

POLARIS

Spine & Neurosurgery Center

PATIENT EDUCATION

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PREPARING FOR SURGERY

Pre-Op Clearance and Labs

- **Medical Clearance:** You may need to obtain medical clearance from your internist or primary care practitioner (PCP). This clearance will require a visit to your PCP and should be done as soon as possible, but no more than 30 days before your surgery.
- We will give you a letter to take to your physician with complete information. The medical clearance (including results from lab tests, EKG, chest x-ray) should be faxed by your physician to our office at **(404) 528-2588**.
- Certain medical conditions may require clearance from a specialist (*e.g.*, pulmonologist, cardiologist). Your PCP will make the determination.
- **Labs.** Your surgeon has ordered certain labs to be completed within 30 days of surgery. These labs can be done by your PCP at your medical clearance visit or you may have your labs done by our office.
- **EKG.** If you are age 50 or older or have a cardiac history, an EKG may be ordered. Your PCP can perform this during your medical clearance visit.

PREPARING FOR SURGERY

The night before surgery

- **No Food or Drink:** Do not eat or drink anything after midnight the night before your surgery. This includes water, coffee, gum or candy. If there are medications that you need to take, you may take with a small sip of water.
- You may brush your teeth and use mouth wash.
- **No make up.** Don't wear any make up on the day of your surgery so that we can see your natural color. Eye makeup can get in your eyes during your surgery and recovery.
- **No jewelry/piercings:** You will need to remove all jewelry and piercings prior to surgery. We recommend you leave all jewelry at home.
- **Comfortable clothes:** Wear clothing that is warm, comfortable and loose-fitting. Elastic waistband pants, button up or zip up tops and slip-on shoes are best. You will be sleepy, sluggish and in some pain after surgery. You will want clothes that are comfortable and easy to put back on after surgery.
- **No contacts:** If you normally wear contacts, do not wear them on the day of surgery. Contacts worn during surgery can cause scratches to your eyes.
- **No valuables:** Leave all valuables such as cash, purse, wallet at home.
- **Tell your physician if you have had a recent fever, body aches, cough, sinus drainage, nausea, diarrhea) or if there are been any changes to your medical history.**

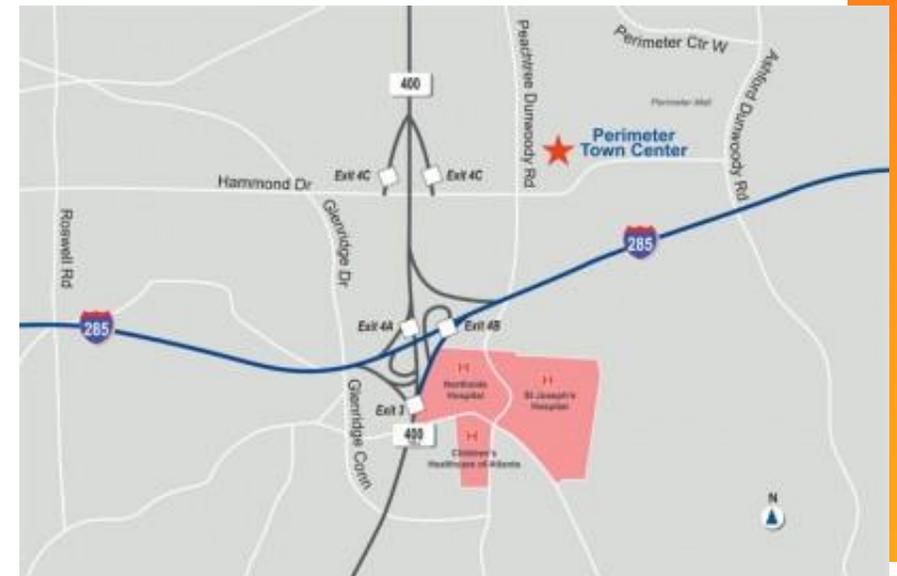
PREPARING FOR SURGERY

What to Bring

- **Pain Medication:** Bring current prescription pain medication for post op pain.
- **Imaging:** Current imaging on disc. Even if we already have a copy of your imaging, bring your copy if you have it available.
- **CPAP:** If you use a CPAP machine at home, bring it with you. You will be placed on your CPAP following surgery in PACU to facilitate your breathing.
- **Inhaler:** Bring any prescribed inhalers.
- **Caregiver/Ride:** Have a responsible party stay during your surgery and take you home. You must have a ride home and responsible person stay with you for 24 hours following your surgery.
- **Insurance card and photo ID.**
- **List of all Medications** including Prescriptions, Over-the-counter (OTC) medications, Herbs, vitamins, and supplements.

ARRIVING AT THE SURGERY CENTER

- Arrive one hour before scheduled surgery time.
- We are located in the Perimeter Town Center complex at **1150 Hammond Drive, Building E, Suite 600, Atlanta, GA, 30328** near the corner of Peachtree Dunwoody Road and Hammond Drive.
- Park on the 6th floor of parking deck which can be accessed via Hammond Drive under the 1160 apartment building or from the front parking lot.
- Please call us if you are lost, running late or have any questions. If you are arriving before 9:00 AM, our regular office will not be open yet. Please call our main number (404) 256-2633 and dial ext. **600** to reach the surgery center.



PREPARING FOR SURGERY

Medications

Your PCP may adjust your medications prior to surgery. Unless instructed otherwise, use the following as a guide:

- Stop taking all vitamins, herbs, and diet supplements 10 before your surgery.
- Stop taking all Nonsteroidal Anti-Inflammatory Drugs (NSAID's) 10 days before your surgery.
- Take your usual morning medications with a sip of water on the morning of surgery.
- Diabetic medications: The doctor who normally manages your insulin may develop a plan for your surgery. Unless your doctor directs otherwise, follow these guidelines:
 - On the morning of surgery: Do not take oral diabetic medications or once-a-day injectable insulin
 - The night before surgery: take $\frac{1}{2}$ your normal dose of injectable insulin.
- Stop taking Anticoagulant or Antiplatelet Medication as directed. These drugs will be adjusted up to 14 days before your surgery. Your doctor will let you know when to stop and restart taking these medications.

MEDICATIONS THAT AFFECT BLOOD CLOTTING

ANTIPLATELET MEDICATION:

Anagrelide (Agrylin®)
aspirin (any brand, all doses)
cilostazol (Pletal®)
clopidogrel (Plavix®)
dipyradamole (Persantine®)
dipyridamole/aspirin (Aggrenox®)
enteric-coated aspirin (Ecotrin®)
ticlopidine (Ticlid®)

ANTICOAGULANT MEDICATION:

Anisindione (Miradon®)
Arixtra
enoxaparin (Lovenox®) injection
Fragmin
heparin injection
Pradaxa
pentosan polysulfate (Elmiron®)
warfarin (Coumadin®)
Xarelto

HERBS/VITAMINS

Ajoene birch bark
Cayenne
Chinese black tree fungus
Cumin
evening primrose oil
Feverfew
garlic
Ginger
ginkgo biloba
Ginseng
grape seed extract
milk thistle
Omega 3 fatty acids
onion extract
St. John's wort
Turmeric
vitamins C and E

NSAIDs

Celebrex
diclofenac (Voltaren®)
etodolac (Lodine®)
ibuprofen (Motrin®, Advil®)
ketoprofen (Orudis®, Actron®)
ketorlac (Toradol®)
meloxicam (Mobic®)
naproxen (Aleve®)
oxaprozin (Daypro®)
piroxicam (Feldene®)
salsalate (Salflex®, Disalcid®)
sulindac (Clinoril®)

AFTER YOU GET HOME

DIET

Foods high in protein and vitamin C will help with wound healing.

Foods high in fiber will help prevent constipation.

- **Diet.** Nausea is a side effect of the medications you receive during your surgery. To avoid nausea, start with a light diet and advance slowly. Avoid heavy, spicy, or greasy foods the day of surgery. Drink plenty of liquids. Do not take pain medication on an empty stomach.
- **Constipation.** Opioid pain medications such as Hydrocodone, Oxycodone, tramadol and morphine can cause painful constipation. Drink plenty of water and include high fiber foods in your diet. You may also need to take an OTC laxative. We recommend that you take docusate (Colace) 100mg twice a day AND Miralax every night as label directs while you are taking opioid pain medication. For severe constipation, try bisacodyl (Dulcolax) suppository as needed or a Fleet's enema as needed.

AFTER YOU GET HOME

Driving

- Do not drive for 24 hours following surgery, while you continue to take pain medication and until your surgeon releases you to drive. Most patients are encouraged not to drive for at least 2-3 weeks.
- Riding as a passenger should be limited to short trips. Avoid sitting for long periods of time. If you must ride a long time, stop every 30 - 45 minutes to walk.

USE THESE TIPS WHEN GETTING IN & OUT OF THE CAR:

- Put a firm pillow on the seat to make it higher.
- Position the backrest to support your back and make sure that the seat is upright.
- Push the car seat backward to make more space to get in and out.
- Sit first when getting into the car and then lift one leg in at a time.

FOLLOWING YOUR SURGERY

Activity

- Rest and slowly resume activities. Begin with walking.
- Listen to your body and stop any activity that causes pain.
- Do not resume PT, sports, manual labor, heavy house work, weight lifting or aerobic exercise for the first 6 weeks or until your surgeon allows.

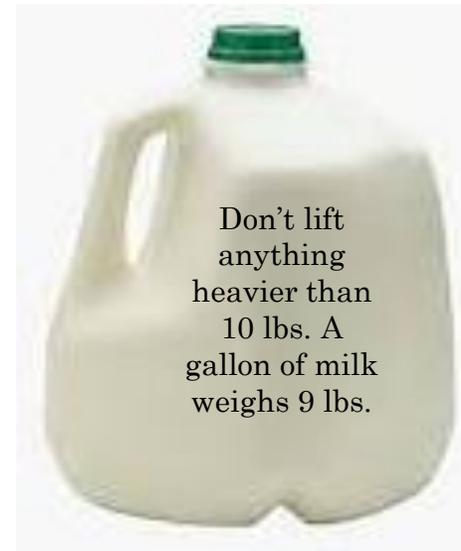
Walking is the single, most important activity to help your recovery. Use the following guide:

Day of Surgery:	Short walks around the house. Couch to bathroom, bathroom to bed etc.
Day 2:	Increase walking up to 5 minutes at a time, on flat surfaces, 5-10 minutes at a time, every hour or so.
Day 2- 6 weeks:	Increase walking up to 20-40 minutes at a time, once or twice a day.

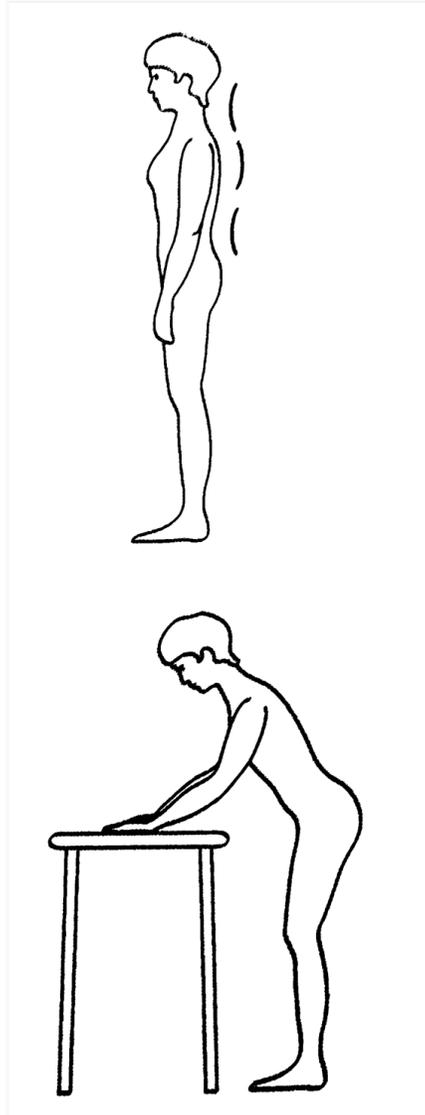
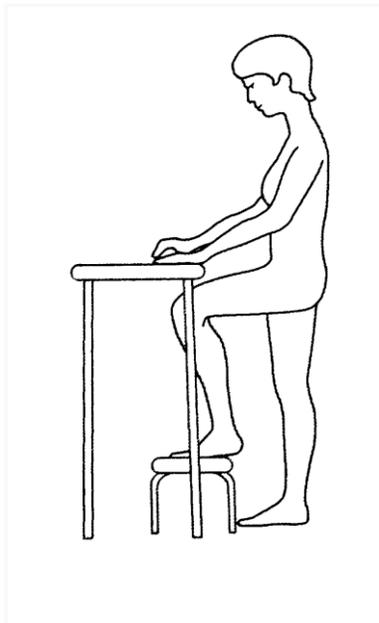
DO'S AND DON'TS

Do not engage in any potentially strenuous activity during your recovery period (6-8 weeks or until your surgeon clears you). Avoid the following:

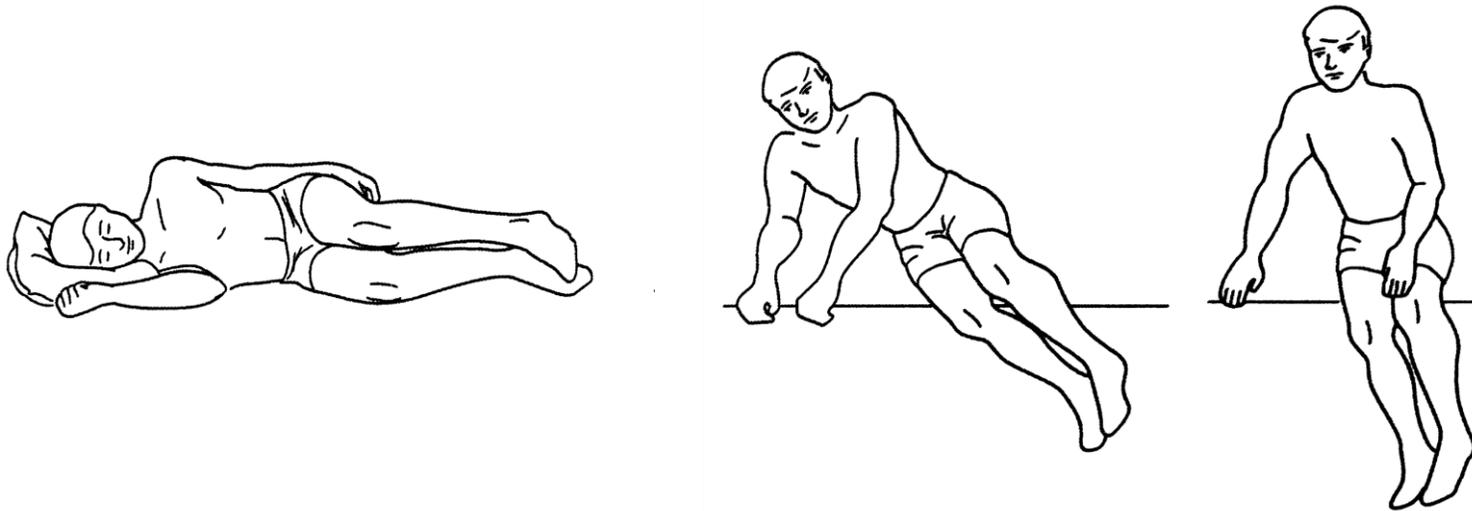
- **Lifting over 10lbs.**
- **Bending.**
- **Twisting.**
- **Reaching.**
- **Sitting for long periods of time.**
- **Arching back (lumbar surgery).**
- **Anything that causes pain.**



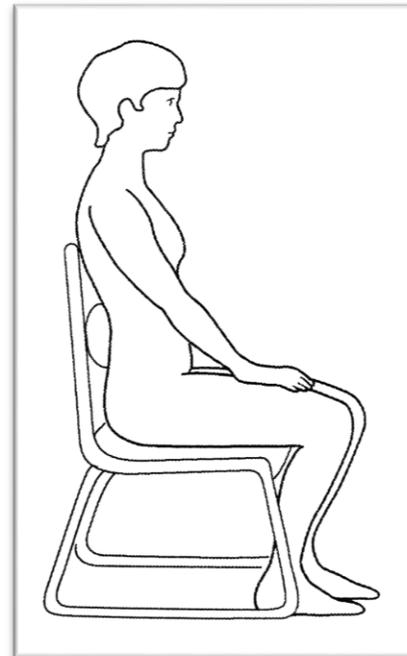
- **Standing:** Maintain the three natural curves of your back when you stand. If you must work in a stooped (forward) position, you should change your position every 10-15 minutes by standing upright.



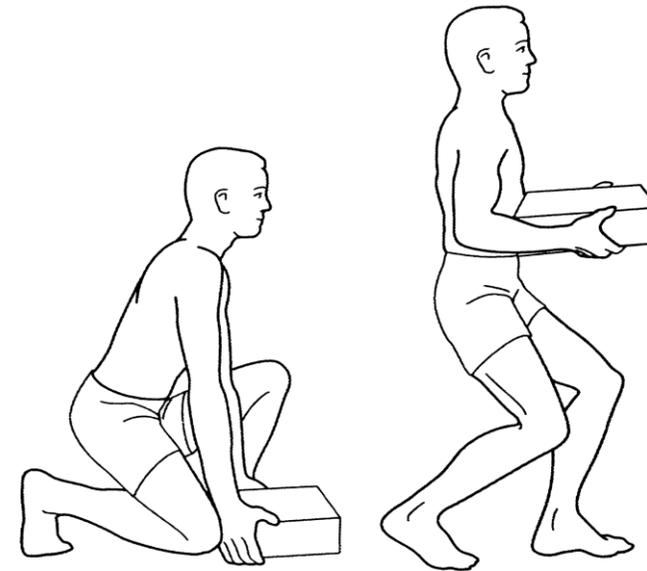
- **Stairs:** Limit climbing up or down stairs during your recovery period. When you take stairs, go one step at a time.
- **Getting out of Bed:** Log-roll onto your side and push off with your arms while gently swinging your legs to the floor.



- **Sitting:** Try not to sit for longer than 20 or 30 minutes at one time for more than 3-4 times per day. Sitting puts more pressure on your spine than lying or standing. Stand up and change position when you begin to feel any pain in your back. When you do sit, use a chair with a straight backrest. Arm supports will make it easier for you to sit down and get up. You may want to place a small towel or pillow between the chair and your lower back to maintain your normal lumbar (lower back) curve. When you are working in a sitting position, support your feet, keep your work close to you and do not slouch.

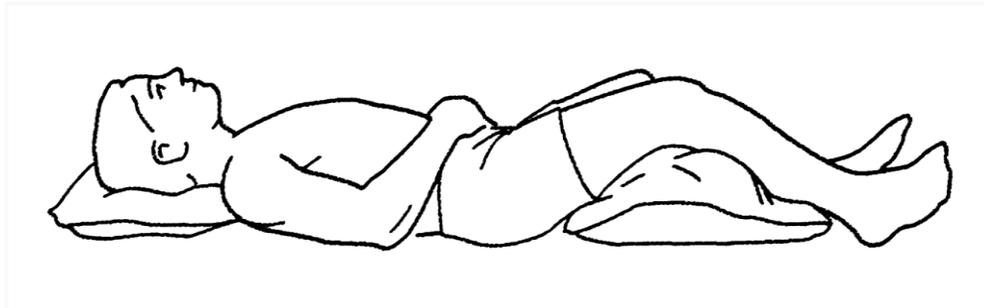


- **Lifting:** If you must lift something, keep your back straight, bend your knees, keep the object close to you and let your leg and arm muscles do the work, not your back. Move slowly and avoid sudden movements. These suggestions will help to prevent future pain and injury to your back.
- **Sexual Activity.** You may resume sexual activity when you feel ready. You should initially take a passive role, assuming positions that are as natural and relaxed as possible, putting minimal stress on your spine. If you experience pain, wait until it becomes more comfortable.

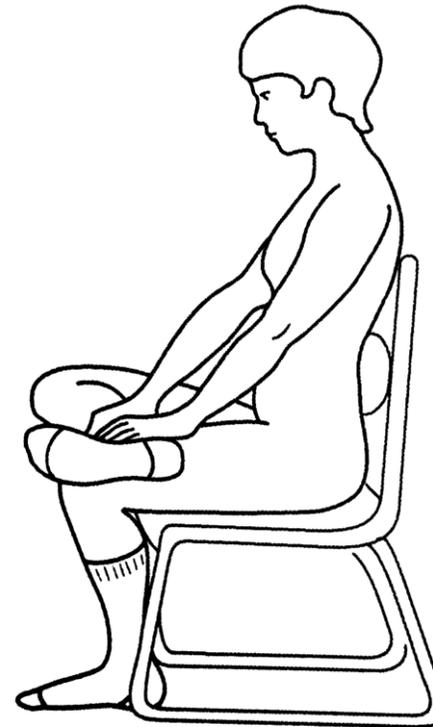


Lying down: Lying down puts the least amount of pressure on your back. Use a firm mattress or couch. Soft pillows can provide support for your neck and legs (under knees).

Sleeping: Avoid sleeping on your stomach for the first 6 weeks. Sleep on your back with a pillow under your knees or on your side with a pillow between your knees. With cervical surgery it is important to sleep with your neck in a neutral position; not too far forward or too far back.



- **Reaching down/Bending:** You may have difficulty reaching for something on the floor. Lower your body by bending your knees, keeping your back straight. Avoid bending forward. You may place your hand on a piece of furniture to help balance.
- **Getting Dressed:** During the first weeks you may find it hard to get dressed. When putting on your underwear and pants, always put your weaker leg in first. Putting on your socks and shoes will be the most difficult. A trick is to sit down and cross your leg over your knee to put your socks and shoes on.



AFTER YOU GET HOME

Pain Management

Pain can result from your surgical wound or swelling around the nerves that were “pinched” before the surgery. Pain does not mean that your surgery was not a success. Your pain may come and go in the first few weeks after spine surgery.

Call your physician if your pain is worse or different than before surgery.

Tips to help with your pain:

- Stay ahead of the pain; do not wait until your pain is severe before you take your pain medication. **When pain is well controlled you are able to eat, sleep and move around more easily.**
- Ice packs/cold therapy can help lessen swelling and pain. Apply ice to operative site as much as possible for at least 48 hours. Regular ice packs should not be left on for more than 10-15 minutes at a time.
- Get moving. Strict bed rest is NOT recommended. Engage in non strenuous light activity as much as you can while keeping to the activity restrictions. Staying in one position too long can make the pain worse.

AFTER YOU GET HOME

Anesthesia

Your concentration, balance, coordination, and judgement may be impaired for up to 24 hours after anesthesia and you may feel weak and tired. Consider yourself “impaired” for at least 24 hours after waking up from general anesthesia:

- Do not operate a car or any type of vehicle or machinery or attempt anything that requires fine motor skills like using a kitchen knife.
- Do not drink alcoholic beverages.
- Do not participate in activities which require judgment or quick reaction time and avoid making any important decisions.
- You may have a sore throat for a few hours (from a breathing tube that was in your throat). Use salt water gargles or sore throat spray if needed and notify your physician if the soreness persists for more than 2 to 3 days.
- You may feel sleepy and somewhat sluggish for several hours. Be cautious when getting up and walking as you may be unsteady on your feet.
- Immediately after surgery, the anesthesia medication may cause shivering which is normal.
- Have a responsible adult with you for 24 hours after surgery; have someone check on you frequently.

AFTER YOU GET HOME

Wound Care

Neck (Cervical) and Back (Lumbar) Surgery:

- In most cases, your incision will be closed with dissolvable stitches and Dermabond (skin glue). Dermabond has a glossy or wet appearance. You can shower immediately with the Dermabond without covering it. However, you should NOT submerge in water (bathtub, hot tub or swimming pool). Avoid putting lotions or soaps directly on the incision. Treat the Dermabond like a scab. You want it to remain in place until the wound heals; usually around 2 weeks. The Dermabond will start to flake off on its own. This is normal as long as the incision is not open, bleeding or leaking. Don't pick at or scratch it.

Stem Cell Injections:

- Your abdomen harvest sites will have gauze and tape dressings covered with a pressure dressings (ace wrap). Your abdomen wounds will leak a clear pink fluid for several hours. The ace wrap can be removed and reapplied as needed to maintain moderate pressure and as needed to changed the gauze dressing underneath. Keep the pressure dressing in place until you return for your follow up appointment the next day.

AFTER YOU GET HOME

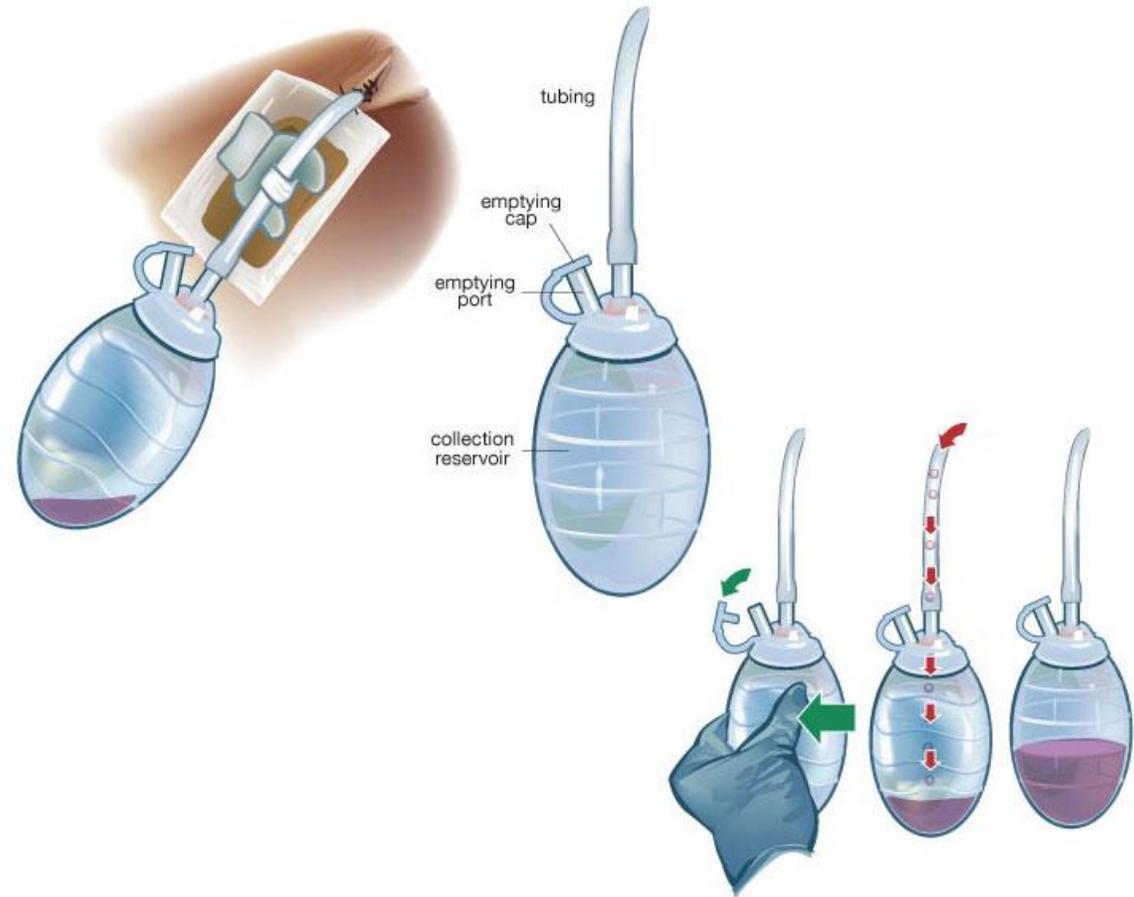
Wound Care

Drain Care:

- You may have a drain near your incision. You will be instructed on the care of the drain before you leave.
- You will have a return office visit to have the drain removed.
- Do not shower or bathe until the drain is removed. The site must be kept dry and covered while the drain is in place.

Scaring:

- Scaring with most surgeries is minimal. Vitamin E oil or other ointments should only be applied after the incision has fully healed, about 2-4 weeks after surgery.



AFTER YOU GET HOME

Medication

- At discharge, you will be given a list of instructions about restarting your previous medications.
- You may be given prescriptions for post op pain and nausea.
- **No non steroid anti-inflammatory drugs (NSAID's) for three (3) months if you have a spinal fusion surgery.**
- For surgeries NOT involving a spinal fusion, avoid non steroid anti-inflammatory drugs (NSAID's) for 10 days or as directed.
- Pain medications can cause:
 - **Nausea**-Eat before taking pain medication. Benadryl may reduce nausea.
 - **Itching**-Benadryl can be taken per package instructions.
 - **Constipation**-drink plenty of fluids and try over the counter stool softeners or laxative as needed per package instructions. Most patients require laxatives while on narcotic pain medication. We suggest Miralax every night while on narcotic pain medication.

WHEN SHOULD I CALL A DOCTOR?

- **Fever:** A low grade fever is normal up to 48 hours after surgery. Call if your temperature is greater than 101°F or persists beyond 48 hours after surgery.
- **Wound Drainage:** Report any drainage or bleeding from your incision or if the incision looks like it is beginning to open up or come apart.
- **Redness:** swelling or pain at the incision site. Some redness, swelling and incisional pain will be present when you leave the surgery center. Report any increase.
- **Pain** that is getting worse or that is not controlled with your prescribed pain medication.
- Severe headache.
- No Bowel Movement for three days.
- Severe or persistent nausea and if unable to tolerate liquids.
- Inability to urinate.
- Concerns with circulation such as swelling, numbness, coldness, bluish color or if toe/fingernails blanch white with pressure and don't turn pink after 2-4 seconds.
- Sore throat that persist for more than 2-3 days after surgery.
- Neck swelling after a cervical fusion can be a true emergency. It is normal to have mild swelling, or a "ridge" under the neck incision. However, **swelling larger than a golf ball can be an emergency. If this happens, call us immediately or go to the ER.**

FAQs

- **Will I be completely asleep?** For back (lumbar) and neck (cervical) surgery you will be given medication by your Anesthesiologist and will be completely asleep. The Anesthesiologist will stay with you until you wake up and will ensure that you don't feel or hear anything during your surgery. If you are having a stem cell injection, you will not be completely asleep. Instead, you will get medication through your IV for pain and relaxation.
- **Will I have to have a urinary catheter?** Most patients will not have a catheter. If your surgery is longer than 3 hours and the anesthesiologist feels a catheter is necessary for your comfort and/or safety, one will be inserted after you go to sleep.
- **Will I have an IV?** Yes, an RN will start an IV before your surgery. You will receive IV medications for anesthesia and pain through your IV.
- **Will I be in pain? Out goal is to control your pain.** You will have some discomfort when you wake up. You may continue to experience some of your original pain. The affected nerves can still be irritable following surgery and it may take several days to get full relief from the original symptoms. Don't feel discouraged if you don't feel immediate relief. Prepare for some discomfort following surgery.
- **What about nausea?** Your Anesthesiologist will give you medication to prevent nausea. Some people are more prone to nausea than others. If you have had nausea after surgery in the past or have motion sickness, let your nurse or Anesthesiologist know. You can also include this information on your pre-operative registration.
- **How long do I have to stay at the surgery center following surgery?** Our goal is to get you back to the comfort of your own home as soon as possible. To ensure your safety and comfort, the following criteria need to be met: 1. You must be able to eat, drink and empty your bladder. 2. You must be able to stand up with minimal assistance. 3. Your vital signs must be returned to normal. 4. Your pain and nausea are controlled. Your surgeon and anesthesiologist determine when you are safe for discharge home. Generally, the longer and more complex your surgery is, the longer you are kept for observation. Most patients having lumbar surgery stay 1-3 hours after surgery is completed and patients having cervical surgery stay 2-4 hours after surgery.

FAQs

- **Will I be able to see my doctor before surgery?** Yes. Your surgeon will see you in preop before surgery. You will have an opportunity to ask additional questions.
- **Will I have to wear a brace?** Most patients are not given a brace to wear after surgery. If your surgeon wants you to wear a brace, you will be fitted before surgery.
- **How soon can I take a shower?** If you do not have a drain or pressure dressing, you may shower after 24 hrs. The first time you shower, it's a good idea have someone there to help you. If you have a drain or pressure dressing, you will need to wait until it is removed at your follow up appointment the next day before showering.
- **How soon can I drive?** Each person is different and your surgeon will direct you on how soon you can drive. You should not drive while taking narcotic pain medication.
- **How soon can I go back to work?** How soon you can go back to work is based on how quickly you feel better and on what type of work you do and the type and extent of your surgery. Recover about back (lumbar) surgery is usually fairly quick. Recover after a neck (cervical) surgery is longer. If you have a spinal fusion, plan to be out of work at least 4-6 weeks if you are young and otherwise healthy. It may take 4-6 months for older patients to return to work. The length of time needed for recovery will also depend on how bad your condition was before surgery. Your surgeon will direct you on when you can return to work.
- **Do you need my Advanced Directive?** An Advanced Directive will not apply during your stay at the surgery center, but it can be placed in your chart and sent with you in the unlikely event of a hospitalization. We do not require an advanced directive.

RATE YOUR EXPERIENCE

Help us improve our care and assist other patients by rating your surgeon at one or more of the following sites:

Healthgrades.com <http://healthgrades.com/>

Ratemds.com <http://ratemds.com/>

Comparehealth.com <http://comparehealth.com/>

Vitals.com <http://vitals.com/>

