



Foot & Ankle Orthopedic Surgery Division

Clinical Manual & Protocols

Alan Y. Yan, MD

52bonesMD.com

(412) 232-9080

Team Members

- Alan Y. Yan, MD
- Kristi Price, Physician Assistant, Certified
- Lauren Markely, Certified Medical Assistant (Mercy Main Office)
- Tracy Smith, Certified Medical Assistant (Mercy Foot Ankle Office)
- Martina Smorada, Certified Medical Assistant (Mercy Foot Ankle Office)
- Kathy Berlinsky, Office Manager (Mercy Foot Ankle Office)
- Theresa, Office Manager (Mercy Main Office)
- Colleen Schwartz, RN (Mercy Foot Ankle Office)
- Julie Linzie, Surgical Coordinator (Mercy Foot Ankle Office)
- Jessica Rathke, Administrative Assistant
- Bill Bauwer Elizur O & P

Office Locations

412-232-5999 (Mercy Main Suite 220)

412-232-9087 (1515 Locust Suite 350)

Website

upmc.edu

52bonesMD.com

Table of Contents

1. Cover
2. Team Members, Office Locations, Website
3. Table of Contents
4. Care Team Information
5. Surgery & Clinic Schedule
6. Imaging Protocols
7. Preparing for Clinic
8. Clinic Day Information
9. Ordering X-rays & Imaging Protocols
10. Casting/Splint Information
11. Casting/Splint Information (cont.)
12. Casting/Splint Information (cont.)
13. DME (Durable Medical Equipment)
14. Meds & Orders
15. Meds & Orders (cont.)
16. Meds & Orders (cont.)
17. Surgery Information
18. Referral Directory
19. Medical Device Reps
20. Medical Device Reps (cont.)
21. Blood Clot Patient Information Form
22. Blood Clot Patient Information Form (cont.)

Dr. Yan's Foot Ankle Care Team

Dr. Alan Y. Yan

Office Phone Front Desk: (412) 232-9080

Dr. Yan Office Phone: (412)-232-9092

Cell Phone: (917) 902-5435

Email: yannothere@gmail.com
yanay@upmc.edu

License Information

- NPI number – 1376703157
- State License number – MD461749
- DEA number – FY6927202

Kristi Price, PA-C

Office Phone: (412) 232-9096

Cell Phone: (516) 506-5641

Email: kristinow2@gmail.com
nowakk2@upmc.edu

License Information

- NPI number – 1063058915
- State License number – MA061291
- DEA number – MP5637256

Colleen Schwartz, RN

Office Phone: (412) 232-9091

Email: schwartzc@upmc.edu

Julie Linzie, Clinical Coordinator

Office Phone: (412) 232-9089

Cell Phone: (412) 638-6138

Email: linziejp@upmc.edu

Surgery/Clinic Schedule

Dr. Yan's schedule

Monday – **CLINIC** starting at 11:15 am

Tuesday – **OR** starting at 7:00 am

Wednesday – **CLINIC** starting at 8:15 am

Thursday – **OR** starting at 7:00 am

Friday – **CLINIC** starting 7:15 am

Kristi Price's schedule

Monday – **CLINIC** starting at 11:15 am

Tuesday – **OR** starting at 7:00 am

Wednesday – **CLINIC** starting at 8:15 am

Thursday – **OR** starting at 7:00 am

Friday – **CLINIC** starting 7:15 am

Surgery Schedule

Mercy Hospital Main OR

Every Tuesday

Montefiore Hospital Main OR

Every Thursday

UPMC Mercy Foot Ankle Imaging Protocols

ALWAYS WEIGHT BEARING UNLESS PATIENT NOT ABLE TO

1. Preferred CT & MRI Centers of UPMC for our patients: (Better Scanner and standard protocols for our practice)

- Mercy
- Presby
- Montefiore
- Shadyside
- Fu's Sports Center
- Lemieux Sports Center
- South Hill Center

2. Outside imaging (MRI, CT) request MSK radiology overread:

- Do NOT scan into the temporary EMIS folders (does not show up on MSK Rad for them to read)
- Save it in different folder
- Contact Dr. Carol Andrews' assistant

Heather Duganieri

Duganierih2@upmc.edu

3. Full length leg length X Ray (hip to toe)

EPIC order: x ray bone length study stating hip to toe
bilateral legs standing Weight Bearing

4. 3D reconstruction request

- 3D CT: CT RECONSTR CORONAL SAGITTAL MULTIPLANAR OBLIQUE 3D
- Call MSK radiology 412-232-7104 to notify order

5. 3D printing model request for preop

Email Gene Kitamura, MD of MSK radiology

kitamurag@upmc.edu and cc yanay@upmc.edu

Stating details of the 3D models based on CT scan of the patient info and date of CT.

6. MSK reading for OSH imported imagings request

Email Carson Kepler keplercj@upmc.edu with any patient info and needs for MSK radiologist overread and report

7. Imaging guided injection request

2 EPIC orders

- Fluoro/CT/US guided injection with specification of medications and joint(s) to be injected
- Order of IR consult and stating medications and joint(s) to be injected

- Give patient UPMC imaging services hospital of choice phone number for them to call and schedule
- Common medication:
 - Depo-Medrol 1 ml 40 mg
 - 1% Lidocaine **WITHOUT EPI** 2 ml
 - 0.25% Marcaine **WITHOUT EPI** 2 ml

8. Office daily imaging protocols refer to loose leaf booklet in our 2 Mercy offices

ALWAYS WEIGHT BEARING UNLESS PATIENT NOT ABLE TO

**ALWAYS REPEAT X RAY WB IF PATIENT HAS NON WB FILMS ONLY
DONE FROM THE PREVIOUS UNLESS PATIENT NOT ABLE TO**

Preparing for Clinic

Items needed for clinic day

- New/Return Interim History packet
- Patient's last clinic note (ATTENDINGS AND RESIDENT/PA NOTE BOTH)
- MRI/CT scan/EMG/Consult results
- Lab/Culture results

New Patient/Last Clinic Note

Typically our MA will create these and print them out prior to the clinic. Any new patient information that is faxed from another facility need to be printed out and placed outside the patient room.

MRI/CT scan/EMG/Consult Results

These reports are printed prior to clinic day. Most reports can be found within the UPMC Epic system. Occasionally we do order scans at outside facilities and please locate and print out on the day of visit.

CD/Plain Films & Images

Non-UPMC facilities provide the patient with a copy of their images and PLEASE ASK PATIENT TO OBTAIN REPORTS ALSO. The patient should have the films with them the day they are seen for their results.

Lab/Culture Results

Found in the UPMC epic System

Surgical Packets

RED FOLDER FILLED OUT BY DR. YAN and Kristi on the day of the clinic and need to go to Jewel's desk same day to be put in request for O.R.

Dr. Yan's O.R. Calendar

Need to be printed out the day before or on the day of foot ankle clinic.

Clinic Day

Some things to remember:

Calm down, take a deep breath. Let it out! Got your roller skates on? Here we go!

Rooming the patient:

ALL PATIENTS NEED TO TAKE SHOES OFF, SOCKS OFF BILATERALLY IN SEATED POSITION ON THE EXAM TABLE UNLESS NOT ABLE TO.



- Once a patient arrives, Dr. Yan expects them to be roomed as quickly as possible. You do NOT have to wait for the patient to complete their paperwork
- For NEW patients, the interim or new history packet should be in the plastic bin outside patient room and notify Kristi or the resident/fellow working with the team once you have updated your part
- For RETURN patients, the interim history packet with imaging and lab results should be in plastic bin outside patient room and notify Dr. Yan or Kristi
- If a patient has a bandage/cast/splint on, unless Dr. Yan says differently, it is always removed before he sees the patient
- If a patient has sutures/staples or a wound VAC on, leave in place until Dr. Yan says it's OK to remove
- X-rays for all NEW patients are required. Always ask if they've had x-rays within the last 1 month, and if they were standing. If the patient states their x-rays were not standing, inform them that Dr. Yan will repeat their x-ray at today's visit.
- X-rays are needed for ALL NEW and some RETURN patients prior to being seen (frequent x-ray orders & info can be found in this book). Kristi, MA or resident/fellow typically will order these.
- If a patient has a CD of x-rays/MRI/CT scan, etc. please upload these into the computer. (Document on patient's last note which computer the CD can be located)

Outside imaging (MRI, CT) request MSK radiology overread:

*Do NOT scan into the temporary EMIS folders (does not show up on MSK Rad for them to read)
Save it in different folder*

Contact Dr. Carol Andrews' assistant

Heather Duganieri

Duganierih2@upmc.edu

- Each patient's encounter, reports and interim history sheet (new patients only) go into the bin beside the patient's room
- Kristi and/or the resident/fellow will see all new patients before Dr. Yan. They may also see returns and post-ops before Dr. Yan enters the room

HPI's

Dr. Yan, Kristi or resident/fellow will do ALL HPIs for new, return and post-op patients.

After visit needs:

- Dr. Yan will verbally tell Kristi, resident/fellow if the patient needs additional care (i.e. physical therapy Rx, meds, cast, injection, work note, etc.). Occasionally Dr. Yan will write these needs on the patient's last note and will leave it on your desk if you're otherwise occupied at the moment (and usually you are!)
- For post-op patients Dr. Yan will specify what type of cast the patient needs. He will also indicate if sutures/staples are to be removed.
- Injections: Though injections in our clinic are rare, Dr. Yan will specify on the set up of the room/supply; check to make sure supplies are stocked prior to injection
- Dr. Yan or Kristi will put in the 'patient instructions' and 'follow up' information
- The MA then prints the AVS and gives it to the patient, along with any prescriptions or notes that Dr. Yan asks for

No Show/Late/Left without being seen

Kristi will document this in the patient's chart. A patient is considered a no-show after 1 hour, unless they are post-op. For late patients (past 30 min) always ask Dr. Yan if it's okay if the patient is seen. Typically he will say yes, unless it is at the end of the day or if he has a meeting.

X-ray Orders

New Patients

EVERY new patient requires x-rays of their foot and/or ankle. These should be ordered prior to the patient being seen.

Sometimes the patient has had previous x-rays. Prior to ordering new x-rays ask the patient the following:

- Were your x-rays performed within the last 1 month? If so, where?
- Were you standing at the time your x-ray was taken? If NOT, We will order new x-rays

Return /Post-Op Patients

If the patient needs a follow up x-ray, this will be indicated at the bottom of their last note. These should be ordered prior to the patient being seen.

Placing Order in EPIC

Foot X-ray

- X-ray Foot 3V-Standing AP/Lat/Oblique
- X-ray Foot 3V-AP/Lat/Oblique (for nonweightbearing patient's only)

Ankle X-ray

- X-ray Ankle 3V-Standing AP/Lat/Oblique
- X-ray Ankle 3V-AP/Lat/Oblique (for nonweightbearing patient's only)

***Occasionally Dr. Yan will indicate a 'Harris Heel View' or Saltzman View if he needs additional views. Dr. Yan will tell you if this is needed (usually after he has seen the patient).*

Printing X-ray Images

This is NOT required unless Dr. Yan or Kristi and the patient asks for a copy during the visit

Casting/Splint Information



Bulky Jones Splint

This splint is used after surgery or if a patient presents to clinic with severe swelling and bruising following injury. Prior to ordering x-rays or Dr. Yan seeing the patient this splint must be removed (unless Dr. Yan says otherwise; when in doubt always ask).

Materials needed

- 4" stockinette or 4" webrils x 6
- Jones cotton roll
- Large 6" ace wrap
- Plaster Splints (5 x 30: 10 sheets for posterior slab and 5 sheets for U support)
- Bucket with warm water

Placing the splint

This is a TWO person job. Make sure you have someone on hand to help lift the patient's leg with PALM NOT FINGERS AND ONE HAND OVER KNEE AND ONE HAND HOLDING TOES.

1. Put on stockinette or webril. The stockinette or webril should come up past the knee and be long enough to initially cover the toes
2. Roll the cotton on. Start just below the knee and end at the toes
3. Count out 10 full sheets of plaster for the *posterior* part of the splint and 5 full sheets of plaster for the *medial & lateral* aspects of the ankle
4. First, wet the posterior plaster piece and place behind the knee. This should extend to underneath the patient's toes; second, wet the 2nd piece and wrap around each side of the ankle/leg. Start with one side of the leg and bring the plaster underneath the foot and up the other side of the ankle/leg
5. Next, pull the top of the stockinette or webril down to meet the top of the cotton roll; repeat this for the piece at the toes.
6. Use webril holding the plaster in position
7. Lastly, wrap the ace wrap around the cotton and plaster snugly. Slight adjusting or molding the splint may be needed.

Fluoroscopy

Occasionally Dr. Yan will ask to use the fluoroscope machine once the splint is placed. Once the splint is placed immediately let Dr. Yan know so he can make any adjustments needed.

SLNWBC (Short Leg Non Weight Bearing Cast)



Materials Needed

- 3" stockinet
- Cast padding Webrils
- (2) 3" fiberglass rolls (may vary)
- (1-2) 3" colored fiberglass rolls (may vary)
- Bucket of cool water

Placing the cast

Some points to remember:

- Most casts are always placed with the patient's foot in a neutral position (@ 90 degrees or with the leg and foot at an "L" shape)
- You may prefer using the cast "stool" which helps to position the foot correctly. This can be found in one of the cast rooms around the clinic
- While putting on the cast, leave a small space with padding between the fiberglass and the patient's skin. This is to ensure that the fiberglass doesn't cause irritation
- Be sure the cast is snug but not too tight. A good check for this is inserting one finger around the edges of the cast. If you cannot get a finger into the cast it may be too tight. You can also check the patient's capillary refill by pressing their toes to check for changes in color
- Be sure the cast is completely dry before patient leaves the clinic
- Cast care instructions can be found in our folder cabinet
- Dr. Yan may need cast to univalve or bivalve at times.

SLWBC (Short Leg Weight Bearing Cast)

Materials Needed

- 3" stockinet
- Cast padding (extra)
- (2) 3" fiberglass rolls
- (2) 3" colored fiberglass rolls
- Bucket of cool water

Placing the cast

Some points to remember:

- See above points!
- It is extremely important that the patient's foot is at a 90 degree angle!
- In addition, place extra padding and fiberglass around the foot/ankle portion of the cast to ensure the cast doesn't crack or breakdown
- Once you are done, call SME for a "cast shoe." They will need the patient' shoe size.

(TCC) Total Contact Cast



This type of cast is typically used to treat foot problems related to diabetes or Charcot disease.

Materials Needed

- 3" stockinet
- Cast padding (extra)
- (2)plaster rolls
- (1) 3" fiberglass rolls
- (1) 3" colored fiberglass rolls
- Bucket of semi-warm water

Placing the cast

Some points to remember:

- This is very similar to a regular SLNWBC; however, 2 layers of plaster are added before applying the fiberglass
- Apply stockinette and extra padding as usual. Next; apply two rolls of plaster, followed by the normal application of fiberglass
- Keep foot at 90 degree angle during casting
- Reference above points if needed

DME Supplies

Elizur:

- Bill Bauwer Elizur O & P (O) 412-358-4523, (M) 412-403-7125, (F) 412-358-9646 Billbauerjr@elizurcorp.com

Frequently Ordered Supplies (in office supplies)

- Tall CAM Walker Boot (ankle pathology)
- Low-Tide CAM Walker Boot (foot pathology)
- Diabetic CAM Boot
- Plantar Fasciitis Night Splint
- Silicone Gel Cups
- Medial/Lateral Heel Wedge
- Sesamoid Pad
- Metatarsal/HAPAD
- PTTD Brace (Posterior Tibial Tendon Dysfunction)
- ASO Ankle Brace (Lace-Up)
- Post-Op Shoe
- Cast Shoe
- Crutches
- Walker
- Cane
- TED Hose
- Toe sleeves
- Bunion sleeves

Frequently Ordered Supplies (external medical supply store)

- Roll About Knee Scooter
- Arizona Brace
- MAFO
- Articulated MAFO (w/plantar flexion and dorsiflexion)
- Carbon Fiber Insole (sometimes with Morton's extension)
- Standard Wheelchair w/elevated leg rest
- Custom Orthotics
- Diabetic CAM Boot

- CROW boot for Charcot
- Diabetic Shoes & Insoles

Prosthetics Related Supplies

Elizur Rep

- Bill Bauwer Elizur O & P (O) 412-358-4523, (M) 412-403-7125, (F) 412-358-9646 Billbauerjr@elizurcorp.com

Bone Stimulator

Referrals are made to:

- Bill Bauwer Elizur O & P (O) 412-358-4523, (M) 412-403-7125, (F) 412-358-9646 Billbauerjr@elizurcorp.com
- Susan Rendulic Zimmer Biomet Bone Healing (M) 412-965-0269 (F) 412-774-2971

MAKE SURE NOTES UPDATED FOR EVIDENCE OF DELAYED UNION AND NONUNION AND RISK FACTORS WITH ESTIMATED CONSEQUENCES.

Meds & Orders

Frequently Ordered Labs:

- Infection Panel
 - CBC w/Differential
 - ESR (Sedimentation Rate)
 - CRP (C-Reactive Protein)
- Nicotine Quantitative Urine
- Metabolic Panel (See pre-printed Rx found in this folder; drawn by PCP)

Frequently Ordered Injections (NO Epi ALWAYS)

- Depo Medrol 40mg
 - 1 mL (40mg) w/2mL Lidocaine 1% w/2ml Marcaine 0.25%
 - 22G needle

Frequently Ordered Xrays

Foot X-ray

- X-ray Foot 3V-Standing AP/Lat/Oblique
- X-ray Foot 3V-AP/Lat/Oblique (for nonweightbearing patient's only)

Ankle X-ray

- X-ray Ankle 3V-Standing AP/Lat/Oblique
- X-ray Ankle 3V-AP/Lat/Oblique (for nonweightbearing patient's only)

Frequently Ordered Imaging (External Imaging)

- MRI ankle w/out contrast
- MRI foot w/out contrast
- CT ankle w/out contrast
- CT foot w/out contrast
- 3-phase bone scan
- Indium/Ceretec/WBC scan

Other Frequently Ordered Tests

- EMG/NCS
- Other Epic Orders
 - 3D CT: CT RECONSTR CORONAL SAGITTAL MULTIPLANAR OBLIQUE 3D

- o Bone-length discrepancy: XRAY BONE LENGTH

Frequently Ordered Medications & Dosing

- o Percocet 5-325 mg tablet
 - o Take 1-2 tablets every four to six hours as needed for pain
 - Quantity: 30 tablets Refills: 0
- o Norco 5-325mg tablet
 - o Take 1-2 tablets every four to six hours as needed for pain
 - Quantity: 30 tablets Refills: 0
- o Dilaudid 2mg
 - o Take 1-2 tablets every four to six hours as needed for pain
 - Quantity: 30 Refills: 0
- o Tramadol 50mg
 - o Take 1-2 tablets every six to hour hours as needed for pain
 - Quantity: 30 tablets Refills: 0
- o Tylenol w/Codeine 300-30mg
 - o Take 1 tablet every six hours as needed for pain
 - Quantity: 30 tablets Refills: 0
- o Mobic 7.5mg
 - o Take 1 tablet twice daily
 - Quantity: 60 tablets Refills: 2
- o Celebrex 200mg
 - o Take 1 tablet twice daily
 - Quantity: 40 tablets Refills: 0
 - Quantity: 3 tablets (for post-op patients x3 days after surgery)
- o Aspirin EC 81 mg
 - o Take 2 tablet once daily
 - Quantity: 60 tablets Refills: 0
- o Zofran 4mg
 - o Take 1 tablet every 6 to 8 hours as needed for nausea
 - Quantity: 20 tablets Refills: 0
- o Ibuprofen 800mg
 - o Take 1 tablet three times daily as needed for pain
 - Quantity: 30 tablets Refills: 0
- o Gabapentin 300mg (Taper)
 - o Take 1 tablet (300MG) by ORAL route at night for 3 nights then add 1 tablet in the morning for 3 mornings; then add 1 tablet at lunch for 3 days. Ending in 1 three times a day
 - Quantity: 60 tablets Refills: 0-2
- o Gabapentin 300mg
 - o Take 1 tablet three times daily
 - Quantity: 60 tablets Refills: 3

- o Vitamin D 5,000 IU
 - o Take 1 tablet once daily
 - Quantity: 30 tablets Refills: 3
- o Vitamin D 50,000 IU
 - o Take 1 tablet once weekly
 - Quantity: 12 tablets Refills: 1
- o Fosamax 70mg
 - o Take 1 tablet once weekly with food
 - Quantity: 12 tablets Refills: 3
- o Miacalcin Nasal Spray
 - o Spray in nostril one time daily. Alternate nostrils each day
 - Quantity: 2 Refills: 1
- o Bactrim DS 800-600mg tablets
 - o Take 1 tablet twice daily
 - Quantity: 20-28 tablets Refills: 0
- o Clindamycin 150 mg tablets
 - o Take 1 tablet three times daily
 - Quantity: 30 tablets Refills: 0
- o Keflex (Cephalexin) 500mg
 - o Take 1 tablet four times daily
 - Quantity: 40-56 tablets Refills: 0
- o Levaquin 500mg tablets
 - o Take one tablet once daily
 - Quantity: 20-28 tablets Refills: 0

Physical Therapy

All orders are made external. The patient chooses the facility of UPMC they wish to go to. A list of local physical therapists will be given to patients in the clinic.

PT/OT Smart Phrases

Each smart phrase is made up of PT, type of therapy and AY.

- o **.ptachAY – Achilles Tendonitis**
- o **.ptankleAY – Ankle Instability/Peroneal Tendonitis**
- o **.ptpttdAY – Posterior Tibia Tendonitis**
- o **.ptpfAY – Plantar Fasciitis**
- o **.ptbunionAY – Bunion**
- o **.ptfdltAY – FDL Transfer (Posterior Tibia Tendon)**
- o **.ptarAY – Total Ankle Replacement (TAR)**
- o **.ptachrupAY – Achilles Repair (Primary)**
- o **.ptachfhlAY – Achilles Repair (w/FHL transfer)**

**Dr. Yan frequently orders PT for modalities, balancing, gait training or ROM/strengthening. There aren't any templates available; therefore manually type this in with a frequency visit of 2-3x per week for 6 weeks.

KCI Wound VAC Orders

1. Fill out the KCI order form (found later in this book)
2. Dressing Change Order should include the following:
 - a. 3x per week
 - b. 125mmHg
 - c. State site of wound
3. Fax copy of the order form and dressing change order to KCI

Surgery Pre-Op

Julie Linze is Dr. Yan's clinic O.R. pre-op coordinator:

Julie Linzie, Clinical Coordinator

(O) 412-232-9089

(M) 412-638-6138

Email: linziejp@upmc.edu

If Julie not available then ask for Jessica Rathke:

Jessica Rathke,
Administrative Assistant

(O) 412-232-8106,

(M) 412-860-4727

Scheduled Pre-Op :

If the patient is scheduled to come in today for their pre-op. You will need the following:

- o Surgical Packet (**RED FOLDER**), including:
 - o Consent Form
 - o H&P and preop check list by Kristi
 - o Equipment Sheet
 - o Patient information packets given to patient in clinic

- o Posting Sheet filled out by Dr. Yan for Kristi and Julie.

Red Folders goes back to Julie Linze same day of the clinic.

After the Visit

Some patients will have DME needs. Dr. Yan or Kristi will let O & P rep know.

Colleen or Kristi or other PA in the clinic will go over the preop list with the patient and all questions answered on the day of preop clinic.

Post-Op Appointment

Usually 2 weeks after surgery scheduling after the surgery at discharge. Some time Dr. Yan will need to adjust the time for first post op date and will notify staff.

Anesthesia Guidelines for PreOp at UPMC

https://infonet.upmc.com/ClinicalTools/StandardsOfCare/Documents/Anesthesia_Guidelines_for_Preoperative_Testing.pdf

O.R. Equipment Contact

Kristal – Mercy OR Equipment and Other Request Contact

Phone: (412) 849-7814

Allison – Montifiore OR Equipment and Other Request Contact

Phone: (412) 915-8423

Surgical Implants Rep. Contact

Acumed Fibular Nail and Ankle Posterior Plates

- **Mike**
 - o Phone: (412) 860-1532

Arthrex (Mid-Atlantic Surgical Systems)

- **Vince Donofrio**
 - o Phone: (724) 877-6229
 - o Email: vdonofrio@masurgical.com
 - o Lab Address: 790 Holiday Dr, Pittsburgh, PA 15220
- **Dave Henzler – Arthrex Senior**
 - o Phone: (412) 596-2852

Integra Implant

- **Felicia Reid**
 - o Phone: (724) 541-9177
- **Matthew Gaughan – Integra Implant Senior**
 - o Phone: (412) 913-8692
 - o Email: matthew.gaughan@integralife.com

Integra Dermal Graft

- **Matt**
 - o Main Phone: (412) 888-9771
 - o Home Phone: (484) 886-8387

McCormik SEAL Frame

- Phone: (412) 580-1241
- **Nick – SEAL Frame Senior**
 - o Phone: (610) 442-1017

Paragon28

- **Gaby**
 - o Phone: (412) 266-4044

Smith+Nephew TSF Frame

- **Jason Dailey – Senior Trauma Representative**
 - o Phone: (412) 592-6244
 - o Email: Jason.Dailey@smith-nephew.com
- **Patrick – Smith+Nephew Arthroscopy**
 - o Phone: (412) 897-9531

Stryker

- **Frank Intrieri**
 - o Phone: (724) 875-0922

Synthes

- **Mike Cortes**
 - o Phone: (412) 728-6421

Trimed

- **Rob**
 - o Phone: (310) 780-3775

Zimmer

- **Zimmer Biomet**
 - o **Sean Lakinski**
 - Phone: (412) 600-8337
 - o **Tim DiClaudio – Zimmer Biomet Senior**
 - Phone: (412) 997-5406
 - Email: tim_diclaudio@yahoo.com
- **Zimmer and In2bone**
 - o **John**
 - Phone: (412) 512-4113

Wright Medical and Exactech

- **Alex – Cartiva, Wright Medical, and Exactech Total Ankle**
 - o Phone: (412) 427-8482
- **Dan Wright – Wright Medical and Exactech Senior**
 - o Phone: (412) 302-7146

Referral Directory

- Hand Surgery:
John Fowler, MD
(O) 412-605-4245
(M) 412-216-3910
- Orthopedic Oncology:
Stella Lee, MD
(O) 412-802-4123
(M) 302-757-0200
- Physical Medicine & Rehabilitation:
- Podiatry:
Patrick Burns, DPM
(O) 412-232-9080
(M) 412-974-5985

Jeff Manway, DPM
(O) 412-858-0354
(M)
- Plastic Surgery:
Guy Stofman, MD
(O) 412-232-5616
(M) 312-370-6313
- Sports Med:
Vyas Dharmesh, MD
(O) 412-687-3900
- Shoulder Elbow:
Albert Lin, MD
(O) 412-432-3600
(M) 412-901-1124
- Total Joints:
Michael O'Malley, MD
(O) 412-687-3900
(M) 412-688-3896
- Trauma:
Gele Moloney, MD
(O) 412-687-3900
(M) 914-564-6784

- Spine surgery:
Joon Yung Lee, MD
(O) 412-687-3900
(M) 4120400-5098

- Pain Management:
Ajay D. Wasan, MD
(O) 412-665-8030

Blood Clot Patient Information Form

UPMC FOOT & ANKLE ORTHOPAEDIC SURGERY DIVISION

Deep Venous Thrombosis / Pulmonary Embolism “Blood Clots”

Dr. Yan is providing this information to educate all patients about the potential risks of deep venous thrombosis and pulmonary embolism. These entities are commonly referred to as “blood clots.” Blood clots can develop in association with orthopedic problems related to the foot, ankle, and lower extremity. The blood clots can form in the veins of a patient’s legs and in some instances, the blood clots can travel to a patient’s lungs, killing the patient. Certain conditions have a higher risk of leading to blood clots. Certain patients may also have risk factors that predispose them to forming blood clots.

Certain medications can be utilized to decrease but not eliminate the risk of forming a blood clot. That being stated, there is no formal recommendation from the American College of Chest Physicians, The American Academy of Orthopedic Surgeons, or the American Foot and Ankle Society for giving patients, with problems related to the foot, ankle, or leg below the knee, medicines to decrease the risk of forming blood clots. Formal recommendations by the American College of Chest Physicians are for patients to mobilize (move) to the best of their ability in an effort to decrease their risk of venous thromboembolism after any type of surgery to the foot, ankle, or lower leg below the knee. Several studies also support not giving patients medications to prevent blood clots after foot, ankle, or lower leg surgery because of the low risk of forming a blood clot.

If there is not a good reason for using powerful medicines to decrease the risk of getting blood clots, there is some evidence that aspirin in the form of one aspirin tablet daily (either baby aspirin or 325 mg aspirin) can be taken to decrease the risk of getting a blood clot. If it is felt that a patient is at higher risk for getting a blood clot, then there may be a reason for giving powerful medicines to decrease the risk of getting a blood clot. With all of this being stated, Dr. Yan will discuss with you your own risks of blood clots and whether or not he feels that it is necessary for you to receive any form of medicine or rather to simply mobilize (move more).

It should be known that with powerful medicines such as Coumadin, Lovenox, Arixtra, Fragmin, Xarelto, or any newer medicines, there are significant risks. These risks include but are not limited to, bleeding into the surgical site leading to significant complications; the risk of sustaining a fall while recovering from any type of orthopedic condition leading to a bleed into your brain or a bleed into another area of the body which could prove deadly; the risk of bleeding into your stomach; the inherent risk in utilization of some of these medicines of forming Heparin induced thrombocytopenia; and other potential complications. The benefits of powerful medicines are potentially lowering the chances of a fatal blood clot. The benefits of aspirin utilization are that in some studies there is a decreased risk of forming a blood clot with fewer risks. That being stated, aspirin itself is not without some potential risk.

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Considering that this is a complicated issue, you are encouraged to ask Dr. Yan questions about the need for medications to prevent venous thromboembolism, and he will do his best to answer all of your questions. Finally, if at any time throughout your treatment you develop calf pain, calf swelling, chest pain, or shortness of breath, it is recommended that you contact our office but at the same time go to an Emergency Room to be evaluated for a venous thromboembolic disease and to be treated appropriately.

Thank you,

Alan Y. Yan, M.D.

I have read and understand the above material, have asked Dr. Yan all of my questions, have had my questions answered to my satisfaction, and have received a copy of this form.

Signature _____ Date _____

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