



Yalamanchili Surgery Packet

Patient: _____

DOB: _____

Procedure: _____

Diagnosis: _____

Surgery Date: _____

Pre-Operative Appointment: _____

Pre-Anesthesia Testing (PAT) Appointment: _____

Post-Operative Appointment: _____

Medical City Frisco
5500 Frisco Square Blvd
Frisco, TX 75034
214-618-0500

Allen Surgery Center
1125 Raintree Circle, Suite 200
Allen, TX 75013
469-898-8400

Live Oak Surgery Center
7211 Preston Rd, Suite 2100
Plano, TX 75024
469-488-1000

Important Phone Numbers

Office: 972-566-5255

Office Fax: 833-774-2575

Surgery Scheduler: 972-566-5255 (ext. 15110)

Medical Assistant: 972-566-5255 (ext. 15117)

PAT: 214-618-0500

DME: 512-436-9186

Surgery Day Checklist

☐ Medications

☐ DME (sling, crutches, brace, ice machine)

☐ Medical Clearance (PAT, PCP, cardiology)

☐ NPO after midnight on surgery day

☐ Transportation home after surgery

☐ Bring ID, insurance card, and payment

Restrictions

Postoperative weight-bearing and range-of-motion restrictions will be discussed with you prior to surgery and usually depend on the specific procedures performed. Most shoulder and hip surgeries require limited motion and non-weight bearing activity during the initial 2 weeks after surgery to allow for early healing.

For some knee surgeries, restrictions often depend on whether a meniscus repair was performed, as repairs typically require more protection than simple meniscectomies. Because every surgery is different, please follow the specific instructions provided by your surgeon regarding braces, crutches, slings, and activity progression.

Post-Operative Appointment

Your initial post-operative appointment is usually already scheduled approximately 2–3 weeks after surgery and is arranged at the time your surgery is scheduled. If you have any questions about your appointment date or time, please contact our clinic to confirm.

Rehabilitation

Physical therapy usually begins at 2 weeks after surgery. We usually give you your physical therapy prescription at your initial post-operative visit. Your rehabilitation protocol largely depends on what we end up doing during surgery. In select cases, we will give you your physical therapy prescription before surgery so that you can start immediately after surgery. We will give you our list for recommended facilities, but you can take your prescription anywhere you want.

Driving

No driving until cleared by your surgeon. No driving until cleared by your surgeon. Driving is generally permitted once you are safely walking without assistance, no longer taking narcotic pain medication, and able to comfortably control the vehicle. For shoulder surgery patients, driving should be avoided until your sling has been discontinued and you have adequate strength and control of the arm.

Wound Care

Arthroscopy Incisions: Change dressings to regular bandages after 24 hours. Resume showering after 24 hours. Keep incisions covered, dry when showering for 2 weeks. Use whatever you need to keep it covered. Shower covers also available at most pharmacies.

Open Incisions: Keep dressings on for 2 weeks. No need to change anything. Resume showering after 24 hours. Keep incisions covered, dry when showering for 2 weeks. Use whatever you need to keep it covered. Shower covers also available at most pharmacies.

No swimming, bathing, or submerging incisions until cleared by your surgeon.

Scar Care

Once your incisions are fully healed, gentle scar massage and daily use of silicone gel or silicone scar sheets may help improve scar appearance and reduce thickening. Protect scars from sun exposure with clothing or sunscreen (SPF 40+) for at least 6 months, as UV exposure can permanently darken scars. Genetics also play an important role in scar formation, and some patients may be more prone to developing thickened scars despite appropriate scar care.

Icing

Ice can help reduce pain and swelling after surgery and is recommended regularly during the first several weeks after your procedure. You may use either traditional ice packs or a cold therapy/ice machine if provided. A cold therapy/ice machine may be available upon request, though these devices are typically considered optional and are not covered by most insurance plans. Ice the surgical area for approximately 20 minutes at a time, at least 4 times throughout the day, making sure to place a thin layer between the ice and your skin to avoid irritation or frostbite.

If you are wearing a brace or sling, it is often helpful to briefly remove or loosen it while icing to allow the cold therapy to better reach the surgical area, unless you were specifically instructed otherwise. Swelling during the first week is common and may extend below the surgical site with bruising due to gravity.

Nerve Block

We perform most surgeries with a regional nerve block to help control pain after surgery. Temporary numbness, tingling, heaviness, or weakness in your arm or leg is normal and may last 24 – 72 hours depending on the type of block used. Begin taking prescribed pain medication before the block fully wears off to help avoid sudden increases in pain.

Return Precautions

Neurovascular Concerns ⚠️

- Regional nerve block should wear off by 48 hours.
- Watch for significant numbness, tingling, or weakness.
- Watch for abnormal coolness, paleness, or pulselessness.
- Go to ER immediately for any concerns.

Compartment Syndrome ⚠️

- Watch for severe pain not responding to pain medications.
- Watch for pain with gentle stretching fingers, toes.
- Watch for significant swelling, tightness, or blistering.
- Watch for significant numbness, tingling, or weakness.
- Go to ER immediately for any concerns.

Blood Clot (DVT) ⚠️

- Watch for increased posterior calf, thigh pain.
- Watch for abnormal unilateral leg swelling.
- Watch for difficulty breathing at rest. Sometimes it occurs even with light activity.
- Go to ER immediately for any concerns.

Pulmonary Embolus (PE) ⚠️

- Watch for sudden difficulty breathing.
- Watch for chest pain with deep breathing.
- Watch for rapid heart rate.
- Watch for lightheadedness, fainting, or vision problems.
- Go to ER immediately for any concerns.

Wound Concerns

- Watch for dressings become wet.
- Watch for persistent bleeding that soaks through dressings.
- Watch for wound dehiscence.
- Call office for any questions.
- Go to ER immediately for any concerns.

Infection

- Watch for fever greater than 101°F not responding to Tylenol.
- Watch for worsening redness, swelling, or pus around incision.
- Call office for any questions.
- Go to ER immediately for any concerns.

Medication Allergy

- Most common allergies include reactions to skin glue, dressings, or cleaning solution used during surgery.
- Watch for rash, itching, or hives not responding to Benadryl.
- Watch for severe reactions, including difficulty breathing, face swelling, or difficulty swallowing.
- Call office for any questions.
- Go to ER immediately for any concerns.

General Concerns

- Watch for worsening pain not responding to medications.
- Watch for fever greater than 101°F not responding to Tylenol.
- Watch for difficulty breathing, swallowing, or talking.
- Please call office for any symptoms that appear worrisome.

Medications

Shoulder

Voltaren 100 mg XR PO daily x 14 days, #14 pills
Lyrica 75 mg PO daily x 14 days, #14 pills
Percocet 10/325 mg PO q8h as needed for pain, #20 pills

Elbow

Voltaren 100 mg XR PO daily x 14 days, #14 pills
Lyrica 75 mg PO daily x 14 days, #14 pills
Percocet 10/325 mg PO q8h as needed for pain, #20 pills

Hip

Ecotrin 325 mg PO daily x 42 days, #42 pills
Losartan 25 mg PO daily x 6 weeks, #42 pills
Voltaren 100 mg XR PO daily x 14 days, #14 pills
Lyrica 75 mg PO daily x 14 days, #14 pills
Percocet 10/325 mg PO q8h as needed for pain, #20 pills

Knee

Ecotrin 325 mg PO daily x 14 days, #14 pills
Voltaren 100 mg XR PO daily x 14 days, #14 pills
Lyrica 75 mg PO daily x 14 days, #14 pills
Percocet 10/325 mg PO q8h as needed for pain, #20 pills

Ankle

Ecotrin 325 mg PO daily x 14 days, #14 pills
Voltaren 100 mg XR PO daily x 14 days, #14 pills
Lyrica 75 mg PO daily x 14 days, #14 pills
Percocet 10/325 mg PO q8h as needed for pain, #20 pills

Stop Medications Before Surgery*

Medication Class	Examples	Stop Before Surgery	Notes
Warfarin	Coumadin	5 days	Goal INR <1.5
DOAC	Apixaban, Rivaroxaban, Dabigatran	3–5 days	Longer if renal impaired
Aspirin	ASA, Ecotrin	5–7 days	Discuss with cardiology for stents
Clopidogrel	Plavix	5–7 days	Discuss with cardiology for stents
NSAID	Ibuprofen, Naproxen	3–7 days	Increased bleeding risk
Biologics (TNF Inhibitors)	Humira, Enbrel, Remicade	1 dosing cycle before	Increased infection risk
JAK Inhibitors	Tofacitinib, Upadacitinib	3–7 days	Discuss with rheumatology
Methotrexate	MTX	Continue	Consider holding with renal issues
Chronic Steroids	Prednisone	Continue	Might need stress dosing
GLP-1 Agonists	Semaglutide (Ozempic), Tirzepatide	7 days	Aspiration risk
Metformin	Glucophage	Hold on morning	Resume if renal function stable
Insulin	Various	Adjust dose	Discuss with PCP
ACEI / ARB	Lisinopril, Losartan	Hold on morning	To prevent hypotension
Beta Blockers	Metoprolol	Continue	To avoid withdrawal
Supplements / Herbals	Fish oil, Vitamin E, ginkgo	7–14 days	Increased bleeding risk

*Please check with your prescribing physician before stopping any medications.

Resume Medications After Surgery

Medication Class	Resume
Anticoagulants	24 hours after surgery
Biologics	2 weeks after surgery
GLP-1	24 hours after surgery
ACEI/ARB	24 hours after surgery
Metformin	24 hours after surgery

About Dr. Raj Yalamanchili

Dr. Raj Yalamanchili is a double board-certified orthopaedic surgeon with advanced fellowship training in sports medicine, shoulder replacement, and minimally invasive, arthroscopic treatment of the shoulder, hip, and knee. He also offers various conservative treatment options, including cortisone, hyaluronic acid, and PRP injections under ultrasound guidance.

Dr. Yalamanchili is a native of Plano, TX, where he graduated from Plano Senior High School in 2007. He earned his bachelor's degree from the University of Southern California (USC) in 2011, before graduating with Distinction in Research from the Keck School of Medicine of USC in 2015.

He then went on to complete his orthopaedic residency at Cedars-Sinai Medical Center in Los Angeles, CA in 2020. Dr. Yalamanchili elected to further his training by completing a fellowship in sports medicine at the Kerlan-Jobe Institute in Los Angeles, CA. During his fellowship, Dr. Yalamanchili served as assistant team physician for the Los Angeles Rams (NFL), Los Angeles Dodgers (MLB), Los Angeles Sparks (WNBA), and Los Angeles Galaxy (MLS).



After fellowship, Dr. Yalamanchili took a position as Assistant Professor at Loma Linda University in Loma Linda, CA. He also served as Medical Director at SAC Health System, a nonprofit community healthcare clinic in San Bernardino, CA. During his time at Loma Linda University, Dr. Yalamanchili was the head team physician for the Rancho Cucamonga Quakes baseball team, a Single-A affiliate of the Los Angeles Dodgers.

Dr. Yalamanchili is a fellow of the American Academy of Orthopaedic Surgeons (FAAOS), and he also holds memberships with the American Orthopaedic Society of Sports Medicine (AOSSM) and the Arthroscopy Association of North America (AANA). Dr. Yalamanchili believes in empowering patients through empathy and compassion, while embracing innovative techniques and technology throughout the healing process to achieve the best possible outcome.