

Your Surgical Experience

Everything you need to know to make your
orthopaedic surgical experience
successful, safe, and stress-free.



STEVEN CHUDIK MD
SHOULDER, KNEE & SPORTS MEDICINE

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Thank you for entrusting me with your surgery. It is an honor and tremendous responsibility for my team. We are committed to helping you regain your mobility, eliminate your pain, and get you back to enjoying your lifestyle and activities. We will be with you every step of the way and will work to make your surgical experience successful and positive.

Please take a few minutes to read this guide and keep it handy as it will help answer many of your questions along the way.

I believe patient and family education is a critical component in providing excellent patient care and obtaining an optimal surgical outcome. The information in this packet will help guide you through your surgical journey from beginning to end.



A handwritten signature in cursive script that reads 'S. Chudik'.

Steven C. Chudik, MD



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YOUR SURGICAL EXPERIENCE

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ABOUT DR. CHUDIK



Dr. Steven Chudik is board certified in orthopaedic surgery and sports medicine. A Top Doctor in orthopaedics, he is renowned for his arthroscopic surgical expertise and innovative techniques for shoulder and knee injuries and the management of sports-related injuries. In practice since 2002, Dr. Chudik is a partner at Hinsdale Orthopaedics, a division of Illinois Bone & Joint Institute, treating patients in the Westmont, Western Spring and Downers Grove offices. Because no two patients or injuries are alike, Dr. Chudik works with each patient to develop the best care and rehabilitation plans for their lifestyle and functional goals.

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As an active researcher, Dr. Chudik continues to innovate and develop minimally invasive arthroscopic surgical procedures, instruments, and implants to provide better outcomes for his patients. His efforts continue to yield scores of patents that will positively affect orthopaedic surgical techniques worldwide. Dr. Chudik founded the Orthopedic Surgery and Sports Medicine Teaching and Research Foundation, a nonprofit 501 (C)(3) organization that helps keep people active and healthy through unbiased education and research. Through the Foundation and his clinical academic position at Loyola University, Chicago, Dr. Chudik collaborates on research with scientists at Argonne National Laboratory, Hines VA Hospital Musculoskeletal Biomechanics Laboratory, and Loyola University. Additionally, Dr. Chudik mentor's medical students in an honors research program at Loyola's Stritch School of Medicine and is a member of the American Academy of Orthopaedic Surgeons, the American Shoulder and Elbow Society, and the Arthroscopy Association of North America. An author of many papers and journal articles, Dr. Chudik is an expert reviewer for the American Journal of Sports Medicine and the Journal of Arthroscopic Surgery and Related Research.



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Dr. Chudik, earned his medical degree from the University of Chicago Pritzker School of Medicine, he completed his residency in orthopaedics at the University of North Carolina Hospitals and was a fellow in sports medicine and shoulder surgery at the Hospital for Special Surgery, New York, an affiliate of Cornell University.

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Dr. Chudik also serves as a team physician for several Chicago area athletic programs and clubs and is a member of the High-Performance network for USA Swimming, consults for orthopaedic research development companies and legal counsels for the benefit of patient care.

Education:

- Fellowship
Shoulder and Sports Medicine
Hospital for Special Surgery, New York, NY
August 2001 to August 2002
- Residency, Orthopaedic Surgery
University of North Carolina, Chapel Hill, NC
June 1997 to June 2001
- Internship, General Surgery
University of North Carolina, Chapel Hill, NC
June 1996 to June 1997
- Medical School
Pritzker School of Medicine, University of Chicago
October 1992 to June 1996
- Undergraduate
University of Chicago
Bachelor of Science with Honors, Biological Chemistry
Phi Beta Kappa
September 1988 to June 1992



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Certification and Licensure

- Diplomate of the American Board of Orthopaedic Surgery
- Board Certified in Orthopaedic Surgery, July 2004
- Board Certified in Orthopaedic Sports Medicine, September 2007
- Illinois State Medical License
Number: 036-106233 (ACTIVE)

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Professional Memberships

- American Academy of Orthopaedic Surgeons
Fellow of the American Academy of Orthopaedic Surgeons
- Arthroscopy Association of North America
- American Orthopaedic Society for Sports Medicine
Council of Delegates, August 1, 2008 to July 31, 2011
Health Policy & Ethics Committee, 2009 to 2012
- American Shoulder and Elbow Surgeons

Professional Appointments

- Partner
Hinsdale Orthopaedic Associates, Hinsdale, IL, 2002 to present.
- Director
Orthopaedic Sports Performance Institute, Westmont, IL, 2007 to present.
- Orthopaedic Surgeon
Illinois Bone and Joint Institute, Westmont, IL, 2020 to present.
- Sports Medicine Director, Adventist LaGrange Memorial Hospital, LaGrange, IL, 2014 to 2020.
- Steering Committee
Adventist Health Center for Advanced Joint Replacement, La Grange, IL , 2018 to present
- University of Illinois-Chicago, Faculty/Site Director
University of Illinois-Chicago/Illinois Bone & Joint Institute Orthopaedic Sports Medicine Fellowship, 2020 to present
- Clinical Assistant Professor
Loyola University Medical Center, 2006 to present.
- Research Associate
Argonne National Laboratory, 2006 to present.



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- Research Associate
Edward J. Hines VA Musculoskeletal Biomechanics Laboratory, Hines, IL, 2006 to present
- Founder
Orthopaedic Surgery and Sports Medicine Teaching and Research Foundation (OTRF) Westmont, IL, 2007 to present.
- Director
OTRF Athletic Training Residency Program. Westmont, IL, 2010 to present
- President
Orthopaedic Technologies, 2006 to present.
- Consultant
Bioment Comprehensive Shoulder Development Team
- Consultant
Arthrex
- Consultant
Depuy Shoulder Arthroplasty Development Team
- Reviewer
Journal of Arthroscopy and Related Research, 2004 to present
- Reviewer
American Journal of Sports Medicine, 2008 to present
- Reviewer
Journal of Shoulder and Elbow Surgery
- Team Physician
USA Swimming Sports Medicine and Science Network, High Performance Team, 2004 to present
- Team Physician
Lyons Township High School, 2002 to present
- Team Physician
Hinsdale South High School, 2004 to present
- Team Physician
Nazareth Academy High School, 2017 to present

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US Patents

- Method of Arthroscopic or Open Rotator Cuff Repair Using an Insertional Guide for Delivering a Suture Pin. U.S. Patent Number 8,540,737 B2, issued September 24, 2013
- Acromioclavicular Joint Repair System. U.S. Patent Number 9,387,011 B2, issued July 12, 2016.
- Method of Minimally Invasive Shoulder Replacement Surgery. U.S. Patent Number, 9,445,910 B2, issued September 20, 2016.
- Guide for Shoulder Surgery. U.S. Patent Number 9,968,459 B2, issued May 15, 2018.
- Glenoid Implant for Minimally Invasive Shoulder Replacement Surgery. U.S. Patent Number 9,974,658 B2, issued May 22, 2018.
- Cannulated Scalpel. U.S. Patent Number 10,034,674 B2, issued July 31, 2018.
- Glenoid Implant with Replaceable Articulating Portion. U.S. Patent Number 11,406,505 B2, issued August 9, 2022.

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WE ARE HERE FOR YOU

Excellent, personalized patient care is our goal. Our highly trained orthopaedic staff understands the importance of returning you to your fullest potential and will work with you to achieve your goals.

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Our goal as your surgical team is to relieve your pain, restore function and allow you an expedient and safe return to activities. You are an important part of the team, and your recovery is directly related to the effort you put forth both pre-operatively and post-operatively.

We're here for you before, during and after your surgery. If you need to reach anyone on the team, please email us at: contactus@chudikmd.com.

If you prefer a phone call, please email us your preferred contact number and best time to call.



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SCHEDULE YOUR SURGERY

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To schedule surgery, call 630-324-0402 or email us at:
contactus@chudikmd.com/.

When leaving a message or email, please provide the following information:

- **Your name**, please spell your first and last name.
- **Date of birth**
- **Contact number**
- Dr Chudik operates on Tuesday's and Thursday's
(a Tuesday, Thursday, or as recommended by Dr. Chudik)

Surgery Location and Timing

Sometimes, surgeries must be performed at a specific location because of your insurance or the type of surgery, and within a specific time frame to allow proper healing and recovery. For example, a surgery might need to take place during an athlete's off-season or before an injury heals improperly. Dr. Chudik discusses possible surgery times when he recommends surgery. The surgery scheduler will do her best to accommodate your time availability and needs.

Insurance Deductibles and Surgical Deposits

When you call to schedule surgery, Dr. Chudik's surgical scheduler calls your insurance company for preauthorization. While most major insurance companies cover Dr. Chudik's surgeries, there is significant variance in insurance benefits and coverage.



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In cases of **outstanding deductibles**, Illinois Bone and Joint Institute requires payment of your deductible prior to surgery. This payment will not be processed or deposited until the date of your surgery. Payment plans are available for patients with large deductibles.

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For most insurances, Hinsdale Orthopaedics requires an **Advanced Benefit Notification agreement** and **credit card** on file prior to surgery to protect you and limit your out-of-pocket expenses in the event your insurance company later refuses payment for part of your surgery.



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SURGERY MASTER CHECKLIST ✓

Use this checklist to prepare for your surgery to ensure everything is completed on time and you are cleared for surgery.

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- Schedule surgery at contactus@chudikmd.com/, or [630-324-0402](tel:630-324-0402).
Write surgery date here.
- Schedule your pre-surgical screening and appointment with Dr. Chudik's team before your surgery. Write appointment date here.
- Schedule your first post-surgical appointment with Dr. Chudik's team. Write appointment date here.
- Schedule physical therapy to begin two to three days after your surgery, or as instructed by Dr. Chudik's team.
Write date of first PT appointment here.
- Bring outside (Non-IBJI) MRI discs to your pre-surgical appointment. If you didn't already leave them with Dr. Chudik.
- Complete labs, EKG, chest X-ray (if required) at pre-surgical appointment with Dr. Chudik's team, or at a hospital. Chest X-ray and EKG results are good for six months. Blood results are good for 30 days.
- Obtain surgical clearance (if required) from your primary care provider and/or other medical specialist(s). Complete all testing and bring documented surgical clearances from your physician to your pre-surgical appointment with Dr. Chudik's team.
- Arrange a ride to and from surgery. You cannot drive yourself.



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- Do not eat or drink anything after midnight (12 a.m.) the night before surgery or as instructed by facility.
- Bring crutches, brace or other assistive devices provided to surgery.
- Stop ALL anti-inflammatories, blood thinners, supplements and other medications as advised by Dr. Chudik. Your primary physician, other medical specialists, or Dr. Chudik will advise when to stop.

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Pre-Surgical Preparation

Up to 4 Weeks Before Surgery

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- Attend pre-surgical appointment and receive physical therapy instruction, crutches/brace/sling as required, CHG cloths, and pre-surgical testing.
- Complete your pre-operative testing (labs, chest X-ray, EKG, –if required)
- Complete and deliver pre-surgical clearances from other doctors.
- Give outside MRI disks to Dr. Chudik’s Team
- Purchase gauze and tape to change your dressings after surgery.
- Purchase a laxative and/or high fiber foods to help prevent constipation that can be caused by prescription pain medication.
- Stop smoking, alcohol, and other recreational drugs/substances before and for six weeks following surgery.
- Do not shave at the surgical site for three days prior to surgery.

ALWAYS consult with your prescribing physician for instructions regarding the appropriate and safe discontinuation of any of your medications before surgery, even aspirin.



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Stop taking the following medications as long as the prescribing physician approves it:

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- Aspirin or any medicines containing aspirin.
- All pain and anti-inflammatory medicines (Aleve®, Advil®, Motril®, Ibuprofen, Voltaren, Naproxen, Feldene®, Celebrex®, etc.).
- Nutritional supplements (vitamin C, ginseng, ginkgo biloba, garlic, ginger, etc.)

Blood thinners need to be discontinued safely at specific times before surgery. Before discontinuing ANY blood thinning medications (including Aspirin®, Eliquis®, Plavix®), you MUST discuss the timing and dosing with the prescribing physician.



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One Day Before Surgery

- The hospital and surgery center will call no later than 4:00 pm the day before your surgery to confirm your arrival time and provide a “best estimate” for your surgical time.
- Ready your clothes, directions, brace/crutches/sling, and rides.
- Bathe and perform chlorhexidine gluconate (CHG) cloth skin preparation as directed the night **BEFORE** your surgery. See page 44 for specific instructions.
- **DO NOT** shave (except facial hair) 48 hours (two days) prior to your surgery.
- Brush your teeth thoroughly before bed and use antibacterial mouthwash, if available.
- **DO NOT** eat or drink anything after midnight (12 a.m.) the night before surgery until after surgery.

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Day of Surgery

Dr. Chudik has a large team to coordinate every aspect of your surgical care, allowing him to concentrate his efforts solely on your surgery. He is the only surgeon and performs your surgery himself.

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In the operating room, besides Dr. Chudik, your surgical team will consist of:

- Dr. Chudik's physician assistants
- Trained physician extenders from Dr. Chudik's team
- Anesthesiologists
- Registered surgical nurses.

There are many things to coordinate, and his team will be working together to make sure you have a safe and excellent surgical experience. Someone from Dr. Chudik's team will be with you from start to finish and will assist you and answer any questions you or your care provider(s) might have. These individuals are important in your care and will provide their expertise to optimize your surgical experience.

To help ensure your surgery day contains the minimum amount of stress, we strongly encourage you to strictly follow the instructions given to you in advance by Dr. Chudik that include:

- **Follow** the fasting instructions. **DO NOT** eat or drink anything. If you are taking any oral medications for other medical reasons, you will be counseled by the surgical nurse on which medications to take the morning of your procedure with a **SIP** of water.
- **DO NOT** shower the day of surgery.
- **DO NOT** apply any lotions, powder, deodorant, sprays, etc.



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- **Wash** yourself with the second package of CHG cloths as instructed on page 37.
- **DO NOT** shave.
- Dress in loose, clean clothes
- Bring your crutches, sling, or brace with you to the hospital if provided during your pre-operative visit.
- Arrive on time. Allow plenty of time for traffic, parking, and getting to the location of your surgery.

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The Pre-Operative Unit

The pre-operative unit is the “preparation room” for patients where you will:

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- Change into a gown and be prepped for surgery.
- Your surgery site will be shaved, if necessary, and prepped, and ensure all your body parts are safely positioned and well padded.
- Your medical history is confirmed, as well as the procedure and surgical site. **Alert the nurse to any allergies you may have (i.e., penicillin, latex, iodine/shellfish)**
- An intravenous line (IV) will be inserted so you can be given fluids, antibiotics, and/or medications as needed.
- Compression stockings (TEDs) will be placed on your legs to help prevent deep vein thrombosis (DVT) also known as a blood clot.
- Dr. Chudik will see you prior to anesthesia to answer any last-minute questions, re-examine and sign your surgical site.
- The anesthesiologist will explain the anesthesia methods as well as the risks and benefits.
- Injections for regional anesthesia (nerve block) may be offered and suggested for individuals undergoing certain procedures. You are taken to the operating room where you will be asked to help transfer yourself on the operating room table.
- The surgical team (Dr. Chudik’s team, the anesthesiologist and circulating nurses) will adjust your position, cover you with warming blankets.
- Once positioned, the anesthesiologist will talk you through the steps to induce anesthesia or sedation and you will gradually fall asleep.



The Recovery Room

After surgery, you will be taken to the recovery room by the anesthesiologist and the nurses while Dr. Chudik's team speaks with your family, or person you designated.

While in the recovery room:

- An experienced recovery room nurse will monitor you.
- As you awaken from the anesthesia, you will be transferred to a private, second phase recovery room where your family or designated person will be able to see you.
- You will be discharged home or to a hospital room by the anesthesiologist.
- Prescriptions for pain medication will be provided and an important post-surgical instruction handout that contains your prescription for physical therapy, home exercises, and other care instruction specific to your surgery.



Important Post-Operative Information

When the anesthesiologist and the recovery room nurse determine it is safe to discharge you, the nurses will review a series of instructions and materials to ensure you are prepared for the next step in your recovery. You also will receive Dr. Chudik's surgery-specific post-operative instructions. These include:

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- Wound care
- Sling, brace, or splint use
- Weight bearing and activity restrictions.
- Pain relief mechanisms (medications, ice, elevation, etc.)
- Bathing and showering
- Post-operative follow-up
- Signs and symptoms to look for and emergency numbers to call.
- Customized physical therapy prescription and exercise instructions specific to your surgery
- Pain medicine prescription (sent to your pharmacy on file)



Physical Therapy and Exercises

If you followed the instructions in this handbook, you scheduled physical therapy to begin no later than three days after your surgery. If you didn't, you need to do that immediately. Depending on your surgery, most of Dr. Chudik's post-surgical physical therapy protocols begin within three days following surgery, but some begin after your first follow-up appointment. Your post-surgery instructions handout and physical therapy protocol script will state when you should start therapy.

It is very important for you to start your home exercises immediately and begin rehabilitation with your physical therapist, so you don't develop scar tissue and limit your range of motion. A list of area physical therapy locations begins on page 44.

Make sure to review the physical therapy information provided to you in the recovery area. It includes:

- A surgery-specific prescription for post-operative therapy. Please make sure to bring all the pages of this prescription to your first scheduled physical therapy session.
- An initial sheet of exercise instructions to perform at home immediately following surgery.



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Pain Medicine Prescriptions

Pain medicine prescriptions and directions for its use are sent to your pharmacy on file so you can pick up your prescription before surgery.

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Because your prescription likely is an Illinois state-controlled narcotic (oxycodone, Percocet®, tramadol, Norco®, Vicodin®, Tylenol® #3, Dilaudid®), it is very important you follow the directions for taking the medication and for requesting refills.

- Start your medicine when the regional anesthetic (nerve block) begins to wear off, or just before bed, whichever comes first. Early signs the anesthetic is wearing off are the return of sensation (feeling) and movement in the hand or foot of your operative extremity.
- Take the prescription only as directed and **do not take additional pain relief medications.**
- Do not take Tylenol® (acetaminophen) with your prescription. It is present in most pain medications and overdosing can damage your liver.
- **Do not mix pain medicine with alcohol or other sedating drugs.**
- Refills are limited and prescribed in a “step-down” manner to help wean you off the medication and reduce the likelihood of dependency.
- If you need a refill, please contact our office.
- Pain medicines often can cause itching, nausea, and constipation. Use may need to be limited for sensitive individuals.

Driving while taking pain medication is against the law. You will not be released to drive until you are off your pain medication and no longer in a sling or brace.



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At Home Following Your Surgery

The first few days and weeks following your surgery are critical to a successful recovery. Dr. Chudik and his team developed an individualized care plan just for your procedure. Please follow the post-operative program given to you before you left the hospital.

Wound Care

Refer to the surgery-specific handout that will be given to you by Dr. Chudik's team at surgery.

- ❑ Change the surgical site dressings daily, or as needed.
- ❑ Leave small white cover strips (Steri-Strip®) in place.
- Do not use bacitracin or other ointments unless instructed.
- You may shower lightly after three days for all arthroscopic surgery and after 14 days for open surgery. Check your specific surgery instructions.
- To thoroughly clean, wash your incision with soap and water and pat dry. Avoid rubbing or applying lotions.
- Do not submerge wounds for three weeks after surgery and then only if they are clean, dry, and closed.
- Watch for signs of infection, which can include redness, pain, drainage, foul odor, or temperature greater than 100.5°F. If you see any of these signs, please call our office at 630-324-0402.

Pain Management

- Take pain medication as prescribed.
- Take pain medication with food.
- Plan your doses so you can take your pain medication 20-30 minutes prior to physical therapy or exercises if you are still in pain or in pain during physical therapy. You can expect some pain initially with your exercises, but this should subside gradually in time as your strength and motion improve.
- Tylenol® or acetaminophen may be used instead of narcotic medication.
- Use ice packs or a bag of frozen vegetables for 20 minutes every 4-6 hours or as tolerated. Make sure to use a barrier cloth between your skin and cold packs



to prevent you from burning your skin. Use of ice after exercise will help decrease swelling and pain.

Normal Reactions to Surgery

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- Occasional, low-grade fever (101.5° F or below)
- Small amount of blood or fluid leaking from the surgical site for the the first few days following surgery.
- Bruising, swelling and discoloration in the involved limb or adjacent body areas.
- Mild numbness surrounding the wound site.
- Neck/groin soreness around the injection site if a regional block was given prior to surgery.

Abnormal Reactions to Surgery

If you should have any of the following symptoms, please **contact Dr. Chudik's Team or go to the nearest emergency room.**

- Fever greater than 101.5° F
- Progressively increased pain
- Excessive bleeding
- Red, swollen, painful calf.
- New numbness or tingling in your operative extremity.
- Persistent nausea and vomiting
- Excessive dizziness
- Persistent headache
- Increasing redness, swelling and drainage at the surgical site or injection sites.

Constipation

Unfortunately, this can be a common side effect from pain medications. To help avoid this:

- Drink plenty of fluids, water is preferred.
- Use a stool softener like Colace® while taking pain medicines.
- Take a laxative like Dulcolax® as needed.
- Eat a high fiber diet.
- Stop pain medications if necessary.



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Cold Therapy

Ice packs (reusable, ice in plastic bags, or bags of frozen peas) will be needed for post-operative care.

- Begin to ice immediately post-operatively. You should ice several times throughout the day (2-4 times per day), for no longer than 20 minutes at a time. **Do not ice while sleeping.**
- Use a towel or pillowcase to prevent the ice pack from directly touching skin.
- Check the treated area after each session, as temporary numbness following surgery may result in a decreased ability to detect dangerously cold temperatures.

Activities

- Start physical therapy two to three days for 2 weeks following surgery, or as directed by Dr. Chudik.
- Perform your home exercises as directed by your therapist following Dr. Chudik's protocol.
- Do not smoke. It prevents proper healing.
- DO NOT operate heavy equipment or a motor vehicle while taking prescription pain medication, if you are wearing a sling, brace or cast. Dr. Chudik's team can assist in advising you regarding your ability to drive post-operatively during a clinic visit.



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Deep Vein Thrombosis/Pulmonary Embolism (Blood Clot) Prevention

Deep vein thrombosis (DVT) and pulmonary embolism (PE) (blood clots) are serious conditions that can occur after orthopaedic surgery and there are several things you can do to help decrease your risk.

What is a DVT or PE?

A deep vein thrombosis (DVT) occurs when a blood clot forms in one of the deep veins of our extremities (arms and legs) in response to the hypercoagulable state (increase in blood clotting) that naturally occurs following surgery. A pulmonary embolism (PE) occurs when a clot travels to our lungs and impairs blood flow through our lungs and heart that can be fatal. **It is important to follow the preventative instructions to make sure that you limit your risk of developing a blood clot.**

Signs and Symptoms of a DVT	Signs and Symptoms of a PE (Blood Clot)
<ul style="list-style-type: none">• Fever• Redness• Calf pain• Swelling in an arm or leg	<ul style="list-style-type: none">• Chest pain• Shortness of breath• Increased heart rate• Sense of impending doom

If you experience chest pain, difficulty breathing or severe headache, call 911 immediately as these could be signs that a blood clot has broken off and traveled to other parts of your body.



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Steps to Decrease a DVT and PE Risk

- Stay mobile and avoid sitting or lying-in bed for long periods.
- Perform ankle pumps.
- Wear compression stocking or TED hose as directed after surgery.
- Avoid flying and long car rides for six weeks following surgery.

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There are several medications to help prevent blood clots. These medications (also called blood thinners or anticoagulants) may be used for two to six weeks after surgery with elevated risk. Anticoagulants should be used carefully as they can cause bleeding and post-surgical hematomas (bruises) that can negatively affect your surgical outcome.

Medications used to Help Prevent Blood Clots

- Aspirin, Lovenox®, Coumadin®, Xarelto®, Eliquis®

Driving and Flying

- Driving while taking pain medication is against the law. You will not be released to drive until you are off your pain medication and no longer in a sling or brace.
- You should avoid flying and prolonged car rides for six weeks following surgery.
- If you must travel (drive or fly) make sure you stop and get up and walk a bit regularly. It is also a promising idea to do ankle pumps and other exercise requiring extremity movement while sitting in your seat.
- If you do have to travel in the six weeks after your surgery, please notify our staff and we can prescribe a proper anticoagulant for safer travel.



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Going Back to Work

Returning to activities is different for each individual as it depends on your recovery process and the type of work you perform or the sport you play. Discuss your goals with your health care team so you can start talking with your employer or coach before you have surgery. Make sure you allow time to go to your outpatient physical therapy.

Family Medical Leave Act (FMLA) Paperwork

Many patients require completion of FMLA paperwork for their job. As this paperwork is long and detailed, please allow 10-14 days for completion.

- Please submit paperwork prior to your preoperative appointment.
- You can fax it to **630-920-2382** or email it to contactus@chudikmd.com/.
- Make sure your paperwork indicates your name and date of birth and includes a job description, which details specific tasks related to physical demands.

Other Questions

If you have any questions, please refer to Dr. Chudik's website [stevenchudikmd.com](http://www.stevenchudikmd.com) and the "Frequently Asked Question" web page <http://www.stevenchudikmd.com/faq/> that you can find listed under the "About" tab on the homepage of Dr. Chudik's website.

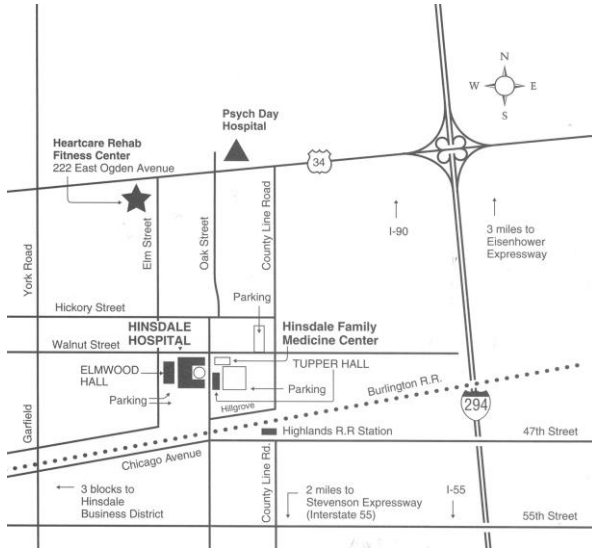


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Hospital Information and Maps

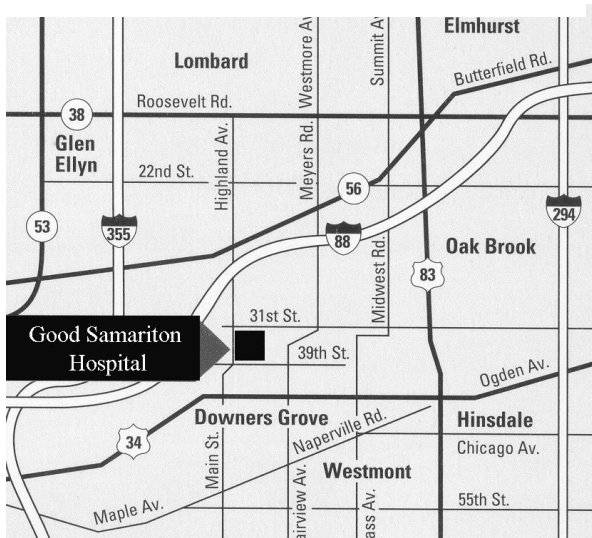
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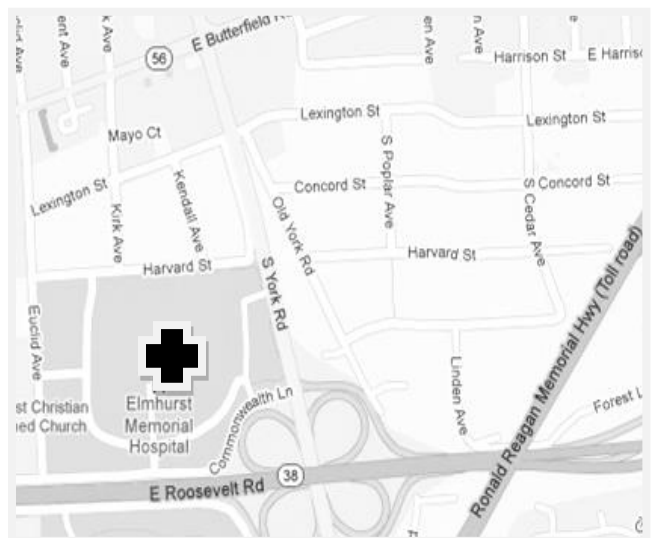
Adventist Hinsdale Hospital
120 N. Oak Street
Hinsdale, IL 60521
630-856-9000



Adventist LaGrange Memorial Hospital
1501 Willow Springs Road
LaGrange, IL 60525
708-245-9000



Advocate Good Samaritan Hospital
3815 Highland Avenue
Downers Grove, IL 60515
630-275-5900



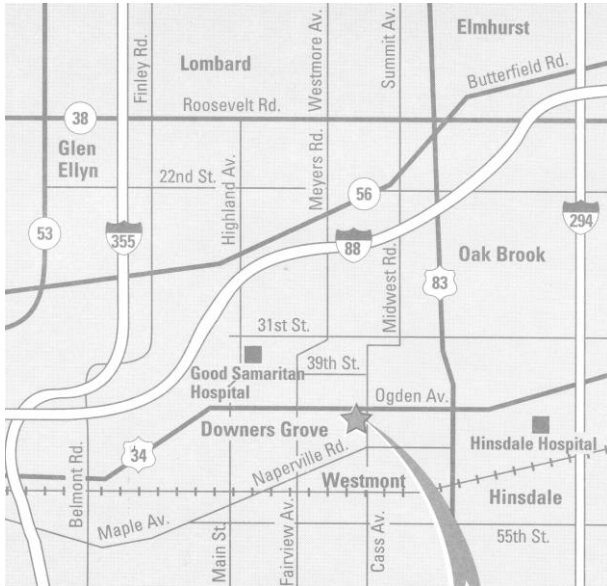
Elmhurst Memorial Hospital
200 E. Brush Hill Road
Elmhurst, IL 60126
630-758-8800



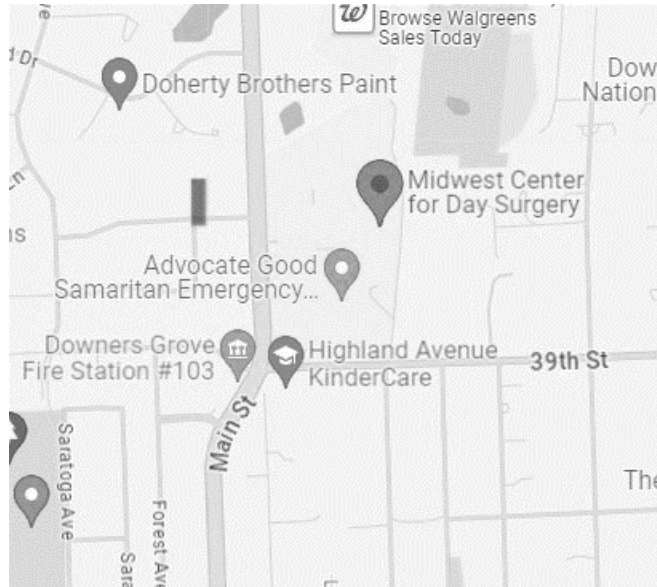
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Salt Creek Surgical Center
530 N. Cass Ave.
Westmont, IL 60559
630-968-1800



Midwest Center for Day Surgery
3811 Highland Ave
Downers Grove, IL 60515
630-852-9300



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Important Numbers and Contacts

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Emergency

911

Dr. Chudik's surgery scheduler and administrative assistant	630-324-0402
Adventist Hinsdale Hospital outpatient medical testing	630-856-7072
Adventist LaGrange Memorial Hospital outpatient medical testing	708-245-7071
Advocate Good Samaritan Hospital outpatient medical testing	630-275-2002
Elmhurst Memorial Hospital outpatient medical testing	331-221-3920
Midwest Center for Day Surgery	630-852-9300
Hinsdale Orthopaedic billing services	866-619-8236
Hinsdale Orthopaedic MRI scheduling (Westmont office)	630-920-2380
Hinsdale Orthopaedic Associates/IBJ Physical Therapy Westmont	630-655-8785
Hinsdale Orthopaedic Associates/IBJ Physical Therapy Western Springs	708-387-1750
Salt Creek Surgery Center	630-968-1800



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Infection Prevention

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Infection prevention is our top priority. We take every precaution to minimize your risk of getting a surgical site infection. Despite our best efforts, infection still can occur after any surgery. The most common source of infection comes from the bacteria on your skin. You can help us decrease your risk of infection by washing your skin at home the night before and the morning of your surgery with Chlorhexidine Gluconate (CHG) cloths. Washing with the CHG cloths has been shown to decrease the bacterial count on your skin and help decrease your risk for infection.

Unfortunately, many insurance companies will not pay the expense for this prep. Therefore, we have the cloths available for you to purchase at your own cost. If you choose not to purchase the cloths, your risk for infection is still low (less than one percent). The CHG cloths cost \$20 for two packages. You need two packages; one for use the night before surgery, the other for use the morning of your surgery. The prep process is simple, but you need to follow our printed instructions. We recommend you read all the directions before you begin to ensure your prep is done correctly and to ensure maximum protection benefit.

If you have any questions, please do not hesitate to call our office.

Sincerely,

Dr. Chudik and Team



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Chlorhexidine Prep Instructions

Preparing Your Skin for Surgery

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Preparing or “prepping” your skin for surgery reduces the amount of skin bacteria, which decreases your risk for an infection at the surgical site. Clinical research shows skin antiseptic products containing Chlorhexidine Gluconate (CHG) reduces the number of bacteria on the skin. To make the skin prepping process easier, we recommend disposable cloths moistened with a rinse-free, two percent antiseptic solution. The steps below outline the preparation process and should be followed carefully.

The Night Before Your Surgery

- Please read the directions thoroughly before starting.
- Shower. Wash with soap and rinse. Wash your hair with shampoo and rinse.
- DO not shave.
- Dry yourself with a clean, unused towel. **DO NOT** apply any lotions, powders, or deodorant.
- Put on clean nightwear.

PLEASE NOTE

Your skin may turn a little red following the Chlorhexidine Prep, which should resolve about one hour following the prep. If you have any type of reaction or the redness persists, discontinue the prep, wash the area gently with soap and water, dry the area and notify us about the problem the next day at surgery.



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One Hour After Bathing

Open the CHG package by lifting the flap and tearing sideways at the notch or cut across the top of the package using scissors that have been cleaned with alcohol.

- Empty the package of cloths onto a clean surface. **Do not** let the cloths touch the outside of the package wrapper.
- Use the cloths in the package as directed on the page 44 following the numbered diagrams.
- Redress in your clean nightwear and sleep on freshly laundered bed sheets.

During Preparation

- **DO NOT** rinse or wash your skin after using the cloths.
- **DO NOT** use on your genitals or let the cloths meet your eyes, ears, mouth nose, or mucus membranes (moist surfaces of your body).
- **DO NOT** re-use the cloths.
- **DO NOT** re-prepare an area already cleaned with the cloths.
- **DO NOT** flush cloths in the toilet.

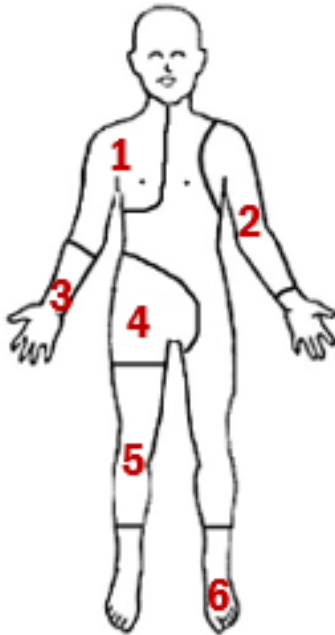
The Morning of Surgery

- **DO NOT EAT OR DRINK ANYTHING**
- **DO NOT** shower.
- Repeat the prepping process using the second package of CHG cloths. Follow the directions on the next page wiping the areas as indicated by the numbered diagrams.
- Allow to dry one minute. **DO NOT** Rinse.
- Dress in clean cloths, socks, and underwear.

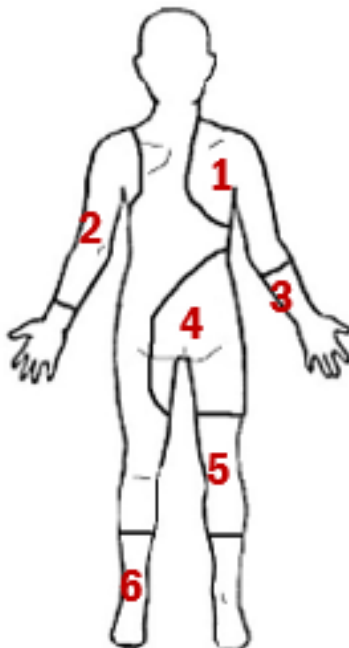


Chlorhexidine (CHG) Prep Steps

Front



Back

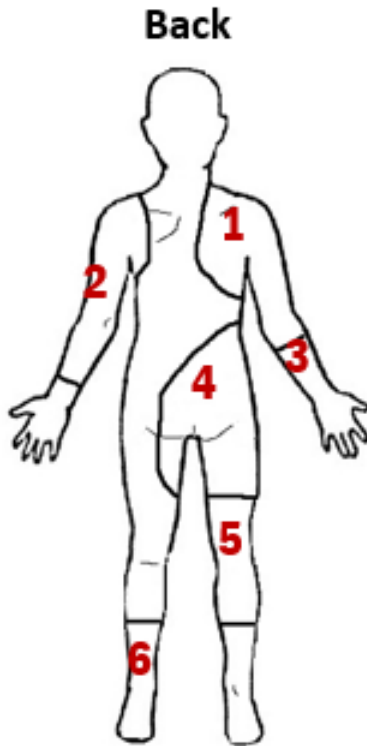


Wipe only your appropriate surgical site (See figures at left). Start wiping in the center, making larger and larger circles until you clean the entire area shown—front and back. Use both CHG cloths to clean the surgical area.

- 1. Shoulder surgical site.** Wipe the front and back of your shoulder from your neck to just below your elbow including chest, back and armpit. You may need someone to assist you. Discard cloths.
- 2. Elbow surgical site.** Prep from your shoulder down to your mid-forearm (just above your wrist), front and back. Discard cloths.
- 3. Wrist/hand surgical site.** Wipe your entire hand paying special attention to your fingers. Clean the front and back from fingertips to mid-forearm. Discard cloths.
- 4. Hip surgical site.** Start above your waist and clean front and back with cloths to mid-thigh. **DO NOT** clean genitals with CHG cloths. Discard cloths.
- 5. Knee surgical site.** Wipe your knee, front and back, paying special attention.



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to behind the knee. Also, wipe your leg front and back above the knee to mid-thigh and below the knee to mid-calf. Discard cloths.

- 6. Foot/ankle surgical site.** Wipe your entire foot, top and bottom paying close attention to the toes, continue wiping your ankle and your leg—front and back—to mid-calf. Discard cloths.

DO NOT RINSE. Allow all areas to air dry for one minute. It is normal for the skin to have a temporary “tacky” feel for several minutes after the antiseptic solution is applied. In addition, you may experience some mild itching/burning. This is a common side effect. Redress in clean nightwear/clothes.

PLEASE NOTE

Your skin may turn a little red following the Chlorhexidine Prep, which should resolve about one hour following the prep. If you have any type of reaction or the redness persists, discontinue the prep, wash the area gently with soap and water, dry the area and notify us about the problem the next day at surgery.



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Knee/Leg Nerve Blocks

A femoral, adductor and/or IPACK nerve blocks are used for sustained post-operative pain relief in surgical procedures involving the knee and leg. Dr. Chudik may ask your anesthesiologist to perform this procedure to help with pain relief after your surgery.

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Description

A nerve block is local anesthesia injected next to the nerve to block painful sensations from the knee and thigh regions.

Benefits

Nerve blocks are commonly used to provide pain relief after extensive knee and anterior thigh surgical procedures. It can be especially helpful for anterior cruciate ligament (ACL) reconstructions and total knee replacement surgeries. All nerve blocks also decrease pain medication requirements, lessen the need for general anesthesia, decrease likelihood of post-operative nausea and vomiting, and may permit an earlier discharge home after surgery.

Normal Course

Numbness of the leg and inability to straighten your knee is normal after a nerve block. The effect of the block usually lasts six to 18 hours after it is administered but may last up to 24 hours. It is important to start your oral pain medications before the block completely wears off—when you begin to regain feeling in your leg. You will be instructed to start the medications before bedtime the evening of your surgery even if you are not experiencing pain at that time. This will allow for a smooth transition from pain relief supplied by the nerve block to pain relief supplied by an oral pain medication.

Risks

All types of anesthesia have some risk. Although rare, potential risks include incomplete block, inadequate pain relief, bleeding, infection, reaction to the local anesthesia agent and nerve injury. Please discuss any concerns with your anesthesiologist on the day of your surgery.



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Additional Recommendations

Please keep the operative leg well protected and padded for the duration of numbness. This will prevent unrecognized pressure from being placed on the knee/leg that could result in injury. Walk only with assistance or crutches since your leg strength will be reduced and not able to support you until the block wears off.

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Note: You will have the opportunity to discuss all concerns regarding this procedure and your anesthetic care with your anesthesiologist on the day of surgery. The above information is not intended as a substitute for a complete discussion with your anesthesiologist, but instead for your personal education and to enhance your ability to ask informed questions.



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Shoulder/Arm Nerve Blocks

An interscalene nerve block is used for sustained post-operative pain relief in surgical procedures involving the shoulder and upper arm muscles. Dr. Chudik may ask your anesthesiologist to perform this procedure to help with pain relief after your surgery.

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Description

Local anesthesia is injected adjacent to the nerve and surrounds the nerve to block painful sensations from the shoulder and upper arm regions during surgery.

Benefits

Nerve blocks are commonly used to provide pain relief after shoulder and upper extremity surgical procedures. Interscalene nerve blocks also decrease pain medication requirements, lessen the need for general anesthesia, decrease likelihood of post-operative nausea and vomiting, and may permit an earlier discharge home after surgery.

Normal course

Numbness and the inability to move your shoulder and upper arm are normal with an interscalene nerve block. Sometimes nasal congestion, droopy eyelid on the affected side, voice hoarseness and chest weakness on the side of the block also may occur. These will resolve when the block wears off—usually six to 18 hours after it is administered but may last up to 24 hours. It is important to start your oral pain medications before the block wears off completely when you begin to regain feeling in your hand/arm. Once the numbness wears off, you will experience discomfort that will progressively intensify. Even if you are not experiencing pain at bedtime, you will be instructed to start the medications the evening of your surgery. Continue taking the medications on a scheduled basis. This will allow for a smooth transition from pain relief supplied by the block to pain relief supplied by an oral pain medication.



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Risk

All types of anesthesia have some risk. Although rare, potential risks include incomplete block, inadequate pain relief, bleeding, infection, reaction to the local anesthesia agent, collapsed lung, blood vessel injury, peripheral nerve injury or persistent tingling sensation. Please discuss any concerns with your anesthesiologist on the day of surgery.

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Additional recommendations

Please keep the operative arm and elbow well protected and padded for the duration of numbness. This will prevent unrecognized pressure from being placed on the arm that could result in nerve injury.

Note: You will have the opportunity to discuss all concerns regarding this procedure and your anesthetic care with your anesthesiologist on the day of surgery. The above information is not intended as a substitute for a complete discussion with your anesthesiologist but instead for your personal education and to enhance your ability to ask informed questions.



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Physical Therapy Locations

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The attached list* of Illinois Bone and Joint Institute physical therapy locations compiled to be **a resource for you** of reputable therapy locations. Every healthcare plan is different. Therefore, before beginning a physical therapy program, please check with your insurance provider to obtain a list of approved rehabilitation providers and locations within your plan. The phone number to call for this information should be printed on the back of your insurance card. You also can check your insurance provider's website where an approved list usually can be found.

Failure to use an approved provider within your insurance plan can result in you having to pay the full cost for your physical therapy. Additionally, Dr. Chudik, his staff and Hinsdale Orthopaedics cannot assist you with physical therapy billing issues. For that reason, please take a few minutes to research your options and even visit physical therapy locations that interest you to ensure they accept your insurance. You will be given a physical therapy prescription by Dr. Chudik's team immediately following surgery. It will be included with information about your surgery, post-operative care, and precautions.



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IBJI - Physical & Occupational Therapy Locations

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Arlington Heights PT/OT

1300 E Central Rd, 2nd Flr
P (847) 392-4420

Bannockburn PT/OT

2101 Waukegan Rd, #108
P (847) 914-0544

Bourbonnais-Convent PT/OT

6712 N Convent St
P (815) 295-8300

Bourbonnais-Mooney PT

110 Mooney Dr, #5
P (815) 295-8308

Buffalo Grove PT/OT

1450 Busch Pkwy, #115A
P (224) 676-7960

Chicago-Avonndale PT/OT

2923 N California Ave, #301
P (773) 327-5639

Chicago-Lakeview PT/OT

3000 N Halsted St, #525
P (773) 328-5930

Chicago-Park Ridge PT/OT

250 S. Northwest Hwy, #204
P (773) 631-4112

Chicago-West Loop PT

111 N Canal St, #LNW-2
P (312) 414-1975

Crystal Lake PT/OT

815 Cog Circle Dr, #1
P (815) 526-5980

Des Plaines PT/OT

900 Rand Rd, #110
P (847) 954-7646

Downers Grove PT/OT

1034 Warren Ave
P 630-288-7380

Fox River Grove PT/OT

1009 IL Route 22, #1
P (847) 462-8707

Frankfort PT/OT

19558 S Harlem Ave, Bld C, #4
P (815) 806-0019

Glenview PT/OT

2401 Ravine Way, #100
P (847) 724-4791

Grayslake PT/OT

1275 E Belvidere Rd, #150
P (847) 735-0828

Gurnee PT/OT

350 S Greenleaf, #403
P (847) 596-7640

Highland Park PT/OT

1919 Skokie Valley Rd
P (224) 765-5550

Hinsdale OT

550 West Ogden Ave
P (630) 794-8680

Homer Glen Crossings PT

13963 S Bell Rd
P (708) 428-1700

Joliet PT/OT

3296 Executive Dr, #201
P (815) 207-4223

Lake Barrington PT/OT

28156 W Northpointe, #125
P (224) 512-9800

Lake Bluff PT

101 Waukegan Rd, #1100
P (847) 247-2402

Libertyville PT/OT

724 Florsheim Dr
P (847) 918-9077

Lincolnwood PT

6540 N Lincoln Ave, #100
P (847) 779-7900

Lindenhurst PT/OT

1025 Red Oak Ln, #100
P (847) 245-7175

McHenry PT/OT

406 North Front St, #110
P (815) 344-8706

Mokena PT

11222 W Lincoln Hwy
P (708) 326-0298

Morton Grove PT/OT

9000 Waukegan Rd, #100
P (847) 779-6050

Munster PT/OT

10110 Donald S Powers Dr, #101B
P (219) 961-9503

New Lenox PT/OT

1870 Silver Cross Blvd, Pav B, #200
P (815) 463-5324

Palatine PT

25 W Wilson St
P (847) 464-3901

Park Ridge PT/OT

1550 North Northwest Hwy, #120
P (847) 298-3079

Plainfield PT

11830 S Route 59, #100
P (815) 230-8130

Schaumburg Town Square PT

140 S Roselle Rd, #A
P (847) 534-8088

Shorewood PT

301 Gregory Ct
P (312) 953-3626

Wauconda PT

363 Main St, #A
P (847) 487-0290

Western Springs PT/OT

4700 Gilbert Ave, #51
P (708) 387-1750

Westmont PT

1010 Executive Ct, #250
P (630) 655-8785

Willowbrook PT

20 West 75th St
P (630) 384-0600

Wilmette PT/OT

521 Green Bay Rd, 2nd Flr
P (847) 724-4864

Woodridge PT

6410 Route 53, #300
P (331) 775-3000

For your information, the Physical Therapists, Occupational Therapists and Athletic Trainers at IBJI are financially integrated. If you are referred to a clinician in IBJI for any related services, you may request and receive a referral for these services outside or independent of IBJI.



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Notes

Please make notes as necessary to help you through your surgical experience. We welcome feedback, suggestions, and tips regarding the surgical process. Please email yours to us at contactus@chudikmd.com/

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