

CROVETTI ORTHOPAEDICS

& SPORTS MEDICINE



PATIENT NAME:

SURGERY DATE:

PROCEDURE(S):

SURGICAL FACILITY:

QUEENSRIDGE SURGERY CENTER

SURGEON:

Richard M. Michelin, DO

ASSISTANT:

ANESTHESIA:

Oasis Anesthesia 702-487-6510

BLOOD WORK ONLY- Please get your blood drawn no sooner than 30 days and no later than 2 weeks prior to your scheduled surgery.

PLEASE MAKE SURE YOU STOP THE FOLLOWING TYPES OF MEDICATIONS 10 DAYS PRIOR TO SURGERY:

- BLOOD THINNERS
- ANTI-INFLAMMATORIES
- HERBAL/DIETARY SUPPLEMENTS

***** PLEASE SEE LAST PAGE OF THIS PACKET FOR MORE INFORMATION *****

You will receive a call from our office the business day prior to surgery with your surgery time

IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CONTACT MARIA AT **702-990-2290** OR CONTACT HER VIA EMAIL AT **MPINEDA@CROVETTIORTHO.COM**

FIND ANSWERS TO FREQUENTLY ASKED QUESTIONS BY VISITING OUR WEBSITE **CROVETTIORTHO.COM**
FOR MORE INFORMATION ABOUT YOUR CONDITION AND/OR SURGERY PLEASE VISIT
LASVEGASSHOULDERELBOW.COM

Save the Date

*You are scheduled for
surgery on:*

(You will be called the business day prior with your surgery arrival time)

We strive to keep on schedule on surgery days, but we never rush through surgery. Because of this, your surgery time may be shortly after or several hours after the time you arrive at the surgery center. Please bring books, tablets or other devices to help pass the time if you have to wait.

*Your 1st follow up
appointment is:*

**** Please notify us IMMEDIATELY if there is a change in your insurance, as it may be VERY IMPORTANT in getting authorization for your surgery**

CROVETTI ORTHOPAEDICS & SPORTS MEDICINE



PREPARING FOR SURGERY

OPTIMIZING NUTRITION

Start taking the following 5 vitamin pills and shake supplement daily starting 6 weeks before surgery (or today if your surgery is less than 6 weeks away) and for 4 weeks after surgery.

- Multivitamin
- Vitamin D 1000 IU
- Vitamin C 500 mg
- Vitamin B Complex
- Zinc 50 mg
- Ferrous Sulfate 325 mg daily (bottle may say Iron 65 mg or 66 mg on the bottle) If you experience constipation with iron supplements, use any over-the-counter stool softener (e.g. Colace, Milk of Magnesia, Mineral oil, etc).
- Non-diabetic patients should drink Ensure shakes daily while diabetic patients should drink Glucerna or Ensure Diabetes shakes daily.

MINIMIZING INFECTION RISK

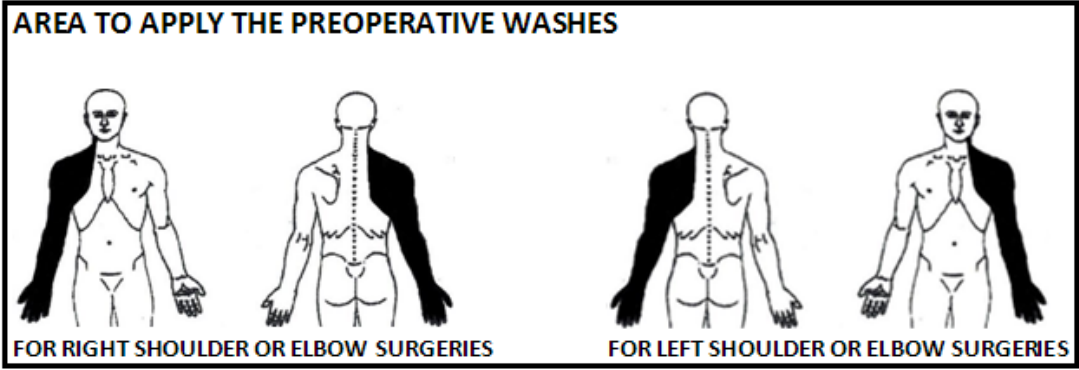
Please read the instructions below carefully to ensure that you follow the preoperative routine correctly. We will provide you with prescriptions for chlorhexidine gluconate 4% and benzoyl peroxide 5%.

Note: **If your surgery is less than 2 weeks from today**, please skip the allergy testing and preoperative application of benzoyl peroxide 5%. Please only do the chlorhexidine gluconate 4% and hydrogen peroxide steps for the 3 day protocol prior to surgery.

Note: If you have a fracture with a splint or brace in place, you may skip the allergy testing and washing schedule below.

Self-Testing for Skin Allergy to the Topical Medications:

- Apply small amounts of the benzoyl peroxide and the chlorhexidine gluconate to different thighs. Leave on for 30 minutes then rinse off. Write down which medication is applied to which armpit and keep track of their appearance for 2 weeks as a rash can appear immediately or up to 14 days later.
- If you notice a rash or skin irritation with either medication, please throw that medication away, ignore the corresponding instructions for that medication below and email Maria.
- If no reaction is noted to either medication, follow the directions for each as listed below.
- When applying these medications, you may use either your hand or a cloth/rag/paper towel/etc.



Chlorhexidine Gluconate 4%: Begin 3 days before surgery.

Apply once daily (4 applications total) 30 minutes before rinsing off to colored area in picture.

Benzoyl Peroxide 5%: Begin 2 days before surgery.

Apply once daily, as well as on the morning of surgery (3 applications total) after arm is cleaned to colored area in picture. Leave on for **3 minutes** and then wash off. **Benzoyl peroxide can bleach your clothing, bed sheets, furniture, etc. So it's best to wear white and/or use old clothing/bed sheets/etc during this time.**

Hydrogen Peroxide (You'll need to buy it--available over the counter): Begin 2 days before surgery.

Apply once daily (3 applications total) to colored area in picture. Wipe entire area in black with hydrogen peroxide soaked washcloth or rag. Let it sit for **1 minute** and then wash off. After shower, then apply any over-the-counter **sunscreen lotion or spray** (any spf is ok) to the same area if planning to be out in the sun for the day.

YOUR SURGERY WILL BE CANCELLED IF YOU HAVE A SUNBURN TO THE OPERATIVE EXTREMITY ON THE DAY OF SURGERY.

We recommend applying the chlorhexidine prior to showering and using the benzoyl peroxide and hydrogen peroxide when in the shower.

This is a sample washing schedule that starts 3 days pre-operatively:

| | 3 Days Pre-Op | 2 Days Pre-Op | 1 Days Pre-Op | Day of Surgery |
|----------------|---|--|--|---|
| Morning | - Chlorhexidine 30 minutes before shower | - Chlorhexidine 30 minutes, rinse off - Benzoyl Peroxide for 3 minutes, rinse off - Hydrogen Peroxide for 1 minute -Shower and sunscreen | - Chlorhexidine 30 minutes, rinse off - Benzoyl Peroxide for 3 minutes, rinse off - Hydrogen Peroxide for 1 minute -Shower and sunscreen | - Chlorhexidine 30 minutes, rinse off - Benzoyl Peroxide for 3 minutes, rinse off - Hydrogen Peroxide for 1 minute then shower prior to coming to surgery center |

Starting 1 WEEK BEFORE YOUR SURGERY, do not shave any hair on your chest/back/arm/armpit because shaving or trimming hair may cause microscopic nicks in the skin that could lead to infection. It is ok to continue shaving/trimming hair on your head/face/neck during this time.

MEDICATION MANAGEMENT (SEE COMPLETE LIST OF MEDS TO AVOID AT END OF PACKET)

Discontinue the following 6 weeks prior to surgery and DO NOT USE FOR 6 WEEKS after surgery:

- Any nicotine-containing products (e.g. tobacco smoking/chewing, hookah, vaping, nicotine gum/lozenges/patches)
- TNF-a inhibitors and other immune biologics (if you don't know what they are, you don't take them)
- Prednisone or its analogues (inhaled steroids for lung conditions are OK)

- Fish oil or omega-3 fatty acids (eating fish is OK)

Discontinue the following **10 days** prior to surgery:

- NSAIDs (i.e.: Aspirin 325 mg, Aleve, Advil, Excedrin, Motrin, Ibuprofen, Naproxen, Mobic, Diclofenac, Celebrex, etc.) NOTE: **Baby aspirin (81 mg)** should be **stopped 10 days prior** to surgery but can be **restarted 1 week after** surgery.
 - NSAIDs will be prescribed to you post-op so please continue to avoid these medications until your post-op regimen is complete
- Arnica or Tumeric (as an over-the-counter supplement)
- **Only over-the-counter Tylenol is OK during this time**

Discontinue the following **on the day of surgery** and resume the **day after surgery**):

- Metformin
- Methotrexate
- Plaquenil

Blood thinners (Coumadin, Eliquis, Xarelto, etc.): Your prescribing physician (cardiologist, hematologist, neurologist or PCP) must provide us with explicit instructions regarding when to stop and restart your medication and if any bridging therapy is indicated, including a perioperative timeline with doses and frequencies of medications.

Marijuana/THC-containing products:

- No inhalation (smoking or vaping) 6 weeks prior to surgery and for 6 weeks after surgery.
- It is our preference that you stop THC all together, however, if you must continue, we recommend switching to edibles as this is less likely to affect circulation.
- No topical products 2 weeks prior to surgery and 4 weeks after surgery.
- We do not recommend use of THC-containing products when taking post-operative narcotic pain medications at any time.

STARTING NOW

- Arrange a ride home from the surgical facility. You will not be able to drive yourself home. You are also unable to take a cab home following your surgery. You will need to make sure you have a responsible adult taking care of you for the first 24 hours following your surgery.
- Pre-registration for surgery is required if your surgery is scheduled at St. Rose Hospital or Summerlin Hospital. Please do not pre-register sooner than one week prior to your surgery.
- Pre-registration is not required if your surgery is scheduled at Coronado Surgery Center or Queensridge Surgery Center.
- It is very important that we have a current medication and surgical history list prior to your surgery. If you did not update your patient history with new medications, please make sure you either fax, e-mail, or bring in a list to our office with this information prior to your surgery. Maria's e-mail and fax number are listed on cover page of this packet.

DISABILITY OR FMLA

- Sheri here in our office fills out any disability forms that you may need prior to surgery. Please make sure you get everything from your Human Resources Department and bring them to our office once your surgery is scheduled. You need to allow 5-7 BUSINESS days for these forms to be completed. If you need to reach Sheri, her phone number is 702-990-2290 ext. 203 or Swhite@crovettiortho.com Fax- 702-990-2297

THE DAY BEFORE SURGERY

- **SURGERY TIME:** Unfortunately, we are unable to provide you with your surgical time until the business day before your surgery. Maria will contact you and inform you with your arrival time to the surgical facility. You should receive a call by approximately 3:00pm. Sorry about any inconvenience this may cause you.

- **EATING AND DRINKING:** Do not eat or drink anything after 12:00am, Midnight. This includes water and chewing gum. Addison will remind you of this when she calls with the surgery time. In the occasion that your surgery is late in the day, we will tell you your cut-off time for eating and drinking prior to your surgery time.

THE DAY OF SURGERY

- **SPECIAL INFORMATION:** Do not eat or drink anything! If you take a daily medication, you may take it with a sip of water in the early morning. **(Please consult with your primary care physician regarding what medications you need to take the morning of your surgery)**
- **ORAL HYGIENE:** You may brush and floss your teeth but do not swallow the water.
- **MAKE-UP:** Please do not wear moisturizers, creams, lotions, or make-up.
- **CLOTHING:** Wear only comfortable, loose-fitting clothing. If you are having shoulder surgery, it is recommended that you wear clothing that does not go over your head. We suggest a sweat suit with a zip up or button up front or pajamas. Our suggestions for shoes would be flat shoes or slippers. Remove wigs, false eyelashes, and all BODY JEWELRY prior to the arrival to the surgical facility. Please do not bring valuables with you.
- **FEMALES:** We will be taking a urine specimen unless you have had a hysterectomy or are in menopause.

GENERAL SURGICAL RISKS

ABOUT RISK

We want you to understand fully the risks involved in surgery so that you can make an informed decision. Although complications are infrequent, all surgeries have some degree of risk. All of us at CROVETTI ORTHOPAEDICS AND SPORTS MEDICINE will use our expertise and knowledge to avoid any complications. If a complication does occur, we will use those same skills to solve the problem quickly. The importance of having a highly qualified medical team and the use of a certified facility cannot be overestimated.

In general, the least serious problems occur more often, and the more serious problems occur rarely. If a complication does arise, you, Dr. Michelin, and the nursing staff will need to cooperate to resolve the problem. Most complications involve an extension of the recovery period rather than any permanent effect on your results.

- **SWELLING AND BRUISING:** Moderate swelling and bruising are normal after any surgery. Severe swelling, drainage, and bruising may indicate bleeding or possible infection.
- **DISCOMFORT AND PAIN:** Mild to moderate discomfort or pain is normal after any surgery. If the pain becomes severe and is not relieved by pain medication, please call us at (702) 990-2290.
- **NUMBNESS:** Small sensory nerves to the skin surface are occasionally cut when the incision is made or interrupted by undermining of the skin during surgery. The sensation in those areas gradually returns usually within 2-3 months as the nerve endings heal spontaneously. At your first post op appointment, the doctor will go over this with you.
- **ITCHING:** Itching and occasional small shooting electrical sensations within the skin frequently occur as the nerve endings heal. Ice, skin moisturizers, and massages are helpful. These symptoms are common during the recovery period.
- **REDNESS OF SCARS:** All new scars are red, dark pink, or purple. Scars may take a year or longer to fade completely.
- **HEMATOMA:** Small collections of blood under the skin are usually allowed to absorb spontaneously. Larger hematomas may require aspiration, drainage, or even surgical removal to achieve the best result.
- **INFLAMMATION AND INFECTION:** A superficial infection may require antibiotics. Deeper infection may require surgical intervention.
- **WOUND SEPERATION OR DELAYED HEALING:** Any incision, during the healing phase, may separate or heal unusually slow for several reasons. These include inflammation, infection, wound tension,

decreased circulation or excess external pressure. If delayed healing occurs, the outcome is not significantly affected, but secondary revision of the scar may be indicated.

- **SENSITIVITY OR ALLERGY TO DRESSINGS OR TAPE:** Occasionally, allergic or sensitivity reactions may occur from soaps, ointments, tape or sutures used during or after surgery. Such problems are unusual and are usually mild and easily treated. In extremely rare circumstances, allergic reactions can be severe and require aggressive treatment or even hospitalization.
- **INCREASED RISK FOR SMOKERS:** Smokers have a greater chance of skin loss and poor healing because of decreased skin circulation.
- **INJURY TO DEEPER STRUCTURES:** Blood vessels, nerves and muscles may be injured during surgery. The incidence of such injuries is rare.
- If any of the risk mentioned under Common Risks are severe, healing may be significantly delayed and may necessitate the need for further surgical procedures.
- Medical complications such as pulmonary embolism, severe allergic reactions to medications, cardiac arrhythmias, heart attack and hyperthermia are rare but serious life-threatening problems. Having a board-certified anesthesiologist present at your surgery reduces these risks as much as possible. (Failure to disclose all pertinent medical data before surgery may cause serious for you and for the medical team during surgery.)

POSTOPERATIVE CARE – FIRST 48 HOURS

- **VERY IMPORTANT:** If you have excessive bleeding or pain, call the office at (702) 990-2290, day or night.
- **YOUR FIRST 24 HOURS:** If you are going home, a family member or friend must drive you because you will have been sedated. Someone must stay with you for 24 hours following your procedure.
- **INPATIENT SURGICAL PATIENTS:** After your surgery you will be transferred to the orthopaedic floor or recovery center. Your stay in the hospital/surgery center will range from 2-3 days after your surgery. Your nurse case manager will make arrangements for you to go home and staff a home health agency to visit you for physical therapy and nursing in your home. This is set up for you once you have had the surgery. The home health company you are set up with is completely dependent on your insurance. If necessary, arrangements can also be made for you to be transferred to an inpatient rehabilitation facility upon your discharge from the hospital.
- **DRESSINGS:** Keep your dressing as clean and dry as possible. Do not remove unless instructed to do so. (See discharge instructions that will be given to you when you are discharged from the surgical facility).
- **ACTIVITY:** Take it easy and pamper yourself. Try to avoid any straining. You may go to the bathroom, sit and watch TV, etc., but **NO MATTER HOW GOOD YOU FEEL, DO NOT CLEAN THE HOUSE, REARRANGE THE ATTIC, ETC.!** We do not want you to bleed and cause any more swelling and bruising than is unavoidable.
- **MEDS:** Your prescriptions will be sent to your pharmacy pre-operatively. You will have a multimodal regimen for pain. Dr. Michelin is a big advocate of limiting narcotic use post-operatively. It is our goal to have you transitioned off of all narcotic medications with 2-3 weeks from surgery. You will have to call the office if you need refills post-operatively and these will be granted on a case by case basis based on your procedure and individual needs. Please see your post-operative medication handout for more information. If you have a pain management doctor already you will be required to come up with a post-operative pain plan with them and have a copy of this sent to our office prior to your surgery.
- **ICE PACKS:** Cold or ice packs help to reduce swelling, bruising, and pain. Use frozen peas in the package or crush ice cubes and put the ice into a zip-lock bag. This should help, not hurt. If the ice feels too uncomfortable, do not use it as often. If you are having a replacement surgery, Dr. Michelin recommends a cold therapy unit. This is set up automatically once you are scheduled for surgery. A Durable Medical Equipment company will contact you to set up delivery of the cold therapy unit. Ice should be applied for 20 minutes at a time and then removed for a minimum of 20 minutes prior to icing again. We recommend icing throughout the day for the first 72 hours.
- **DIET:** If you have any post-operative nausea, carbonated soda and dry crackers may settle the stomach. If you feel normal, start with liquids and bland foods, and if those are well tolerated, progress to a regular diet.

- **SMOKING:** Smoking reduces capillary flow in your skin. We advise you not to smoke starting 6 weeks prior to your surgery and continuing until a minimum of 6 weeks after your surgery.
- **ALCOHOL:** Alcohol dilates the blood vessels and could increase postoperative bleeding. Please do not drink until you have stopped taking the prescription pain pills, as the combination of pain pills and alcohol can be dangerous.
- **POSTOPERATIVE APPOINTMENTS:** It is very important that you follow the schedule of appointments we establish after surgery. Your first postoperative visit is typically 10-14 days after discharge.

POSTOPERATIVE CARE – LONGER TERM

- **ACTIVITY/SPORTS:** We want you to avoid straining or any aerobic activity for at least 5 weeks after surgery. This is to avoid bleeding, bruising, and swelling. Do not resume strenuous exercise until Dr. Michelin has released you to do so. Dr. Michelin will give you clearance to increase your activities according to the process of your recovery.
- **DRIVING:** For any most orthopedic surgeries, we do not recommend driving for 6 weeks after surgery. This is due to continued impairment from anesthesia and inability to use both arms freely. If you are still in a splint or sling and/or taking narcotic medications, we additionally do not recommend driving. This can vary based on the type of procedure you are having, please discuss this with Dr. Michelin for more specific instructions.
- **SEXUAL ACTIVITY:** You may enjoy sexual activity as your body allows with the following restrictions: please reread Activity/Sports above and apply the same concepts to sex.
- **SCAR MANAGEMENT:** You may use any lotion or silicone strip/gels starting 4 weeks post op. We recommend gently massaging your scar daily after your first post-operative visit to smooth out and desensitize your skin.
- **SUN EXPOSURE:** If fresh scars are exposed to the sun, they will tend to become darker and take longer to fade. We recommend continued use of sunscreen for 1 year after your surgery. Take extra care and precautions if the area operated on is slightly numb – you might not “feel” a sun burn developing! Bruising if exposed to the sun may cause permanent discoloration of the skin.
- **WORK:** This can vary based on the procedure you are having. Follow whatever plan you and Dr. Michelin have agreed upon.
- **DVT (BLOOD CLOT) PREVENTION:**
 - Surgery may slow the blood flow in your legs, which rarely may result in a blood clot. If a clot does form, your leg will usually become swollen and painful. Walking regularly early after surgery can prevent blood clots as moving the ankle and toes frequently.
 - Dr. Michelin will sometimes prescribe a prophylactic blood thinner post-operatively depending on your procedure and risk factors, this will be discussed with you on an individual basis.
 - **DO NOT** cross your legs for the first two months after surgery.
 - **SCD's (leg squeezers):** these will be worn during and after surgery while in the hospital or surgery center.
 - **Long car rides:** if you are traveling a long distance home after discharge, make sure to **get out of the car every 1-1.5 hrs** to walk/stretch your legs.
 - **Flying:** It is **not recommended to fly for 6 weeks after surgery;** if you must fly, inform your doctor and a blood thinner will be prescribed. Make sure to get up and walk around frequently during long flights.
 - You may need a doctor's note for flying if you need extra assistance with boarding or transit through the airport during your recovery period.
 - **Signs/Symptoms:** Exquisite tenderness, swelling, redness in the calf muscle. Shortness of breath, heart palpitations, persistent fevers over 101.5 degrees Fahrenheit.
 - **IF YOU EXPERIENCE ANY LEG PAIN, CHEST PAIN OR SHORTNESS OF BREATH IN THE FIRST MONTH AFTER SURGERY, PLEASE GO DIRECTLY TO YOUR LOCAL EMERGENCY DEPARTMENT AND TELL THEM YOU ARE HAVING THESE SYMPTOMS AFTER SURGERY AND THEY WILL EVALUATE YOU FOR BLOOD CLOTS.**

- **PHYSICAL THERAPY:** Dr. Michelin DOES NOT order physical therapy for every patient. This is an individualized decision based on the procedure you are having performed and each patient's individual needs. If you are a patient who will require therapy, Dr. Michelin will provide you with a PT protocol specific for your procedure for both you and your therapist. These protocols have supplemental information and strategies to help you with independence performed activities of daily living post-operatively and should be reviewed with both Dr. Michelin and your physical therapist if you have questions.

HEALING

- Everyone has the capacity to heal themselves to one degree or another. Clearly this ability is variable and depends upon several factors such as your genetic background, your overall state of health and lifestyles (exercise, diet, smoking, drinking, etc.). Many people believe the surgeon "heals" the patient. No one person can make another heal. Dr. Michelin can facilitate (but not accelerate) the healing process. Your cooperation and close attention are extremely important and in your best interest.
- **FOLLOWING INSTRUCTIONS:** Another major factor during healing is whether you follow the instructions given by Dr. Michelin verbally and in this booklet. Such guidelines are designed to promote the healing process and to prevent the occurrence of anything which may interfere with recovery. It is imperative that you recognize that you are a partner in this process and have a responsibility to follow instructions carefully. The instructions, based on broad experience, are designed to give you the best opportunity for healing without delay or surprise.
- **COMPLICATIONS:** Unexpected occurrences are very infrequent. When they occur, it is seldom a consequence of malpractice. It is far more likely to be a result of the variable healing capacity of the patient's failure to follow instructions. Rest assured; we will assist you in any way possible with regards to such events. Should the unexpected occur, it is in your best interest to ally yourself with Dr. Michelin and the staff. We will support you through any difficulties and assist you in reaching your goal.

FINANCIAL POLICIES

- As patient's approach surgery, they frequently need information about the various payment options and have questions about their potential insurance benefits. We hope that the following information will be helpful.
- Our financial coordinators are readily available to meet with you personally to provide the specific information you desire. They specialize in this area and will use their expertise to help you obtain the maximum benefits from your policy. You can contact our financial coordinators by calling the office at (702) 990-2290.

PAYMENT OPTIONS

- **CASH OR CHECK:** Personal check, cashier's check, credit card or cash.
- **CREDIT CARDS:** Visa, Master Card, or American Express.
- **OPTIONAL FINANCING PLANS:** We will be happy to assist you with applying for financing should you desire to do so.

INSURANCE COVERAGE

- The benefits paid by insurance companies vary greatly from carrier to carrier and plan to plan. Therefore, we make every effort to determine in advance if insurance coverage exists. We ascertain the projected insurance payment and the required co-payment. We do this because we believe you need to be as informed as possible before surgery. We know that you realize that you are ultimately responsible for the full payment of your account, but we have found that our knowledge and experience can be an important factor in assisting you to collect your maximum benefit.
- Our office will be getting the authorization for your surgery.
- Please discuss all arrangements regarding payment of your account with us.

SURGERY CANCELLATION

- We understand that a situation may arise that could force you to postpone your surgery. Please understand that such changes affect not only your surgeon but other patients as well. Dr. Michelin's time, our office staff, as well as that of the operating room staff, is a precious commodity, and we request your courtesy and concern. Help us from having to reschedule you.

MEDICATIONS TO AVOID PRIOR TO SURGERY

Please discontinue taking any blood thinner medications, aspirin or anti-inflammatory medications, herbal or dietary supplements, 10 days prior to surgery. **If you are experiencing any pain, only Tylenol products should be taken.** This is a generic list of medications that should be stopped.

***It is absolutely necessary that all your current medications be specifically cleared by your primary care doctor and/or cardiologist that is prescribing the medication to you. That doctor will give you guidelines when to stop/continue certain medications.**

Actron

Advil

Aleve

Anaprox

Arthritis Pain Formula

Arthritis Strength BC

Arthropan

Bayer Aspirin

Bufferin

Buffered Aspirin

Buffex

Cama Arthritis Pain Reliever

Cataflam

Coumadin

Diclofenac

Etodolac

Excedrin

Fish Oil

Flurbiprofen

Ginkgo Biloba

Ginseng

Glucosamine

Heparin

Hydrocortisone

Ibuprofen

Lodine

Lovenox

Midol

Motrin

Naprelan

Naproxen

Persantine

Piroxicam

Protamine

Relafen

Sinutab

Tolmetin

Vitamin E

Voltaren

Semglutide

Tirzepatide

Ozempic

Rybelsus

Wegovy

Trulicity

Victoza

Saxenda

Byetta

Bydureon BCise

Mounjaro