTAIRS:

- Hold the rail while placing the crutch on the lower step.
- Place the involved leg on the step to meet the crutch followed by the uninvolved leg.

ON STAIRS (WITHOUT USE OF RAILING)

UPSTAIRS

- Step upward with uninvolved leg, follow with crutches and involved leg.

DOWNSTAIRS.

- Place crutches on lower step followed by the involved leg follow with uninvolved leg.

BE SURE TO APPLY WEIGHT-BEARING PRECAUTIONS APPROPRIATELY ON THE STAIRS JUST AS ON FLAT SURFACES.

TIPS AND SAFETY:

- When using crutches, be sure to place weight through hands, not armpits.
- Squeeze crutches between your arms and chest wall if a rest is needed during standing.
- If light-headed/dizziness occurs, avoid use of crutches or if in the process of walking call for help.
- Be aware of the walking surface (i.e. indoors/outdoors).
- Remove scatter rugs from areas to be walked upon.