



THE CENTER FOR MANUAL MEDICINE AND REGENERATIVE ORTHOPEIDCS

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**ADIPOSE DERIVED REGENERATIVE CELLS
PRE-TREATMENT CHECKLIST**

- Complete and sign your Patient Medical History Form
- Sign your Informed Consent Form
- Read and sign the PRE and POST operative instructions
- Obtain Blood work if Doctor recommends.

**Day of Treatment for
Adipose Derived Regenerative Cells or PRP**

- Anti-anxiety medication like Valium or Ativan is recommended for the procedure to help keep you as comfortable as possible. Dr. Frye will write a script that must be picked up at our office and taken to the pharmacy.
- Wear comfortable clothing for the procedure. We recommend you bring a change of clothes including underwear if any fluids get on them during the procedure.
- We will supply you with an abdominal binder to wear after the procedure

By signing below I confirm I have read and fully understand what is contained in the information above.

Signature: _____ Date: _____

PRE-OPERATIVE INSTRUCTIONS

- 1. Do not take Aspirin, ibuprofen, NSAIDs, or Aspirin-containing products** for two weeks prior to the procedure and two weeks after the procedure. These medications and any other blood thinners interfere with normal blood clotting. Discuss with your primary care physician to discontinue anticoagulant drugs at least 2 weeks before the procedure.
Examples of Anti-coagulants: Coumadin, Xarelto, Pradaxa, Eliquis, Lovenox, Plavix
Examples of NSAIDs to avoid: Aspirin, Advil, Alleve, Anacin, Alka Seltzer, Bayer, Bufferin, Celebrex, Daypro, Excedrin, Ibuprofen, Indomethacin, Midal, Motrin, Naprosyn, Naproxen, Pensaid, Toradol, Voltarin
- 2. No Smoking** for two weeks prior and two months after the procedure. Smoking decreases circulation, slows wound healing time, and can cause significant complications during healing. Second hand smoking affects healing in the same way, so please avoid people smoking around you.
- 3. Do not drink alcohol** for one week prior to the procedure. Afterwards it is recommended to not consume alcohol for one week following treatment. Excessive consumption may create complications and increase bleeding and bruising, as well as slow healing
4. Notify the physician ASAP if you develop a cold, fever, sore throat, cough, nausea, vomiting, diarrhea or other indications of illness prior to your procedure.
5. You may have a regular meal the morning or day of your treatment, prior to the procedure. Be well hydrated.
6. **Please make arrangements** for a ride to and from the office on the day of the procedure. The procedure takes approximately 3 hours so your driver can stay and wait, or come back to get you.
7. Physical Therapy is a key piece of the puzzle for Regenerative Procedures. The Physical Therapist will evaluate strength and flexibility deficits, and work with you to create the best possible outcome from the procedure.
8. **DO NOT** schedule personal appointments or meetings the day of the procedure. The procedure times may change and you need to be on call just in case there are cancellations or delays. Please be ready and available if the doctors.

Signature: _____ Date: _____

POST-OPERATIVE INSTRUCTIONS

1. **Report any symptoms of feeling unwell:** Patients should be seen promptly by a physician for full evaluation should any of the following symptoms occur. Contact us or your doctor's office immediately if you experience any of these symptoms: **Any type of Fever, shakes, chills, severe unrelieved pain, sudden onset of significant swelling or redness from the extraction sites, dizziness, changes in heart rate, excessive pain at the injection or harvest site, abdominal pain, difficulty breathing.**
2. Have a responsible adult stay with you overnight for the first 24 hours. You will not be allowed to leave the facility alone, every patient will need to have an adult escort.

MEDICATION

3. **Antibiotics (if applicable)** If you were discharged with an oral antibiotic, please take as soon as possible OR as directed by your physician. Take it through the whole cycle as directed
4. **Painkiller:** Please take as directed and only as needed for pain. If you prefer to not take narcotics you may take **Tylenol**. Pain medication should be taken with food to prevent nausea. DO NOT take NSAIDs: naproxen, ibuprofen, aspirin, etc...
5. **Resume Previous medication** as directed by physician. No other medication should be taken for the two weeks after the procedure, unless directed or cleared by doctor. The includes not taking NSAIDS, aspirin, or aspirin containing products.
6. If you experience nausea or vomiting it could be due to the pain medication or antibiotics prescribed. Taking the medication with food reduces nausea. If nausea persists, please contact our office. In case of emergency call 911.

WOUND CARE AND DRAINAGE

7. A large amount of drainage from small incisions is normal during the first 24 to 36 hours following extraction. The slightly blood-tinged fluid is residual anesthetic solution. In general, the more drainage there is, the less bruising and swelling there will be. Most drainage occurs the first 48 hours. You may experience a small amount of drainage for up to one week.
8. Beginning the day after treatment, shower as normal using soap and water. If you are still draining, cover opening with maxi pad or bandage provided to you.
9. Some patients experience itchiness around the extraction sites post-treatment. It is normal for the incision site to itch during the healing process. If itching is extreme, take over the counter oral Benadryl, or another oral antihistamine.
10. You can expect swelling and bruising around your fat harvesting site. The amount depends on the extent of the procedure, as well as the individual's tendency to bruise. Remember that swelling may last for several weeks.

Signature: _____ Date: _____

BATHING

1. Do not shower for the first 24 hours after the procedure. You may remove the dressing and shower 24 hours after procedure
2. When showering, you may briefly get the incision sites wet. Afterwards, gently pat them dry.
3. Do not submerge yourself in any water (i.e. taking a bath or swimming) for the first week.

DIET AND CONSUMPTION

4. After treatment, drink plenty of clear liquids to prevent dehydration. Meals are not restricted.
5. Light foods are recommended for the first meal after the procedure. You may resume your usual diet in about 4 hours. Avoid salty foods (to minimize swelling).
6. Be aware that drinking alcohol can jeopardize the results of regenerative procedures. It is highly recommended to not drink any alcohol for the first 7 days.
7. A healthy diet is imperative to your healing. Avoid sugars and white starchy foods, while focusing on lean meats, and lots of vegetables and fruit. Stay well hydrated drinking lots of water and avoiding high sugar and processed foods.

EXERCISING AND PHYSICAL MOVEMENT

8. We recommend Physical Therapy for the best possible outcomes to take place. The Physical Therapy department at the Center is well trained in Orthobiologic rehabilitation, and follows specific protocols to assist you in your recovery. Dr. Frye will prescribe the appropriate physical therapy program for each patient.
9. After the procedure, minimal use of the extremity for the first 2 weeks. Crutches or bracing may be advised depending on location of the procedure. Deep water exercise or stationary cycling are good options to avoid weight bearing exercise.
10. Avoid lifting anything over 10 pounds for the first two weeks.

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Signature: _____ Date: _____

IMPORTANT REMINDERS

1. **Call the office immediately, or go to the Emergency Room if you experience the following:** All of these factors could be a sign of infection.

Redness

Warmth

Swelling

Fever over 100 F

Increase in Pain on day 3 or after

Medication Precautions

2. If you are on medication for arthritis, circulation, or anticoagulants (i.e. aspirin, ibuprofen, Naprosyn, Perantine, Coumadin, Plavix, to name a few) please inform us.
3. For a two week period prior to and two weeks after the scheduled date of your surgery, please do not take any medication that contains aspirin or NSAIDs such as Ibuprofen as an ingredient. Aspirin has an effect on your blood's ability to clot and could increase your tendency to bleed at the time of treatment and during the post-procedure period.
4. Check the labels of all the medications you take, even over the counter to make sure you are not taking any aspirin or NSAIDs.
5. Consult your primary care physician before stopping any prescribed medications.

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Signature: _____ Date: _____