



ALEXANDER **ORTHOPAEDIC** ASSOC.

**Adam D. Perler, DPM, F.A.C.F.A.S.**

Podiatric Medicine  
Foot & Ankle Reconstructive Surgery

W W W . A D A M P E R L E R . C O M

Dear

I would like to express my sincere appreciation for the privilege of serving as your foot and ankle specialist and to thank you at this time for choosing us as the surgical team for your reconstruction. We understand that the decision to have surgery is often difficult and that this event will likely have a major impact on you and your family or support system in the period surrounding your recovery. While there is no such thing as a "risk-free" procedure, we strive to do everything possible to ensure that your experience with us is a pleasant one and that you feel comfortable with your decision to pursue surgical intervention with us. While no surgeon can guarantee that every surgical procedure will work as planned, I can guarantee that I will do everything in my power to give you the best possible experience and chance to reach a maximal outcome. With that being said, it is important to note that you will also play a valuable role in your outcome. While we can educate you on what we feel is best for your particular condition, it is ultimately your responsibility to follow through with all instructions leading up to and following your surgery to obtain the best possible result.

The following is a very important packet that was assembled to help navigate you through your up and coming surgical period. Please make sure you ***carefully*** read the following packet and keep it handy following your operation. Hopefully it will answer many of your questions may have. If not, please do not hesitate to contact us with any questions. Just know that we are here to service you and to help you get through this event in your life. It is my hope to play an integral role in helping you find a "new" normal and preventing your condition from holding you back from the activities that you would typically enjoy. Again, I wish to express my sincere appreciation for the confidence that you have placed in me with your choice to move forward with your surgical intervention. It is my goal to help you regain your quality of life so that your feet continue to take you to new and exciting places

Best wishes for a speedy recovery.

Sincerely,

Adam D. Perler, DPM, FACFAS  
Alexander Orthopaedic Associates



## PREOPERATIVE INSTRUCTIONS

1. Do not eat greasy or fried foods the night before surgery.
2. Nothing to eat or drink after midnight the night before.
3. If you take medication in the morning for your heart or for your blood pressure please take that the morning of surgery with just enough water to get it down. If you are on insulin for diabetes please call the doctor that regulates your insulin to see if you need to change your dosage due to fasting prior to surgery.
4. If you take an Aspirin a day we will need to stop it 7-14 days prior to surgery. If you are taking a blood thinner such as Coumadin or Plavix we ask that you contact the prescribing doctor for instructions on stopping the medication 14 days prior to surgery.
5. The night before surgery or the morning of we ask that you please wash the foot or ankle that is to be operated on and remove any toenail polish that you may have on.
6. If you have a walker or crutches at home please bring them with you to the surgery center. If not we can either have the surgery center provide those for you or we can give you a prescription to purchase them prior to surgery.
7. We will give you prescriptions prior to surgery so that you can get those filled. If you did receive any prescriptions during your preoperative appointment please contact our office with the name, location and phone number of your pharmacy so that we can call them in prior to your scheduled surgery. These medications will only be needed following surgery, unless instructed otherwise.
8. If you have any paperwork that needs to be filled out for short term disability or FMLA we ask that you please get that to us prior to your surgery.
9. Please review and sign the consent that Dr. Perler discussed at your pre-operative visit. You will need to bring this with you the day of your scheduled surgery. If you have any questions regarding you surgery, the suggested procedures, or your post-surgical period that were not answered during your pre-operative visit with us, please call the office prior to your surgery so that we can address appropriately.

**YOUR SURGERY IS SCHEDULED FOR:  
PLEASE ARRIVE BY NO LATER THAN:**

\*Please call the surgical center or hospital if you are running late. In some instances, we may need to reschedule due to schedule constraints.

**LOCATION:** SurgCenter NE                      SurgCenter Pinellas                      Bardmore Surgery  
Center

St. Anthony's Hospital

Palms of Pasadena Hospital