

GEORGIA SPINE

& Orthopedics

PREPARING FOR SPINE SURGERY

PREPARING YOUR HOME

Patients have found it very helpful to think about their living situations and make adjustments ahead of time. Here are some things you can do to your home to make your recovery much easier. Place the telephone in a convenient area for easy access. Prepare food beforehand or purchase easy-to-prepare foods. Identify a person who will be able to help you with shopping and other chores. Place food and cooking utensils within easy reach to avoid bending. Place shoes, clothing and toiletries at a height you can reach without bending. Remove or secure throw rugs to avoid tripping. Try to make your home as easily accessible as possible ahead of time.

MEDICATIONS

- You will be required to **STOP** any Non-Steroidal Anti-Inflammatory Medications (NSAIDs) 7-10 days prior to your surgery. These medications thin the blood and increase the risk for bleeding during surgery. Common medications include Ibuprofen, Advil, Motrin, Aleve, Naprosyn, Voltaren, Diclofenac, Mobic, Indocin and Celebrex.
- You will be required to **STOP** taking Aspirin and any anticoagulants including Coumadin, Plavix, and Lovenox. Please check with your medical doctor or cardiologist prior to stopping this medication to determine the recommended timeline in which this should be done. We will require clearance from the prescribing physician.
- Please **STOP** taking any herbal supplements and certain vitamins 2 weeks prior to surgery including St. John's Wart, garlic, ginseng, ginkgo biloba, vitamin E, vitamin C, vitamin D, Echinacea, fish oil, and joint supplements.
- Diabetic patients will decrease or stop oral hypoglycemia agents and insulin products the morning of surgery. This will be discussed with your surgeon. Do NOT take Metformin the day of surgery.
- Do NOT take any diuretics (i.e. Lasix) the morning of surgery unless directed by your physician.
- You may take extra strength Tylenol or other prescribed pain medication for pain relief up to the day before surgery. On the day of surgery, bring a list of routine medications, dosages and how you take them to the hospital.

SMOKING CESSATION

We strongly advise complete nicotine cessation prior to any surgery. Many studies show nicotine interferes with skin, muscle and bone healing. Use increases post-operative infection rates, delays fusion healing, and increases risk for post-operative complications. This is true for all products that contain nicotine such as nicotine patches, gum, patches and vapor cigarettes. It also accelerates disc degeneration, increases the perception of pain and decreases the chances for successful treatment. If you do smoke or use nicotine products, it is important to be off this for ideally at least 3 months prior to surgery and remain off for at least 3 months post-operatively.

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MEDICAL DOCTOR

Your spine surgeon may require you to visit your medical doctor prior to surgery to obtain clearance. It is important to evaluate your health status prior to surgery to make sure you are healthy enough to safely under-go surgery. You may also need evaluation from a specialist, if indicated, prior to surgery. After surgery, you should see your medical doctor to review your health and current medications.

PREADMISSION TESTING AND EVALUATION

As part of routine surgical preparation, we will schedule an appointment at the hospital for evaluation which may include:

- Pre-registration for surgery
- Anesthesia interview
- Blood and urine tests
- Electrocardiogram (EKG) and/or Chest X-ray

PRE-OPERATIVE VISIT

You will have a pre-operative visit with your surgeon and the surgical NP at our office. This is a visit designed to finalize and review your surgical procedure, review expectations with post-operative care and answer questions. You may receive prescriptions for post-operative use at this visit. You will be best prepared for this visit if you have read through this packet as well as the Recovery from Spine Surgery information found on our website. Please have caregivers present at this visit.

EQUIPMENT NEEDS

Bracing

Patients having a fusion procedure will be fitted with a cervical collar or lumbar brace while at your pre-op visit with us, or at the hospital. Cervical braces may include a soft foam collar or a supportive plastic brace. Your surgeon will discuss proper brace use with you in the office indicating if it is to worn for comfort only versus recommending use at all times following surgery. Lumbar braces are provided for all lumbar fusion operations and will be given to you before surgery, or before leaving the hospital.

Medical Equipment

While you are hospitalized, your surgeon may choose certain equipment for you to use at home. You may be seen by a therapist and nurse case manager in the hospital who will arrange for canes, walkers, bedside commodes, hospital beds, and crutches as needed. Insurance coverage may vary. It is wise to check with your insurance company to see if durable medical equipment is covered prior to surgery. Patients having neck surgery rarely need assistive devices. If equipment is needed, it will be ordered and delivered to you prior to discharge or directly to your home.

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BEFORE YOUR SURGERY

You must NOT eat or drink anything after midnight the night before your surgery, even if your surgery time is mid-day. You are allowed to take your usual medications on the morning of surgery with a small sip of water. You should keep all jewelry at home, including wedding rings and earrings. Do not apply make-up or lotion the day of surgery.

WHAT TO BRING TO THE HOSPITAL

For your comfort, bring your own toiletries to the hospital. Pack underwear and comfortable loose clothing with slippers or soft flat shoes with a closed back. Leave all valuables at home. If you bring any of your own equipment to the hospital, label them with your name.

TRANSPORTATION HOME

Be aware, you are not allowed to drive yourself home due to anesthesia and pain medications. You may travel home from the hospital by car but need to arrange to have someone pick you up at time of discharge. You may ride in the car as a passenger, but avoid driving until you feel safe, are able to see other cars safely by rotating or using mirrors, and can maintain complete control of the car. We recommend no driving until you are off all pain medications. If you need to travel for over an hour, take frequent breaks to stand, walk and stretch to eliminate pain from sitting from prolonged periods. Please contact your provider with any specific questions about driving or travel.

DAY OF SURGERY

The day of surgery you need to report to the hospital 2 hours before the time of your surgery. You will receive a call from a nurse at the hospital the day before to review timing with you. One visitor may be with you in the holding area. At the hospital, you will need to remove all clothing and wear a hospital gown. You will also need to remove contact lenses, dentures, wigs, hairpins, or jewelry. Please give your personal belongings to your visitor to hold until you are back in a hospital room. If you are alone, the staff will place your items in a locker during surgery. You will see many different people and answer the same questions multiple times before your surgery. You will see nursing staff, the anesthesiologist, and your surgeon. You will have an IV line started in your arm and antibiotics will be given before, during and after surgery. Your surgeon will mark on your body over the area they will operate on. You will be given a sedative medication and be transported to the operating room by a stretcher. Your family and friends wait in the surgical waiting area and after surgery, your surgeon will update them on your progress.

Once in the operating room, you will receive anesthesia. The room is typically quite cold, has bright lights and all the medical equipment needed. The sights and sounds which may seem unfamiliar to you are normal. Nursing staff will be with you to answer any questions. Your surgery may take several hours including time for your skin preparation, positioning, anesthesia time and the surgery itself. After surgery, you will be taken to the PACU (Post-Anesthesia Care Unit) or the Recovery Room. You are usually there for 1-2 hours while you slowly wake-up. You will have your vital signs

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and pain monitored. Your surgeon will see you at this time, however most people don't remember this.

Once you reach the surgical floor, you must meet several goals before going home. You need adequate pain control on oral medications. You have to be able to walk and move safely. Physical therapy or occupational therapy will likely see you in the hospital. You also have to have a working gastrointestinal and urinary system. Our Nurse Practitioner and/or your surgeon will check in daily with you every morning to assess your progress before going home.

If you have any questions or concerns, please call our office **478-787-6255 extension 3**.