Note for your Primary Care Provider

Preparation for surgery

Introduction
If you are considering surgery with the Shoulder and Elbow Service, it is important that your primary care provider evaluates you and completes lab work 1 month prior to your surgery. This allows us time to work up potential medical problems that you have. If this isn’t done, or should we discover abnormal labs, medical history or physical exam findings during your preop visit, we may not have sufficient time to respond to these issues in time for your surgery. We will not perform surgery on you unless all issues regarding your health are appropriately addressed.

Please give this handout to your primary care provider as soon as possible prior to any planned surgery with us.
Items Required Prior to Surgery

To ensure safety of all our patients, the University of Washington Shoulder and Elbow team requires that our patients be seen and examined by a primary care provider prior to any surgery with us. Failure to do this may result in cancellation of surgery.

We will need the following 1 month prior to surgery:

1. A letter from a primary care provider stating surgical clearance (No need for a Medicine Consult prior to surgery).
   or
   A letter from a primary care provider stating medical concerns that must be addressed prior to surgery (see list on following page).

2. Results from a Urinalysis (must have nitrite and leukocyte esterase)

3. Results from a Urine Culture and Sensitivities even if the Urinalysis is unremarkable and patient is asymptomatic.

These must be received via Fax 1 month prior to surgery.

Please send these requests to our Surgical Scheduler:

**Marian Forssen**
Email: peppy@u.washington.edu
Phone 206 598-7416
Fax Number: 206 598-5750
Faxes should be marked: “Attn: Marian”

These requirements are a vital part of surgery protocol and greatly helps prevent potential problems that arise from Pre Op appointments scheduled so close to the day of surgery. Failure to comply with these requirements may result in cancellation of your surgery.

Sample lab sheets and letter are included.

Thank you.
UWMC Medicine Consult Triage List

A Medicine Consultation must be scheduled well in advance prior to any surgery. Please determine if a patient will require a medicine consult and contact us at least 4 weeks prior to surgery. Delays in identifying a need for Medicine Consultation will often result in surgery cancellations.

Major Clinical Predictors that require Medicine Consult:
- Unstable coronary syndromes
- Decompensated CHF
- Significant arrhythmias (e.g. ventricular tachycardia)
- Severe valvular disease

Intermediate Clinical Predictors that require a Medicine Consult:
- Mild angina pectoris
- Prior MI
- Compensated or prior CHF
- Diabetes Mellitus
- Renal insufficiency

Med Consult must also see people on warfarin (Coumadin) therapy

Patients with Minor Clinical Predictors may be seen as space is available:
- Advanced age
- Abnormal ECG (does not include trivial computer read abnormalities)
- Rhythm other than sinus
- Low functional capacity
- History of stroke
- Uncontrolled systemic hypertension (if truly uncontrolled and on multiple meds)

Med Consult does not need to see patients with none of the above conditions unless there are special circumstances that should be discussed with the consulting physician beforehand.

Med Consult wants to serve us and our patients in the best possible way. The above evidence based criteria will help to sort out which patients are most in need of medical consultation.
# UWMC Orthopaedics

## Shoulder and Elbow Pre-surgery Letter

[http://www.orthop.washington.edu](http://www.orthop.washington.edu)

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### URINE SPECIMENS

- **URINALYSIS WORKUP** (UA/WK)
  - If microscopic tests are abnormal, reflexive microscopic exam is performed.
- **URINALYSIS COMPLETE** (UA/IC)
- **ALBUMIN** (Albumin/Creatinine Ratio) (f) (U/MALB / U/MALSP)
- **ALDOSTERONE** (f) (U/ALDO)
- **AMYLASE** (U/AIC)
- **BENCE JONES PROTEIN** (U/JPRO)
  - Identification (f) (U/JPRO)
  - Quantification (f) (U/JPRO)
- **CALCIUM** (f) (U/CAL)
- **CATECHOLAMINES** (f) (U/CAT)
- **CHLORIDE** (U/CL)
- **CITRATE** (f) (U/CITR)
- **CORTISOL** (f) (U/CORT)
- **CREATINE** (f) (U/CRE)
- **CREATININE CLEARANCE** (f) (U/CLEAR)
- **CITRATE** (f) (U/CITR)
- **CORTISOL** (f) (U/CORT)
- **CREATINE** (f) (U/CRE)
- **CREATININE CLEARANCE** (f) (U/CLEAR)
  - Must also order blood creatinine (U/CRE)
  - Ct (cm) with (Wt) (kg)
- **ELECTROLYTES** (Na, K, Cl) (U/ELI)
- **EOSINOPHILS** (E/EOS)
- **GLUCOSE** (U/GLU) (f)
- **HOMOGENETIC ACID** (f) (U/RUC)
- **5-HYDROXYINDOLACETIC ACID** (5-HIAA) (U/HIAA)
- **KETONES** (U/KET)

### CEREBROSPINAL FLUID

- **ANTIRHEUMATOID ANTIBODY** (CRA Bun)
- **BILIRUBIN, TOTAL** (from light) (Gbil)
- **CREATINE KINASE, TOTAL & ISOENZYMES** (COKG)
- **CELL COUNT** (COCNT)
- **CSF CELL EVALUATION** (CCFUGE)
  - By hematopathologist
- **ELECTROLYTES** (Na, K, Cl) (C/ELI)
- **GLUCOSE** (G/GLU)
- **IMMUNOGLOBULIN G** (C/IGG)
- **IMMUNOGLOBULIN INDEX** (C/IIND)
  - (also need serum sample)
- **LACTATE DEHYDROGENASE** (C/LDD)
- **OLIGOCOAL N MINING** (C/Olug)
  - (also need serum sample)
- **PROTEIN** (C/PRO)
- **PROTEIN ELECTROPHORESIS** (C/ELI)

### OTHER NON-BLOOD SPECIMENS

- **SPECIMEN TYPE:**
  - Fluid, specify:
  - Stool
  - Other, specify
- **AMYLASE** (C/AMY)
- **CSF SPECIFIC TRANSFERRIN** (no CSF leak) (CSFST)
  - (also need serum sample)
- **ELECTROLYTES**:
  - **FLUID** (Na, K, Cl) (F/FLU)
  - **STOOL** (NA, K, Creatinine on FRESH liquid stool) (S/CIT)
  - **FAT STAIN** (F/SPT)
- **FETAL FIBRONECTIN** (C/FLN)
  - Maternal sample (fetal collection has FFN)
  - **FEecal FAT, QUANT** (72 hr preferred, 24 hr or 48 hr optional)
  - (must collect in 1 gel paint can with lid)
  - **PROTEIN** (C/PRO)
- **TRIGLYCERIDES** (C/TFE)

### OTHER REQUESTS

- **ACETYLCHOLINESTERASE** (C/AChE)
- **ALPHA FETOPROTEIN** (A/FP)
  - Gestation weeks
  - With reference testing (A/FP)
  - Bilirubin (from light)
  - Gestation weeks
  - By Delta CD 450 Scan (A/AB)
  - (If bilirubin is present, Chloroform extraction is performed)
  - By chloroform extraction (A/AB)
  - Fluorescence polarization

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**ORDERING PHYSICIAN/PROVIDER**

**PT NO.**

**NAME**

**DOB**

**LOCATION**

**ORD STANO**

**NON-BLOOD**

**UW MEDICAL CENTER** (206) 598-6224

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**HARBORVIEW MEDICAL CENTER** (206) 731-3451

**UPIN & UNICOM**

**1023193836**

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**NOTE:** Missing or illegible patient location and/or ordering physician code can delay testing and/or reporting.
Fax To: UWMC Shoulder and Elbow Team   Attn: **Marian Forssen**

**Fax Number:** 206 598-5750   Phone: 206 598-7416   Email: peppy@u.washington.edu

From: ____________________________________________

Number of pages (including cover and labs): __________________________

Fax Number: _______________   Phone Number: _______________

Patient Name: ___________________________   Patient DOB: ___________

Planned Procedure: ____________________________________________

Please Check One:

☐ Patient does not need a Medicine Consult prior to surgery.

☐ Patient needs a Medicine Consult prior to surgery due to (please list):

UA and Urine Culture and Sensitivity results **are attached.**

They show:

Leukocyte esterase: ☐ Negative     ☐ Positive (any amount)

Nitrite: ☐ Negative     ☐ Positive

Culture: ☐ No growth     ☐ Growth of any size

Name and title of provider: ____________________________

Date: _______________

Signature: ____________________________

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