SURGERY GUIDES · PRE-OP CLASS

Getting Ready for Your Surgery

Dr. Allred's pre-operative class for arthroscopy, ligament and tendon repairs, hand & wrist, and foot & ankle surgery. About 20 minutes, start to finish — work through it in order, then take the knowledge check with the person who'll be helping you.

Darin W. Allred, MD | Outpatient Surgery | Updated August 2026

Start the Class | Open & Print PDF

BEFORE YOU START

Make it yours

Two quick questions so this class shows the right phone numbers and the right details for your surgery. Your answers stay on this device.

William Bee Ririe Hospital

6 Steptoe Circle · Ely, NV 89301

(775) 289-3612

Clinic — weekdays, business hours

After hours: William Bee Ririe Hospital Emergency Department · **(775) 289-3001**
Emergency Department open 24 hours. After hours with an urgent (not life-threatening) concern, go to the WBRH Emergency Department.

Convergence Health Surgery Center

2098 Idaho Street · Elko, NV 89801

(775) 389-5777

Clinic — weekdays, business hours

After hours: After-hours emergency line · **(775) 375-7484**
Call this line first for anything urgent but not life-threatening outside clinic hours. For a true emergency, call 911 or go to Northeastern Nevada Regional Hospital, Elko.

Memorial Hospital of Carbon County

2221 West Elm Street · Rawlins, WY 82301

(307) 324-8712

Clinic — weekdays, business hours

After hours: MHCC Emergency Department · **(307) 324-2221**
Emergency Department open 24 hours. After hours with an urgent (not life-threatening) concern, go to the MHCC Emergency Department.

Aspen Mountain Medical Center

4401 College Drive · Rock Springs, WY 82901

(307) 352-8946

Clinic — weekdays, business hours

After hours: Aspen Mountain Medical Center · **(307) 352-8900**
This is also the after-hours number — call it any time with an urgent (not life-threatening) concern.

Johnson County Healthcare Center

Johnson County Healthcare Center · 497 W Lott St, Buffalo, WY 82834

(307) 684-2228

Clinic — weekdays, business hours

After hours: Johnson County Healthcare Center Emergency Department · **(307) 684-6287**
Emergency Department open 24 hours. After hours with an urgent (not life-threatening) concern, call the Emergency Department.

Reading the printed version? This printout includes every section. On the web version at darinallredmd.com (Protocols → Surgery Guides → Surgery Prep Class) the class

personalizes itself to your surgery location and body area, and you can add all your prep reminders to your phone's calendar automatically.

> **Watch:** Welcome to your surgery prep class — on the web version of this guide at darinallredmd.com

MODULE 1

Getting Your Body Ready

The operation is our job. A surprising amount of the result is yours — and your part starts weeks before surgery.

> **Watch:** Getting your body ready — on the web version of this guide at darinallredmd.com

- **Protein at every meal** — about 120 g/day for women, 150 g/day for men (a chicken breast or steak is about 25 g). Keep it up for 4 weeks after surgery — healing tissue is built from protein.
- **Start daily vitamins 2 weeks before** and continue 8 weeks after: Vitamin C 1,000 mg, Vitamin D 5,000 IU, magnesium glycinate 400 mg.
- **If you smoke or vape, stop now.** Nothing you do matters more for tendon and tissue healing.
- **Diabetic? Tighten your blood sugar.** Good control protects you from infection and helps everything heal.
- **If something isn't ready, we postpone and fix it. We don't cancel.**

MODULE 2

Your Medicines

A few medicines interfere with anesthesia or increase bleeding. Here's the plan — when in doubt, call us.

2–4 weeks before

- **Prescription blood thinners** (Coumadin/warfarin, Eliquis, Pradaxa, etc.): ask the provider who prescribes them whether — and when — to stop and restart. Don't decide this on your own.
- **GLP-1 shots** (Ozempic, Wegovy, Mounjaro, Zepbound): these slow stomach emptying, which is a risk with anesthesia. Taking one *for weight loss only*? Stop it at least 2 weeks before surgery. For diabetes? Ask your prescriber when to hold it.

- **Schedule your history & physical (H&P)** with your primary care provider — required within 30 days of surgery before we can give you anesthesia.

1 week before

- **Stop aspirin and anti-inflammatories** (ibuprofen, Motrin, Advil, Aleve, naproxen, and similar) — *unless* your doctor told you to stay on aspirin for a heart stent or similar reason. **Tylenol is OK** this week.
- **Stop blood-thinning supplements:** fish oil / omega-3, vitamin E, garlic, ginkgo, ginseng, turmeric/curcumin. Natural does not mean harmless. **Keep taking** Vitamin C, Vitamin D, and magnesium.
- **Rheumatoid arthritis or immune-suppressing medicines?** Ask your rheumatologist which to stop and when.

MODULE 3

The Skin Washes

Five days of antiseptic washes before surgery — the single most effective thing you personally do to prevent infection.

> **Watch:** The skin washes — on the web version of this guide at darinallredmd.com

- **Buy CHG soap** (chlorhexidine / Hibiclens 4%) the week before — most pharmacies carry it.
- **Start 5 days before surgery:** shower normally, then apply a quarter-sized amount of CHG on a clean washcloth from the neck down, rub gently for 3 minutes, rinse. No regular soap after it, no lotion or deodorant after the final washes.
- **Clean washcloth, towel, and clothes every time.** The night before, sleep on clean sheets.
- **Do not shave near your surgical site** — or anywhere below the neck — during these 5 days. Tiny nicks are doorways for bacteria. (Facial shaving is fine.)
- One more wash the **morning of surgery** — plus your nose antiseptic if you were given one.

MODULE 4

The Night Before & Morning Of

Show up fueled, hydrated, and clean — it genuinely changes how you feel afterward.

> **Watch:** The night before & morning of — on the web version of this guide at darinallredmd.com

The night before

- Final CHG wash; clean sheets; remove nail polish.
- Eat about **100 g of healthy carbohydrates** with dinner (about 5 slices of whole-wheat bread's worth). Diabetic patients: skip this if it will spike your sugar.
- **No solid food, gum, or mints after midnight.**

The morning of

- **Keep drinking:** clear liquids — and your **Ensure Pre-Surgery Clear Carbohydrate Drink** — up to 2 hours before your arrival time, unless your care team tells you differently. (Can't find that exact drink? Skip it entirely — do **not** substitute juice, soda, or Gatorade.)
- Morning CHG wash. Take your routine medicines with a small sip of water — **except diabetes medicines**: hold those, but bring them along.
- Jewelry and piercings off, valuables home, loose clothes that fit over a brace or splint. Bring any crutches or brace you already own.
- A nurse will call the week before with your arrival time and personal instructions — **please pick up.**

MODULE 5

What's Different for Your Surgery

Shoulder & elbow surgery

> **Watch:** Your nerve block — on the web version of this guide at darinallredmd.com

- **Your nerve block:** before surgery the anesthesia team numbs the nerves at the base of your neck. Most patients wake up with almost no pain — and that's the trap. **The block wears off suddenly, often in the middle of the night. Start your pain medicine before it wears off, while you still feel great.** This is the single most important instruction in this class.
- **The sling:** you'll go home in one. How long you wear it depends on what we repair — your post-op sheet is the authority.

- **Sleep:** most shoulder patients sleep better in a recliner, or propped up with pillows, for the first weeks. Set that up before surgery.
- **Dress rehearsal:** practice pulling a loose button-up shirt on one-handed. You'll be glad you did.

Knee & hip (soft-tissue) surgery

- **Crutches:** many knee procedures use them for days to weeks. If you already own crutches, bring them; otherwise we provide them at discharge. Practice stairs with a helper before you're tired and sore.
- **Ice and elevation** are your best friends the first week — set up a spot at home where your leg can rest above the level of your heart.
- **Weight-bearing rules differ by procedure** — a simple scope often walks right away; a repair may be protected for weeks. Your post-op sheet is the authority, and we'll go over it before you leave.
- **Clear the walkways** at home now: rugs, cords, clutter. Crutches and loose rugs are a bad combination.

Hand & wrist surgery

Having a carpal tunnel release? It has its own shorter class — the Carpal Tunnel Release Class — because most patients need numbing medicine only, with no fasting. The rest of this page still applies to other hand and wrist procedures.

- **Rings off now** — on both hands. Swelling after surgery can make a ring dangerous, and we cannot operate with one on.
- **Elevation above the heart** is the whole game for swelling the first days — prop your hand on pillows, and keep the fingers moving unless we tell you otherwise.
- **You'll have a splint or bulky dressing:** keep it clean and dry. Plan clothes with wide sleeves, and practice a few one-handed basics before surgery.
- **Driving:** plan on not driving while you're in a splint on your dominant hand — arrange help for the first stretch.

Foot & ankle surgery

- **Your nerve block:** many foot and ankle surgeries get a block behind the knee. Same rule as every block: **it wears off suddenly — start your pain medicine before it does,** not after the pain arrives.
- **Plan for limited weight-bearing:** depending on the procedure you may be in a boot or splint, on crutches or a knee scooter, for weeks. Sort out your equipment — and how you'll manage stairs, work, and driving — before surgery day.

- **Elevation above the heart** for the first week is the difference between a comfortable recovery and a throbbing one. Build your couch setup now.
- **Keep the dressing clean and dry** until we see you back — no exceptions.

MODULE 6

Your Pain Plan

Our goal isn't zero pain — it's pain controlled well enough to move, sleep, and do your part in recovery.

> **Watch:** Your pain plan — on the web version of this guide at darinallredmd.com

- **Stay ahead of it.** Take the scheduled medicines on your post-op sheet at their set times — whether you hurt or not — instead of chasing pain after it arrives. Chasing always loses.
- **Tylenol and an anti-inflammatory are the backbone;** the narcotic is the backup for breakthrough pain, not the foundation. Less narcotic means less nausea, less constipation, clearer head, faster recovery.
- **Ice and elevation are medicine too** — use them like a prescription the first week.
- **No alcohol while taking prescription pain pills.** And don't drive on narcotics — plan your rides.

MODULE 7

Warning Signs & When to Call

The most important few minutes of this class. Most recoveries are boring — here's how to recognize the ones that aren't.

> **Watch:** Warning signs & when to call — on the web version of this guide at darinallredmd.com

911

Call 911 right away for sudden chest pain · sudden shortness of breath or trouble breathing · fainting, confusion, or one-sided weakness. Do not drive yourself. Do not wait to see if it passes.

Call us the same day for

- **Fever over 101.5°F**, shaking chills, or feeling suddenly much worse.
- **Spreading redness** around the incision, worsening drainage, or an incision that opens.
- **New calf pain or new one-sided swelling** in a leg — the blood-clot warning. It often shows up 1–3 weeks after surgery, right when you've stopped worrying. Memorize this one.
- **Pain that is getting worse day over day** despite the pain plan, or numbness/color changes beyond what we told you to expect.

Normal — not worth panicking over

- Bruising that spreads and changes color, mild swelling that's better in the morning and worse by evening, warmth around the surgical site, poor sleep, and a low mood in week one. All routine.

Business hours: call your clinic. After hours: use the after-hours plan for your location (shown at the top of this class). **It is always better to call than to guess.**

MODULE 8

Your Ride & Your Helper

Anesthesia makes this non-negotiable: no ride and no helper means we may have to postpone your surgery.

> **Watch:** Your coach — watch this one together — on the web version of this guide at darinallredmd.com

- **A ride home** — you cannot drive yourself, and a rideshare alone doesn't count for anesthesia.
- **Someone with you for the first 24 hours** (up to 72 for bigger procedures) — helping with meals, medicines, and steadying you while the anesthesia fully clears.
- **Watch this class together.** Two sets of ears catch what one misses — and your helper is the one who'll actually be enforcing the ice-and-elevation rule.

Your before-surgery checklist

Checklist: H&P scheduled · ride + 24-hour helper · blood-thinner/GLP-1 plan · CHG soap (start 5 days before) · NSAIDs & supplements stopped 1 week out · carb drink bought or skipped · home set up · knowledge check done.

MODULE 9

The Knowledge Check

Eight quick questions on the things that keep you safe — do them with your helper. Wrong guesses are fine; you'll see the right answer on the spot. At the end you'll get a completion code to read to the pre-op nurse when she calls.

> **Watch:** The knowledge check — on the web version of this guide at darinallredmd.com

Using the printed version? Your pre-op nurse will go through these questions with you by phone — or take the interactive version any time at darinallredmd.com.

LAST STEP

Put It All on Your Calendar

Enter your surgery date and add every prep reminder — medicines, washes, the night before, warning signs — to your phone's calendar, timed to your date.

> **Watch:** The partnership — on the web version of this guide at darinallredmd.com

> **Surgery is a partnership. My team brings the operation and the follow-through — you bring the preparation and the patience. Hold up your end, and the odds are strongly in your favor that this goes exactly the way we planned it.**

— Darin W. Allred, MD