

GRANT E. GARRIGUES, M.D.
SHOULDER AND ELBOW SPECIALIST

MIDWEST
ORTHOPAEDICS
at RUSH    
SPORTS MEDICINE & SHOULDER

SURGICAL PACKET



Dear Patient,

Thank you for entrusting me and my team with your care. It is our promise to treat each patient like a family member.

We look forward to serving you through every step of your journey back to optimal health!

Sincerely,



Connect with us! Instagram: @Grant.Garrigues
Facebook: GrantGarriguesMD
Twitter: @Grant_Garrigues
Youtube/Facebook: Grant Garrigues MD

Website: DrGshoulder.com

Questions? Phone: 312-432-2880
email: garriguespractice@rushortho.com

Important Dates & Information

Surgery Details: ***you will be called the day before your surgery with exact time*

Date: _____ Surgery Location: _____

Procedure: _____

Medical Clearance Appointment:

***must be 10-30 days from surgery date*

Date & Time: _____ ***patient responsibility to schedule; see attached for contact information*

Location: Rush University Medical Center Preop Clinic Rush Oak Brook Internal Medicine

Other: _____

COVID-19 Testing Appointment: ***72 hrs before surgery*

MRSA Appointment: ***Elmhurst Hospital ONLY; hospital will call you*

Date & Time: _____

Date & Time: _____

Location: _____

Location: _____

Post-Operative Appointment: ***within 14 days after surgery*

Date & Time: _____

Location: _____

Website for Procedure FAQ Packets:

Go to: DrGshoulder.com → Surgery Information → Procedure FAQ's

- Anatomic Total Shoulder Replacement
 Arthroscopic Rotator Cuff Repair
 Reverse Total Shoulder Replacement

Website for Discharge Instructions:

Go to: DrGshoulder.com → Surgery Information → Discharge Information

- | | |
|--|---|
| <input type="checkbox"/> Anatomic Total Shoulder Replacement | <input type="checkbox"/> Fracture Fixation |
| <input type="checkbox"/> Capsular Release | <input type="checkbox"/> Reverse Total Shoulder Replacement |
| <input type="checkbox"/> Distal Biceps | <input type="checkbox"/> Shoulder Repair |
| <input type="checkbox"/> Elbow Surgery | <input type="checkbox"/> Shoulder Surgery |

Website for Physical Therapy Protocols:

***note: therapy protocol may be changed based on intraoperative findings*

Go to: DrGshoulder.com → Surgery Information → Physical Therapy Protocols

- | | |
|---|---|
| <input type="checkbox"/> Anterior Labral Repair | <input type="checkbox"/> Remplissage |
| <input type="checkbox"/> Anatomic Total Shoulder Replacement | <input type="checkbox"/> Reverse Total Shoulder Replacement |
| <input type="checkbox"/> Arthroscopic Latarjet | <input type="checkbox"/> Rotator Cuff Repair |
| <input type="checkbox"/> Biceps Tenodesis | <input type="checkbox"/> SLAP Repair |
| <input type="checkbox"/> Distal Biceps Repair | <input type="checkbox"/> Ulnar Collateral Ligament Reconstruction |
| <input type="checkbox"/> Posterior Labral Repair/Capsular Plication | <input type="checkbox"/> TBD base on intraoperative findings |
| <input type="checkbox"/> Proximal Humerus ORIF Protocol | |

Surgical Planning Contact Information

Medical Clearance Locations

***you must use 1 of these 2 locations for clearance*

Rush Center for Preoperative Care

1725 W. Harrison Street, Suite 155
Chicago, IL 60612
p: 312-942-4300

Rush Oak Brook Internal Medicine

2011 York Road, 2nd Floor
Oak Brook, IL 60523
p: 630-724-1300, option 1

- What to bring:
 - Insurance card, photo ID, list of current medications
 - Copies of any recent blood work or EKG
 - Specialist clearance letter with associated testing results, if applicable
- If new to Rush University Medical Center, call pre-registration prior to your appointment to register your insurance: 312-942-5460

COVID-19 Testing Locations (drive-thru)

***within 72 hours of surgery*

***All surgical sites EXCEPT Elmhurst*

Rush Oak Brook Outpatient Center

2011 York Road
Oak Brook, IL 60523

Rush University Medical Center

1642 W. Flournoy Street
Chicago, IL 60612

Rush Oak Park Hospital

520 Wisconsin Ave
Oak Park, IL 60304

- You must have an appointment
- General Information:
 - Bring photo ID
 - Do not arrive more than 5 minutes early. Stay in your car with window closed until instructed to open. A nurse will come to your car to complete the test.
 - You MUST self-quarantine after this test until your surgery date.
 - If you develop symptoms, you should call your physician or go to the Emergency Department

MRSA Testing

***Elmhurst Hospital ONLY*

- If you are having surgery at Elmhurst Hospital, the hospital will contact you a few days before surgery to schedule
- Elmhurst Hospital will also call you to schedule your COVID-19 test

Medical Clearance Pre-Operative Orders

Patient Name: _____ DOB: _____

Diagnosis: _____

Procedure: _____

Surgery Date: _____

R_x

- History & physical with clearance letter
- EKG
- Chest XR
- CBC
- CMP
- UA with reflex to culture (required by surgeon)
- Type & Screen
- HbA1c (if diabetic)
- CRP
- ESR
- D-dimer
- MRSA PCR screen

Dx: Preop testing



Grant Garrigues, M.D.

Fax results to: 708-409-5179 no later than 7 days from surgery

Cardiac Clearance Request

Patient Name: _____ DOB: _____

Diagnosis: _____

Procedure: _____

Surgery Date: _____

Dear Doctor,

The above patient is scheduled for surgery with our office.

We kindly ask that you provide cardiac clearance including:

- **Cardiac history**
- **Statement of clearance** including signature with date and time.
- **Anticoagulation recommendations**—Note that even ASA 81 mg can lead to increased intraoperative and postoperative bleeding. Thus, we prefer no anticoagulation during surgery unless there is a cardiac contraindication. Please provide recommendations regarding *when to stop anticoagulants* before surgery, *any bridging requirements*, & *when to resume prescribed anticoagulation medication postoperatively*.

Patient will have routine pre-operative medical clearance with an internist including: H&P, CBC, CMP, UA and EKG

Should the patient require any additional testing, please complete and include with your note.

We appreciate your willingness to participate in the care of this patient.

Sincerely,



Grant Garrigues, M.D.

Fax results to: 708-409-5179 no later than 7 days from surgery

Important Contact Information

Administrative Assistant

Melissa Robertson

p: 312-432-2880

f: 708-409-5179

email: garriguespractice@rushortho.com

Physician Assistants

Morgan Holt, PA-C

Katie Cardinal, PA-C

Main Office Location:

1611 W. Harrison St., Suite 300

Chicago, IL 60612

Clinic Days & Locations (hours may vary)

Tuesday @ RUMC

Wednesday @ Oak Brook OR Naperville

Friday @ Oak Brook

RUMC Clinic

1611 W. Harrison St., 4th floor

Yellow section

Oak Brook Clinic

2011 York Road

Oak Brook, IL 60523

Naperville Clinic

55 Shuman Blvd, Suite 700

Naperville, IL 60563

WEBSITE

DrGShoulder.com

Our website has a plethora of information regarding hospital locations, parking details, what to expect the day of surgery, educational materials, additional copies of handouts, FMLA/disability details...just to name a few! Please refer to this frequently throughout the pre and post-surgical process.