



SURGERY PACKET



DAVID R. MACK, M.D.

FELLOW, AMERICAN ACADEMY OF
ORTHOPAEDIC SURGEONS

DIPLOMATE, AMERICAN BOARD OF
ORTHOPAEDIC SURGERY

SUBSPECIALTY CERTIFIED,
ORTHOPAEDIC SPORTS MEDICINE

MEDICAL DIRECTOR, NORTH
CYPRESS SPORTS MEDICINE CENTER

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Biography

Dr. Mack has been practicing orthopedic surgery in Houston, Texas since 1995. He specializes in all aspects of reconstructive surgery of the knee and shoulder, and has a special interest in the treatment of current and former athletes and sports medicine injuries. He is certified by the American Board of Orthopaedic Surgery, and holds a Subspecialty Certificate in Orthopaedic Sports Medicine. He is also a Fellow in the American Academy of Orthopaedic Surgeons, and a member of the Arthroscopy Association of North America.

Dr. Mack has served as the Medical Director of the North Cypress Medicine Center since its founding, and was formerly a Clinical Instructor for Baylor College of Medicine. He has also served as team physician for numerous local high schools, and is currently head team physician for the Cy-Falls Eagles and Houston Christian Mustangs. In his practice he has treated professional, Olympic, collegiate, and many amateur high school and club athletes. He enjoys a wide variety of sports including running, cycling, and snow skiing, and has completed a full marathon, a number of half marathons, triathlons, and other competitions.

Dr. Mack is on the active medical staff at North Cypress Medical Center, Methodist Willowbrook Hospital, Cy-Fair Surgery Center and the Wortham Surgery Center.

Dr. Mack graduated summa cum laude from the University of Texas, and was elected Phi Beta Kappa. He completed his medical school training at Baylor College of Medicine where he was a member of the Alpha Omega Alpha Honor Society and graduated with High Honors. He completed his orthopaedic surgical residency at Baylor of College of Medicine in the Texas Medical Center. His surgical training included study abroad in both Switzerland and Australia where he concentrated his interest on surgical techniques in both knee and shoulder surgery.

Dr. Mack commonly performs the following surgeries:

KNEE

- ACL reconstruction
- PCL reconstruction
- Combined Ligament Reconstruction including MCL, LCL, and posterolateral corner injuries
- Meniscal Repair
- Autologous Chondrocyte Implantation (©Carticel Procedure)
- Autograft and Allograft Cartilage Transfer (OATS Procedure)
- Patellofemoral ligament reconstruction
- Patellofemoral osteotomy and re-alignment
- Knee arthroscopy, meniscectomy, chondroplasty, and microfracture
- Partial knee replacement, including custom unicompartmental and bicompartamental replacements (©Conformis IUni and IDuo)
- Total knee replacements, including computer navigation and custom instrumentation (©Trumatch) and custom implants (©Conformis ITotal)

SHOULDER

- Rotator cuff repair
- SLAP repair
- Instability repair, including the Bankhart procedure and posterior labral repair
- Acromioclavicular joint repair and reconstruction
- Biceps repair and tenodesis
- Shoulder arthroscopy, capsular release for frozen shoulder, and chondroplasty
- Partial shoulder replacement and re-surfacing
- Total shoulder replacement
- Reverse total shoulder replacement



David R. Mack, M.D.

Team Members

Jacel Brooks, M.D.

Dr. Brooks assists Dr. Mack with the evaluation and non-operative management of patients. Dr. Brooks is double boarded in Pediatrics and Sports Medicine. He graduated from the University of Alabama, and completed his residency in Pediatrics at Baylor College of Medicine. He then completed a one year fellowship in Sports Medicine with the renowned Dr. James Andrews in Birmingham, Alabama. He is accomplished in the use of in-office ultrasound for the diagnosis of soft tissue injuries, and experienced in the application of Platelet Rich Plasma (PRP) for the non-operative treatment of injuries and degenerative conditions.

Julie Coulter, PA-C

Julie is a certified Physician's Assistant who has worked with Dr. Mack since 2005. She assists him daily in surgery and in the office evaluation of patients, and coordinates post-operative care. You will likely see Julie at your first post-operative appointment.

Tel: (281) 664-2136

Email: jcoulter@advancedosm.com

Lyn Scheffer

Lyn has been with Dr. Mack since 1995 and works with him in the office in coordinating the outpatient evaluation of patients, scheduling tests, and assisting with follow-up communication on test results and surgery scheduling.

Tel: (281) 664-2121

Email: lscheffer@advancedosm.com

Josette Carr

Josette is Dr. Mack's and Dr. Brooks' Medical Assistant, and assists Lyn Scheffer with patient follow-up. She recently joined the team after four years working in Iraq.

Tel: (281) 664-2121

Email: jcarr@advancedosm.com

Monica Shirley

Monica is our financial consultant and is available during regular business hours to answer questions on payment and billing issues. Please be aware that billing questions about the hospital or surgery center will need to be directed to the facility's staff.

Tel: (281) 664-2434

Email: mshirley@advancedosm.com

If Monica is unavailable, please contact:

Charlene Dean

Tel: (281) 664-2168

Allison Wells

Tel: (281) 664-2163

Cynthia Aguirre

Cynthia schedules new patient and follow-up appointments. If Cynthia is unavailable, any of our other appointment schedulers can assist you as well.

Tel: (281) 955-7577 or (281) 664-2133

Email: caguirre@advancedosm.com



Pre-operative Instructions (Before Surgery) **David R. Mack, M.D.**

Please read these instructions carefully. They are designed to maximize your safety and prevent possible complications related to your surgery.

1. **MEDICATIONS:** If you take **anti-inflammatories**, such as Aleve or Advil, STOP these 7 days prior to surgery to minimize bleeding. If you take other **blood thinners** such as Coumadin, Plavix, or Pradaxa, contact your regular doctor for instructions as these will need to be stopped as well. STOP all **dietary and herbal supplements** 14 days prior to your surgery. You MAY CONTINUE to take baby aspirin, blood pressure medication, and other regular medication such as cholesterol and thyroid pills. If you are diabetic and take medication including insulin, contact your regular doctor for instructions.
2. **DIET:** DO NOT eat or drink anything, including water, coffee, tea, mints, or gum, after midnight prior to surgery. You may take your blood pressure medication with a small sip of water the morning of surgery.
3. **CLOTHING:** In general, wear loose fitting clothes such as T-shirts, shorts, or jogging suits, and do not wear make-up or jewelry. If you were given crutches, a knee brace, a shoulder immobilizer, or a cryotherapy unit, bring these with you to surgery.
4. **TIME/SCHEDULE:** You will be instructed by the hospital or surgery center when to arrive, usually two hours prior to your start time. Because schedules may change due to emergencies or other issues, arrange to be available ALL DAY, and keep your cell phone with you just in case you need to be contacted.
5. **DRIVING:** You MAY NOT drive yourself home. Arrange to have an adult over 18 years old available to drive you home.



Post-operative Instructions (After Surgery)
David R. Mack, M.D.
KNEES-ARTHROSCOPY AND ACL SURGERY

- **BANDAGES:** For routine arthroscopy, remove your bandages 24 hours after surgery and cover the small incisions with bandaids daily until your sutures are removed. For ACL surgery, do not remove your bandages—we will do this for you in the office, 1 to 5 days following your surgery. ACL patients need to keep their incisions covered while in physical therapy until all sutures are removed, usually 10-14 days after surgery.
- **BLEEDING:** Some bleeding is normal after surgery, and may soak through the bandage. You may reinforce the bandage with cotton gauze if needed, and re-wrap the Ace bandage. Call if the bleeding appears to be excessive.
- **PAIN:** Take your pain medication as prescribed, usually Norco or Vicodin, both of which contain hydrocodone. Because these medications contain Tylenol (acetaminophen) DO NOT take supplemental Tylenol due to the possibility of liver damage.
- **NAUSEA:** You will receive a prescription for a nausea medication, usually Phenergan. Take this as directed every 6 hours as needed. Once you stop taking the pain medication, the nausea usually resolves.
- **CRYOTHERAPY (ICE):** Cryotherapy and ice help tremendously with both pain and swelling. If you were given a cryotherapy unit, use it 6-8 hours per day for the first 72 hours, and then as needed following exercise or physical therapy sessions. If you are using ice packs or gel packs, place these over a towel or cloth and alternate 15 minutes on, 15 minutes off to prevent frost bite or soft tissue injury.

- **FEVER:** Low grade fever below 101.5°F is common for several days after surgery and does not usually indicate an infection. Breathe deeply to prevent fever from atelectasis (lung problems) and the fever generally subsides. If your temperature remains elevated or is higher than 101.5°F, call us for instructions.
- **BLOOD CLOTS:** Blood clots are an uncommon but potentially serious complication of knee surgery. If you have had a prior history of blood clots, let us know so we can prescribe appropriate blood thinners. Signs of a blood clot include severe calf pain and severe leg swelling. Some swelling is normal and not a sign of a blood clot. If you develop these symptoms, contact us immediately. If you develop chest pain or shortness of breath, call 911, then contact our office.
- **FOLLOW-UP:** For routine arthroscopy, contact our office for an appointment 5-7 days after your surgery. For ACL surgery, you will need to be seen 1-5 days after surgery for an initial dressing/bandage change, then 10-14 days after surgery to have your stitches removed.
- **PHYSICAL THERAPY:** Physical therapy is essential for successful ACL surgery and is always prescribed. This will begin as soon as practical after surgery, usually within the first 3-7 days. For routine arthroscopy, physical therapy may or may not be needed. We will discuss this at your first post-operative visit.
- **CPM (CONTINUOUS PASSIVE MOTION):** CPM is used routinely after ACL surgery but not for routine knee arthroscopy. A representative will contact you to deliver the machine to your home and provide you further instructions. It is generally used 6-8 hours per day for the first 2 weeks after surgery.
- **KNEE BRACE:** A knee brace is always used after ACL surgery. It should be worn at all times in a locked position with the knee straight except while in physical therapy, CPM, or while sleeping.
- **SHOWERING/BATHING:** Do not submerge your knee in a tub, hot tub, or pool until all sutures have been removed. For routine arthroscopy, you may shower 24 hours after surgery, but try to keep your knee out of the direct stream of water. When finished showering, pat dry with a clean cotton towel, and cover the incisions with bandaids. For ACL surgery, do not shower until after your first dressing change in the office, and keep your incisions covered at all times while in physical therapy.



Post-operative Instructions (After Surgery) **David R. Mack, M.D.** KNEES-PARTIAL AND TOTAL REPLACEMENT

- **JOINT SCHOOL:** All patients are encouraged to attend joint school at least one week prior to your surgery. Seminars are held weekly at North Cypress Hospital, and last about an hour.
- **BANDAGES:** Your bandage will be changed by the hospital nursing staff approximately 24 hours after your surgery. Prior to your discharge, a special silver-impregnated bandage will be applied which helps prevent infection. Do not remove this bandage unless it becomes soiled or soaked with water prior to your follow-up visit in our office.
- **PAIN:** Take your pain medication as prescribed, usually Norco or Vicodin, both of which contain hydrocodone, or Percocet, a stronger painkiller containing oxycodone. Because these medications contain Tylenol (acetaminophen) **DO NOT** take supplemental Tylenol due to the possibility of liver damage.
- **NAUSEA:** You will receive a prescription for a nausea medication, usually Phenergan. Take this as directed every 6 hours as needed. Once you stop taking the pain medication, the nausea usually resolves.
- **CRYOTHERAPY (ICE):** Cryotherapy and ice help tremendously with both pain and swelling. If you were given a cryotherapy unit, use it 6-8 hours per day for the first 72 hours, and then as needed following exercise or physical therapy sessions. If you are using ice packs or gel packs, place these over a towel or cloth and alternate 15 minutes on, 15 minutes off to prevent frost bite or soft tissue injury.
- **FEVER:** Low grade fever below 101.5°F is common for several days after surgery and does not usually indicate an infection. Breathe deeply to prevent fever from

atelectasis (lung problems) and the fever generally subsides. If your temperature remains elevated or is higher than 101.5°F, call us for instructions. The routine use of antibiotics after your discharge is not recommended and therefore they will not be prescribed.

- **BLOOD CLOTS:** Blood clots are an uncommon but potentially serious complication of knee surgery. You will receive a prescription for a blood thinner prior to discharge, usually Lovenox (injections) or Xarelto (a daily pill). It is important to use these blood thinners DAILY for at least TWO WEEKS, and sometimes longer depending on your medical history. Signs of a blood clot include severe calf pain and severe leg swelling. Some swelling is normal and not a sign of a blood clot. If you develop these symptoms, contact us immediately. If you develop chest pain or shortness of breath, call 911, then contact our office.
- **FOLLOW-UP:** We want to see you back in our office TWO WEEKS after your surgery date. Please call for an appointment.
- **PHYSICAL THERAPY:** Physical therapy is essential for successful knee replacement surgery. It will begin the first day after your surgery, and continue daily while in the hospital, and generally 3 days a week for 1-2 months after discharge. Often home therapy can be arranged for the first two weeks. The nurse case manager at the hospital will discuss this with you while you are in the hospital.
- **SHOWERING/BATHING:** Do not submerge your knee in a tub, hot tub, or pool until all sutures have been removed, usually at your two week visit. You may shower on the second day after your surgery, but keep your bandage and incision clean and dry at all times.
- **DENTAL WORK:** You will require prophylactic antibiotics FOR LIFE while undergoing dental work, although the risk of infection is highest for the first two years. Antibiotics are also recommended for certain other invasive surgical procedures. Most dentists are aware of these recommendations and can prescribe the appropriate antibiotics for you. See the attached table for the current recommendations by the Patient Safety Committee of American Academy of Orthopaedic Surgeons.

In general, recommendations for dental work are:

1. Keflex or amoxicillin, 2 g by mouth, 1 hour prior, or
2. Clindamycin, 600mg by mouth, 1 hour prior, if allergic to Penicillin

| Procedure | Antimicrobial Agent | Dose | Timing | Duration |
|------------------------------------|--|---|---|---|
| Dental | Cephalexin, cephradine, amoxicillin | 2 gm PO | 1 hour prior to procedure | Discontinued within 24 hours of the procedure. For most outpatient/office-based procedures a single pre-procedure dose is sufficient. |
| Ophthalmic | Gentamicin, tobramycin, ciprofloxacin, gatifloxacin, levofloxacin, moxifloxacin, ofloxacin, or meomycin-gramicidin-polymyxin B cefazolin | Multiple drops topically over 2 to 24 hours or 100 mg subconjunctivally | Consult ophthalmologist or pharmacist for dosing regimen | |
| Orthopaedic† | Cefazolin Cefuroxime OR Vancomycin | 1-2 g IV 1.5 g IV 1 g IV | Begin dose 60 minutes prior to procedure | |
| Vascular | Cefazolin OR Vancomycin | 1-2 g IV 1 g IV | Begin dose 60 minutes prior to procedure | |
| Gastrointestinal | | | | |
| Esophageal, gastroduodenal | Cefazolin | 1-2 g IV | Begin dose 60 minutes prior to procedure | |
| Biliary tract | Cefazolin | 1-2 g IV | | |
| Colorectal | Neomycin + erythromycin base (oral) | 1 g | Dependent on time of procedure, consult with GI physician and/or pharmacist | |
| | OR metronidazole (oral) | 1 g | | |
| Head and neck | Clindamycin + gentamicin OR cefazolin | 600-900 mg IV 1.5 mg/kg IV 1-2 g IV | Begin dose 60 minutes prior to procedure | |
| Obstetric and gynecological | Cefoxitin, cefazolin Ampicillin/sulbactam | 1-2 g IV 3 g IV | Begin dose 60 minutes prior to procedure | |
| Genitourinary | Ciprofloxacin | 500 mg PO or 400 mg IV | 1 hour prior to procedure Begin dose 60 minutes prior to procedure | |



Post-operative Instructions (After Surgery)

David R. Mack, M.D.

SHOULDERS-ARTHROSCOPY, ROTATOR CUFF, AND INSTABILITY

- **BANDAGES:** For routine arthroscopy, remove your bandages 24 hours after surgery and cover the small incisions with bandaids daily until your sutures are removed, USUALLY 5-7 DAYS AFTER SURGERY.
- **BLEEDING:** Some bleeding is normal after surgery, and may soak through the bandage. You may reinforce the bandage with cotton gauze if needed, and secure with medical tape, available at any pharmacy. Call if the bleeding appears to be excessive.
- **PAIN:** Take your pain medication as prescribed, usually Norco or Vicodin, both of which contain hydrocodone. Because these medications contain Tylenol (acetaminophen) DO NOT take supplemental Tylenol due to the possibility of liver damage.
- **NAUSEA:** You will receive a prescription for a nausea medication, usually Phenergan. Take this as directed every 6 hours as needed. Once you stop taking the pain medication, the nausea usually resolves.
- **CRYOTHERAPY (ICE):** Cryotherapy and ice help tremendously with both pain and swelling. If you were given a cryotherapy unit, use it 6-8 hours per day for the first 72 hours, and then as needed following exercise or physical therapy sessions. If you are using ice packs or gel packs, place these over a towel or cloth and alternate 15 minutes on, 15 minutes off to prevent frost bite or soft tissue injury.
- **FEVER:** Low grade fever below 101.5°F is common for several days after surgery and does not usually indicate an infection. Breathe deeply to prevent fever from atelectasis (lung problems) and the fever generally subsides. If your temperature remains elevated or is higher than 101.5°F, call us for instructions.

- **BLOOD CLOTS:** Blood clots are extremely uncommon after shoulder surgery, and for this reason we normally do not prescribe blood thinners.
- **FOLLOW-UP:** For routine arthroscopy, contact our office for an appointment 5-7 days after your surgery.
- **PHYSICAL THERAPY:** Physical therapy is essential for successful shoulder surgery and is almost always prescribed. This will begin as soon as practical after surgery, usually within the first 5-7 days. Certain restrictions on your range of motion and physical activity may apply, and we will discuss this with you after your surgery.
- **CPM (CONTINUOUS PASSIVE MOTION):** CPM is not used routinely after shoulder surgery except in cases of adhesive capsulitis (frozen shoulder). A representative will contact you to deliver the machine to your home and provide you further instructions. It is generally used 6-8 hours per day for the first 2 weeks after surgery.
- **SHOULDER IMMOBILIZER:** A shoulder immobilizer (usually an Ultrasling®) is almost always used after most arthroscopic shoulder surgery. For rotator cuff and instability repairs, this is usually worn for 6 weeks except while in physical therapy, showering, or resting quietly at home. We will give you further instructions depending on your exact surgery at your first post-operative visit.
- **SHOWERING/BATHING:** Do not submerge your shoulder in a tub, hot tub, or pool until all sutures have been removed. For routine arthroscopy, you may shower 24 hours after surgery, but try to keep your shoulder out of the direct stream of water. When finished showering, pat dry with a clean cotton towel, and cover the incisions with bandaids.



Post-operative Instructions (After Surgery)

David R. Mack, M.D.

SHOULDERS-PARTIAL, TOTAL, AND REVERSE REPLACEMENT

- **JOINT SCHOOL:** All patients are encouraged to attend joint school at least one week prior to your surgery. Seminars are held weekly at North Cypress Hospital, and last about an hour.
- **BANDAGES:** Your bandage will be changed by the hospital nursing staff approximately 24 hours after your surgery. Prior to your discharge, a special silver-impregnated bandage will be applied which helps prevent infection. Do not remove this bandage unless it becomes soiled or soaked with water prior to your follow-up visit in our office.
- **PAIN:** Take your pain medication as prescribed, usually Norco or Vicodin, both of which contain hydrocodone, or Percocet, a stronger painkiller containing oxycodone. Because these medications contain Tylenol (acetaminophen) **DO NOT** take supplemental Tylenol due to the possibility of liver damage.
- **NAUSEA:** You will receive a prescription for a nausea medication, usually Phenergan. Take this as directed every 6 hours as needed. Once you stop taking the pain medication, the nausea usually resolves.
- **CRYOTHERAPY (ICE):** Cryotherapy and ice help tremendously with both pain and swelling. If you were given a cryotherapy unit, use it 6-8 hours per day for the first 72 hours, and then as needed following exercise or physical therapy sessions. If you are using ice packs or gel packs, place these over a towel or cloth and alternate 15 minutes on, 15 minutes off to prevent frost bite or soft tissue injury.
- **FEVER:** Low grade fever below 101.5°F is common for several days after surgery and does not usually indicate an infection. Breathe deeply to prevent fever from atelectasis (lung problems) and the fever generally subsides. If your temperature

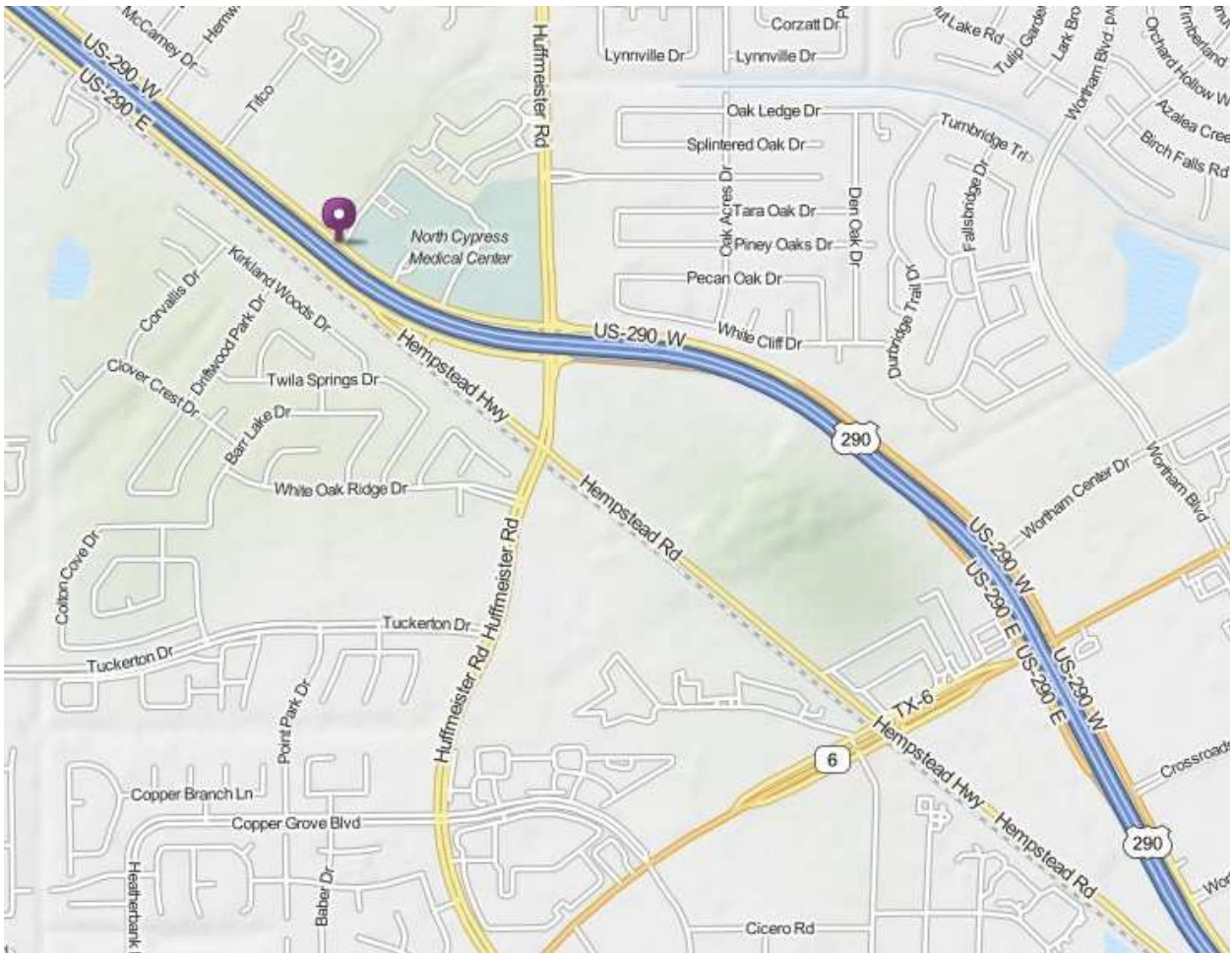
remains elevated or is higher than 101.5°F, call us for instructions. The routine use of antibiotics after your discharge is not recommended and therefore they will not be prescribed.

- **BLOOD CLOTS:** Blood clots are uncommon after shoulder replacement, and because of this blood thinners are not routinely prescribed. If you have a history of blood clots, however, notify us immediately.
- **FOLLOW-UP:** We want to see you back in our office TWO WEEKS after your surgery date. Please call for an appointment.
- **PHYSICAL THERAPY:** Physical therapy is essential for successful shoulder replacement surgery. It will begin the first day after your surgery, and continue daily while in the hospital, and generally 3 days a week for 1-2 months after discharge. Often home therapy can be arranged for the first two weeks. The nurse case manager at the hospital will discuss this with you while you are in the hospital.
- **SHOULDER IMMOBILIZER:** Wear your shoulder immobilizer (usually an Ultrasling®) daily for 6 weeks after your surgery, except while in physical therapy or resting comfortably at home.
- **SHOWERING/BATHING:** Do not submerge your shoulder in a tub, hot tub, or pool until all sutures have been removed, usually at your two week visit. You may shower on the second day after your surgery, but keep your bandage and incision clean and dry at all times.
- **DENTAL WORK:** You will require prophylactic antibiotics FOR LIFE while undergoing dental work, although the risk of infection is highest for the first two years. Antibiotics are also recommended for certain other invasive surgical procedures. Most dentists are aware of these recommendations and can prescribe the appropriate antibiotics for you. See the attached table for the current recommendations by the Patient Safety Committee of American Academy of Orthopaedic Surgeons.

In general, recommendations for dental work are:

1. Keflex or amoxicillin, 2 g by mouth, 1 hour prior, or
2. Clindamycin, 600mg by mouth, 1 hour prior, if allergic to Penicillin

| Procedure | Antimicrobial Agent | Dose | Timing | Duration |
|------------------------------------|--|---|---|---|
| Dental | Cephalexin, cephradine, amoxicillin | 2 gm PO | 1 hour prior to procedure | Discontinued within 24 hours of the procedure. For most outpatient/office-based procedures a single pre-procedure dose is sufficient. |
| Ophthalmic | Gentamicin, tobramycin, ciprofloxacin, gatifloxacin, levofloxacin, moxifloxacin, ofloxacin, or meomycin-gramicidin-polymyxin B cefazolin | Multiple drops topically over 2 to 24 hours or 100 mg subconjunctivally | Consult ophthalmologist or pharmacist for dosing regimen | |
| Orthopaedic† | Cefazolin Cefuroxime OR Vancomycin | 1-2 g IV 1.5 g IV 1 g IV | Begin dose 60 minutes prior to procedure | |
| Vascular | Cefazolin OR Vancomycin | 1-2 g IV 1 g IV | Begin dose 60 minutes prior to procedure | |
| Gastrointestinal | | | | |
| Esophageal, gastroduodenal | Cefazolin | 1-2 g IV | Begin dose 60 minutes prior to procedure | |
| Biliary tract | Cefazolin | 1-2 g IV | | |
| Colorectal | Neomycin + erythromycin base (oral) | 1 g | Dependent on time of procedure, consult with GI physician and/or pharmacist | |
| | OR metronidazole (oral) | 1 g | | |
| Head and neck | Clindamycin + gentamicin OR cefazolin | 600-900 mg IV 1.5 mg/kg IV 1-2 g IV | Begin dose 60 minutes prior to procedure | |
| Obstetric and gynecological | Cefoxitin, cefazolin Ampicillin/sulbactam | 1-2 g IV 3 g IV | Begin dose 60 minutes prior to procedure | |
| Genitourinary | Ciprofloxacin | 500 mg PO or 400 mg IV | 1 hour prior to procedure Begin dose 60 minutes prior to procedure | |



North Cypress Medical Center
21214 Northwest Freeway
Cypress, TX 77429

CONTACTS

PRE – OPERATIVE APPOINTMENTS

North Cypress Medical Center

21214 NW FWY, Cypress, TX 77429

(832) 912-3992

Methodist Willowbrook Hospital

11800 Tomball Parkway, Houston, TX 77070

(281) 477-1900, ext #1

Cy-Fair Surgery Center

11250 Fallbrook, Houston, TX 77065

(281) 955-7194

Wortham Surgery Center

13114 FM 1960 West, Suite 118

Houston, TX 77065

(713) 559-9100

NORTH CYPRESS MEDICAL CENTER

Total Joint Replacement Education

Jo Bailey, RN-Joint Center Coordinator

(832) 912-9812

North Cypress Village Pharmacy

21212 NW FWY, #101, CYPRESS, TX 77429

(832) 912-6210

PHYSICAL THERAPY

North Cypress Sports Medicine Center

(832) 912-6330

AOSM Willowbrook Physical Therapy

(281) 955-7577, ext 2202