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PATIENT STICKER

TO PREPARE IN ADVANCE FOR SURGERY

WHEN TO HAVE SURGERY

Most spine problems improve without surgery. Some people, however; need surgery to prevent a progressive problem or may find their pain or weakness relieved only after surgery. But surgery does have its limitations. It can't remove all the effects of overuse or aging, and it does have risks.

The reasons to have surgery on your spine may be persistent pain in your neck, arms, or legs which affects your ability to work or causes weakness in your arm, hand or leg. Other indications for spine surgery would be a tumor of the spine, instability of the spine or difficulty in walking, caused by pressure on the spinal cord, which could lead to paralysis.

EXERCISE

It is important for you to be in the best physical and mental health possible before your operation. To assure this, eat a healthy diet and exercise. Your doctor may recommend a program of stretching, strengthening and general aerobic conditioning. The better shape you are in when you go into surgery the better you will do afterward. Whatever else you can or can't do, WALK as much as possible.

MEDICATIONS

It is very difficult to achieve good pain control after surgery if a person already has developed a tolerance to the narcotic pain medication. For this reason, we ask that you are weaned off all narcotic pain medications and muscle relaxants well in advance of your surgery, if at all possible.

In general, you should continue all your prescription medications (blood pressure medications are a good example) on the regular schedule, including your normal dose(s) on the day of surgery. Regular medications may be taken safely with a small sip of water on the day of surgery. However, several medications may need to be stopped prior to surgery including blood thinners, aspirin, anti-inflammatory, herbal drugs, and diabetic medications. Please provide us with an accurate list of all medications you currently take. Your surgeon and the anesthesia staff will help determine how your medications will be taken before and after surgery.

MEDICATIONS (CONTINUED)

If you are taking prescription blood thinning medications including **Coumadin (warfarin) or Plavix (clopidogrel)**, please inform us as well as your prescribing physician so we can determine how they should be managed before and after surgery. Some other drugs affect your blood's ability to clot and may cause bleeding problems during or after surgery. For this reason, we ask that you **do not take aspirin products for at least 7 days before your surgery. Please do not take ibuprofen or naproxen for at least 2-3 days before your surgery and do not restart these medications for at least 3 days after your surgery unless you are instructed otherwise by your surgeon.** Check the labels of all your medications, even those you purchase over-the-counter, to be sure you are not taking any aspirin or anti-inflammatory drugs. Tylenol does not promote bleeding and is generally OK to take in place of aspirin or other anti-inflammatory medications before surgery

Please inform us if you are taking any medication on the list below, or any medications to treat arthritis. Other medications to avoid include:

Advil	**Bufferin**	**Dristan**	**Medipren**	**Sine Off**
Alcohol	**Cephalgesic**	**Easpirin**	**Midol**	**Sine Aid**
Alka Seltzer	**Cheracol Caps**	**Ecotrin**	**Motrin**	**Trandate**
Anacin	**Child's Aspirin**	**Empirin**	**Nalfon**	**Trental**
Anaprox	**Clinoril**	**Emprazil**	**Naprosyn**	**Trigesic**
Anaproxin	**Cogesprin**	**Exedrin**	**Norgesic**	**Trilisate**
A.P.C.	**Cope**	**Feldene**	**Nuprin**	**Vanquish**
5 A.S.A.	**Coricidin**	**Firoinal**	**Percodan**	**Voltaren**
Ascodeen	**Coumadin**	**Ibuprofen**	**Phenaphen**	**Warfarin**
Ascriptin	**Darvon**	**Indocin**	**Quagesic**	**Zantac**
Aspirin	**Davon ASA**	**Indomethacin**	**Robasissal**	**Zoprin**
Brufen	**Dolobid**	**Meclomen**	**Rufin**	**4-Way Cold tabs**

If you have any questions please ask us. If you are taking steroids such as cortisone, or if you are taking birth control pills please let us know so we can discuss this well in advance of your surgery.

Please provide us with the names and amounts of all dietary supplements, vitamins, and herbal medications you are currently taking. In general we would ask you to hold herbal medications as well as any vitamins you are taking in large amounts (especially Vitamin E) for two weeks prior to surgery. If you feel this will adversely affect your overall health, your surgeon and/or the anesthesia staff can discuss your concerns further.

Following the above guidelines will help us ensure your outcome and safety is of the highest possible quality.

SMOKING CESSATION

If you are a smoker we will ask that you stop prior to scheduling your surgery. Smokers are known to have an increased incidence of neck and low back problems. This may be due to the vascular effects of nicotine. Nicotine may also alter disc metabolism and predispose your back to mechanical problems. Smokers are also a higher surgical risk due to heart and lung compromise. Patients who smoke also have a significantly higher rate of failure of the surgery and especially fusion failure. **If you are trying to quit smoking please note that all nicotine replacement systems (Nicorette gum, The Patch, etc) all have the same effect on your back as smoking – so please do not use these smoking cessation methods prior to your surgery or during your rehabilitation period.**

WEIGHT REDUCTION

Excess weight places mechanical stress on the back and can make surgery more difficult. A weight reduction program may be advised in advance of surgery. Avoid crash diets, which weaken your body and deplete the nutrients needed to recover from surgery.

PRE-OPERATIVE CLEARANCE

Depending upon your age and your general health your surgeon may request that you obtain clearance from your internist, or see an anesthesiologist prior to scheduling your surgery. If you have other major health problems it may be necessary for other doctors to be part of the team caring for you while you are in the hospital. Depending upon your specific needs it could also be requested that you see a cardiologist, psychiatrist or a rehabilitation doctor prior to surgery.

ACCOMMODATIONS

There is a list of local hotels/motels available. Please ask our surgery scheduler if you would like a copy.

RISKS OF SURGERY

Surgery and anaesthesia involve stresses to many organs and tissues in the body. Incisions and handling tissues during surgery can result in many problems. The benefits of surgery must be carefully weighed against these risks. Some common or serious problems are listed here.

Spinal Cord or Nerve Root Injury: Permanent injury to the spinal cord or nerve roots is extremely rare. It is not unusual, however to experience minor temporary tingling, numbness, weakness or pain which resolves over several weeks. All precautions will be taken but rarely, more serious nerve injuries can occur.

Dural Tear: Leakage of spinal fluid can occur due to a tear in the tissue (called the "dura") holding the spinal fluid and containing the nerves. This may require bed rest and, on rare occasions, surgical repair may be needed. This does not typically compromise the ultimate result.

Infection: Infection is always a post-operative risk and occurs in approximately 1% of surgical patients, varying by surgery type. Infections may be superficial or deep into the bone. You are given antibiotics before and after the surgery to help prevent this complication. Please follow the instructions for wound care to help prevent infection.

Pneumonia: The sooner you get out of bed and become mobile the better. People that are in bed and not moving very much due to pain tend to breathe shallowly which can contribute to respiratory problems. The nurses and physical therapists will teach you breathing exercises after surgery, including the use of a device called an "incentive spirometer". It is important to use this at least ten times per hour while still in the hospital.

Failure of fusion: On rare occasions the bone graft does not heal properly. The likelihood of this is greatly increased by smoking or using nicotine of any kind. This can cause the hardware to fail, and the bone graft may shift. In these cases, additional surgery may be needed. For this reason we recommend quitting smoking at least one month before surgery and refraining from smoking for at least 3 months after surgery. For high risk patients, we may check urine for nicotine by-products to ensure no tobacco is in the system prior to surgery. Smoking also causes more rapid degeneration of the spine, and continuing to smoke increases the likelihood of requiring treatment at another level of the spine. **If you are trying to quit smoking please note that all nicotine replacement systems (Nicorette gum, The Patch, etc) all have the same effect on your back as smoking – so please do not utilize these smoking cessation methods prior to your surgery or during your rehabilitation period.**

Hardware Failure: There is the possibility of hardware failure. It is unusual for the instrumentation in your back to become loose or break. If this does happen and your bones are fused it may not be a problem. However, if this happens before the bones are fused or if there is instability, then you may need to return to surgery for repair of the hardware.

Other complications: Other possible complications include bleeding, blood clots, and complications related to the general anesthesia. Persistent hoarseness and/or swallowing problems may last for several weeks. Please call us if this persists.

BEFORE SURGERY

ORTHOPAEDICS CLINIC

You will be scheduled for a pre-operative appointment a day or so before your operation. On this day you will come to the Orthopaedic clinic for a pre-operative physical assessment by the Orthopaedic Spine Clinic Staff. You will usually meet with the Nurse Educator to go over the material in this information packet and the info packet for your specific surgery. This is a time to answer any last minute questions you may have. They will review your history and listen to your heart and lungs. They may order a chest x-ray or ECG to be taken and some blood work to be drawn at the Surgery Admission Unit. If available, the Attending Physician (your surgeon) will meet with you briefly as well, to ensure you have all questions answered.

THE NIGHT BEFORE

You will be asked not to eat or drink anything after midnight preceding your surgery. Please check with the doctor regarding any medications you are taking. You will be advised if you should take the medicine with a small sip of water. If you have any questions or problems, please phone our office.

THE DAY OF SURGERY

You should arrive at the Surgery Admission Unit at the time requested. You can bring toiletries with you on the day of surgery. Valuables are best left at home or with a family member.

YOUR FAMILY

There is an area outside of the operating room where your family can wait. When the surgery is over the doctor will speak with your family. If there are any major problems during the operation the doctor will be in contact with your family. If the operation is taking longer than expected, this is not a reason to worry.

AFTER SURGERY

THE RECOVERY ROOM

After your surgery you will be taken to the recovery room where you will wake up. When you are stable you will be transferred to the orthopaedic ward. Your family will not be able to see you until you have been taken to your room.

THE INTENSIVE CARE UNIT (ICU)

Sometimes it is necessary for a patient to go to the ICU overnight for observation. Oftentimes a person will know in advance if this is planned. If you awaken in the ICU, you may have a tube in your mouth and throat ("intubated") which is connected to a machine helping you breathe. As long as you have the breathing tube in, you will not be able to talk. A nurse will be in the room with you at all times monitoring your progress and ready to assist you if you need help. When you are stable, the breathing tube will be removed ("extubated") and you will be transferred to the Orthopaedic floor.

YOUR THROAT

Your throat may be sore and your voice may be hoarse for a couple of days after surgery. This is particularly likely for patients having neck surgery. You may need to remain on a liquid or soft-solids diet for a week after surgery. Breathing difficulties after neck surgery are extremely rare but can be medical emergencies. If any breathing difficulty symptoms arise, call us and/or call 911 immediately

YOUR I.V. LINE AND URINARY CATHETER

You will have an intravenous (IV) line in after surgery. The line may be inserted in your arm or you may find that you have a "central line" which is intravenous line inserted in your neck area. Immediately after surgery you will receive IV pain medicine. Most patients will be connected to an IV pump and be able to self administer the pain medication under a controlled system by pushing a button. This will be explained again to you after surgery. When you are able to take fluid and food adequately and no longer require intravenous pain medication your IV will be removed. You will also have a urinary catheter in place when you awake after surgery. This catheter is usually removed in 1-2 days, when you are able to get out of bed to urinate.

YOUR BRACE

Sometimes it will be necessary to wear a brace after surgery. Your doctor will tell you beforehand if this is likely. You may wake up from anesthesia with your brace on and be instructed to wear this all the time, even when sleeping. Or you may be fitted for a brace after surgery and then begin to wear it when you are getting up. This is very individualized.

AFTER SURGERY (CONTINUED)

YOUR DIET

You will start on a clear liquid diet. After surgery the bowels are sluggish for a time. This is caused by the anesthetic and narcotic medications. If the surgery was from the front or the side, this sluggishness may be increased if the bowels are manipulated during surgery. As your appetite returns and the doctor and nurse are able to hear bowel sounds with a stethoscope your diet will be slowly advanced to a regular diet. Sometimes it is necessary to take some medication to help overcome the constipation, but usually bowel function returns to normal without medicine.

GETTING UP AND AROUND

The day after surgery the nurse or physical therapist will help you sit on the side of the bed and probably will help you up to a chair. You may need the assistance of a walker for a period of time. Each day you will be asked to do a little more, such as sitting in the chair for your meals and walking further in the hall until it is felt that you are independent enough to go home. Signs of independence are your ability to eat a regular diet, move your bowels, urinate and walk to the bathroom alone.

PAIN

The information below is intended to help you understand what to expect and how to respond to the symptoms you experience. If you have questions about any pain you experience during your recovery period, please feel free to call us at any time to discuss your symptoms.

Most patients will experience some incision-related pain after surgery. Sometimes arm or leg pain will return for awhile and then go away again. The nerves have been irritated by the condition which necessitated your surgery. In addition, the nerves can become irritated during surgery and then again once you begin to move around. If your pain is relieved after surgery but then returns, rest assured this is ***not*** a sign that your surgery has failed. Instead, it is usually a sign that healing is progressing as expected. It is not unusual for the pain to come and go.

Some people will also have spasms in their muscles as healing occurs. This is not unusual. As the nerves heal and feeling in areas that were numb after surgery begin to come back you may experience an increase in pain or a change in sensation.

As time progresses after your surgery, you will notice these flare-ups get less severe, less frequent and, when they do occur, hang around for a shorter duration of time. The pain should decrease markedly over the first 3 months following surgery. Then the pain will continue to decrease slowly over the next one to two years.

RETURNING HOME

When you are released to home you may need assistance from your family or friends. It is best to plan this ahead of time. If you are unable to take care for yourself and have no family/friends to assist you, you may need to go to an extended care facility until you have recovered your independence.

Unless you are told to stay in bed; you are encouraged to walk a little farther every day, eat a healthy diet and drink plenty of fluids. You will be discharged with pain medicine and your doctor will tell you when you should begin to taper your medicine. Depending on the type of surgery you should not require narcotic pain medicine after 2 - 3 weeks.

It is important to always practice proper body mechanics. The Physical Therapist will show you the proper ways to get in and out of bed, bend and lift. You should always reach for objects on the floor by bending your knees. Your doctor will tell you what your lifting weight limit is and when you can resume activities such as driving, and working.

GOALS

It is important that you and your physician have a thorough discussion of goals before surgery. Is the purpose of your surgery to reduce pain, help you return to gainful employment or to have a physically active lifestyle? These are questions to think about and to discuss with the doctor.