



Mikheil Mikeladze
Orthopaedic Trauma Surgeon

FOR PATIENTS

Preparing for surgery

This brochure is for patients who have already decided on surgery: what happens in the weeks before the date, which exercises to arrive with, and how to get the home ready.



Patient

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Date of surgery

.....



BAU International Hospital, Batumi, 14 General Aslan Abashidze Street
+995 555 72 72 55 · drmikeladze.com

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GETTING STARTED

What happens when

Preparation affects the result of the operation directly and is not a formality. The checklists are meant to be filled in: tick off what you have done and bring the brochure to your appointment.

● AS SOON AS THE DECISION IS MADE

Exercise starts now, not in the final week. This is also when work begins on sources of infection, on blood glucose and, if relevant, on weight. These take weeks rather than days.

● FOUR TO SIX WEEKS BEFORE

Stopping smoking. A two week break has not been shown to help, which is why this deadline comes earliest of all.

● TWO TO THREE WEEKS BEFORE

Tests. Getting the home ready. Agreeing who will be with you in the first days.

● THE LAST WEEK

Settling the medication plan with your doctor. Packing your bag. Agreeing realistic timeframes with work and family.

● THE DAY BEFORE AND THE MORNING OF SURGERY

A final check and the instructions on food and fluids. In the morning, jewellery and contact lenses come off.

What I order

- ☐ **Full blood count.** For every patient.
- ☐ **Cardiac echocardiogram.** Over the age of 60.
- ☐ **Standing hip X-ray.** To plan the operation.

If you have other medical conditions the list may grow: we settle that at the consultation. There is no need to arrange extra tests on your own.

Sources of infection must be dealt with before surgery

A dental problem, a skin infection or a urinary tract infection raises the risk of infecting the implant: bacteria travel from the source into the bloodstream and can settle on a newly placed implant. That is why this is done before the operation and not after.

This brochure does not replace your doctor's instructions

What is described here is the usual course. If the instructions you were given differ from the brochure, the instructions always apply.

STEP TWO

Medicines and habits

No medicine should be stopped on your own

Stopping some of them suddenly is more dangerous than continuing. A blood thinner is stopped only on a doctor's instruction, and your cardiologist or treating doctor sets the timing individually.

My medication list

Write down everything you take, including supplements and herbal products. What you would not call "medicine" matters to your doctor too. Bring the list to every appointment and to the hospital.

MEDICINE	DOSE	WHEN TAKEN

4

weeks minimum
before surgery

Smoking

Smoking reduces the blood supply to tissue, which slows healing and raises the risk of infection. Stopping at least four weeks beforehand is recommended, four to six weeks is better, and for at least four weeks after the operation as well. **A two week break has not been shown to help.**

Alcohol

It affects liver function, blood clotting and the course of the anaesthetic. Limiting it in the run up to surgery is recommended.

Diet and weight

A diet with enough protein supports tissue healing. If weight is a factor in its own right, work on it starts before the operation.

Diabetes

Good glucose control acts directly on wound healing and on the risk of infection. This is settled together with your endocrinologist and takes weeks.

Sleep and tension

Feeling anxious before surgery is normal and there is no need to hide it. If your sleep is disturbed, tell your doctor.

STEP THREE

Exercise before surgery

Exercise has two jobs: to preserve muscle mass and to teach you the movements you will need after the operation. Muscle cannot be built in the last two weeks, which is why exercise starts straight away.

The scheme is a guide, not a rule. These are the usual rehabilitation figures. Your physiotherapist or doctor may change them to suit your condition: if so, the new number is written on the card by hand.



1 Quadriceps set

Lie on your back with the leg straight. Tighten the muscle on the front of the thigh as if pressing the back of the knee into the mattress. Hold, then release slowly.

Note: There is almost no visible movement: the muscle works, not the joint.

hold 5 seconds · 10 repetitions · 3 times a day



2 Gluteal set

Lying on your back, squeeze the buttock muscles together as if pressing them against each other. Hold, then release.

Note: Do not hold your breath. These are the muscles that stabilise the joint when you walk.

hold 5 seconds · 10 repetitions · 3 times a day



3 Ankle pumps

Lying on your back, pull both feet towards you, then point them away. Slowly and through the full range.

Note: It helps the circulation. You will need it on the very first day after surgery.

10-15 repetitions · 3 times a day



4 Hip abduction lying down

Lie on your back with the legs straight. Move one leg out to the side with the foot pointing at the ceiling, then bring it slowly back.

Note: The trunk stays still: the leg moves, not the pelvis.

10 repetitions each leg · 3 times a day



5 Bridge

Lie on your back with the knees bent and the feet on the mattress. Lift the pelvis until the trunk and thigh are in line, hold, then lower slowly.

Note: If it causes pain in the lower back, reduce how high you lift.

hold 3 seconds · 8-10 repetitions · 2 times a day



6 Breathing exercise

Sit upright. Breathe in deeply through the nose so that the chest and the belly expand, then breathe out slowly through the mouth.

Note: After surgery this helps the lungs open up. The habit should be there beforehand.

10 deep breaths · 3-4 times a day



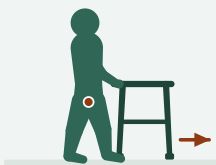
7 Seated press-up

Sit in a chair with armrests. Push down on the armrests and lift your body until the buttocks leave the seat, then sit down slowly.

Note: The chair must be solid and must not move. A chair on wheels or a swivel chair will not do.

8-10 repetitions · 2 times a day

Two techniques to learn before surgery



8 Walking with a walking frame

The frame has no wheels and is moved forward with every step. It is set so that the handles are at wrist height and the elbow stays slightly bent. Your physiotherapist will teach you the order of the steps.

Note: Learn the technique before surgery: learning it through pain is much harder.

practise 5-10 minutes · 2 times a day



9 Stairs, up and down

Going up starts with the healthy leg, coming down with the operated one. The walking frame is not used on stairs: one hand is on the rail, the other holds a walking stick, which follows the operated leg.

Note: The rule is simple and worth memorising the first time round.

5-10 steps · 2 times a day

Exercise should not cause severe pain: mild tension is normal, sharp pain is a signal to stop. Short daily sessions work better than one long session a week.

STEP FOUR

Getting the home ready

Every item here is about one thing: the risk of falling. The home should be sorted out while you still move freely, not on the day you come back.

Bedroom

- ☐ The bed is high enough that your feet reach the floor easily when you sit on the edge
- ☐ The night light switch is within arm's reach
- ☐ Medicines, water, glasses and phone are beside the bed
- ☐ The route from bed to toilet is clear and free of rugs
- ☐ The walking frame stands by the bed, within reach, without blocking the way

Bathroom

- ☐ A non-slip mat in the bath or shower and in front of it
- ☐ A grab rail on the wall, firmly fixed and not a suction one
- ☐ Good lighting: shadows hide slippery patches on a wet floor
- ☐ The door is not locked from the inside during the first days

Living space

- ☐ Rugs are taken up for now
- ☐ Cables are moved along the walls
- ☐ A low armchair has a firm cushion added or is swapped for a chair
- ☐ Swivel chairs and chairs on wheels are moved out of the way
- ☐ Every bulb works, especially along the night-time route

Stairs and entrance

- ☐ A rail on the stairs, ideally on both sides
- ☐ Good lighting along the whole staircase
- ☐ The edges of the steps are clearly visible
- ☐ The lift and its size have been checked in advance

Walking aids and helpful items

Essential

- A walking frame without wheels
- A walking stick: for the stairs, and after two weeks, as a rule, for walking too
- Non-slip closed shoes with a firm sole

For comfort, if you need them

- A sock aid and a long-handled shoe helper
- A high chair with armrests

After the anterior approach positional restrictions usually do not apply and many patients never use the second group of items. Open slippers and flip-flops are a frequent cause of falls.

THE FINAL DAYS

Your bag, the day before and the morning of surgery

In the bag

- ☐ Photo identification
- ☐ All medical documents and X-ray images
- ☐ Your medication list and the medicines themselves
- ☐ Loose, comfortable clothing
- ☐ Stable, non-slip, closed shoes
- ☐ Toiletries, glasses or a hearing aid
- ☐ A phone charger, preferably a long one
- ☐ This brochure

The day before and the morning

- ☐ Stop food and fluids from the time your doctor gives you
- ☐ An evening shower and washing of the surgical area as instructed
- ☐ Remove jewellery, contact lenses and nail polish
- ☐ Take only the medicines you were allowed, with a little water
- ☐ Your questions are written down on paper

Who will collect me

Phone

If you have eaten or drunk by mistake, say so

The restriction on food and fluids is about the safety of the anaesthetic. The operation may be postponed, but that is far better than the risk. The same applies to a fever, a cough or any new symptom.

Questions for the doctor

Write them down in advance: a great deal is said before the operation and it is hard to recall later.

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Mikheil Mikeladze
Orthopaedic Trauma Surgeon

Asking is always better than waiting

Preparation starts when the decision is made, not in the week before the date. At the consultation we set out step by step what has to be done and when.

What you receive at discharge

Written instructions, a medication plan, a list of exercises, the date of your follow-up visit and my number for questions. It is best if a family member is there for that conversation.

Contact

+995 555 72 72 55
info@drmikeladze.com
drmikeladze.com

Clinic

BAU International Hospital
14 General Aslan Abashidze Street
Batumi, Georgia

More on the website

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