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PRE-OP CHECKLIST & INFORMATION

>> BEFORE SURGERY

- If you smoke, it is advised that you quit as far before surgery as you can. Your physician can assist you with prescriptions for this.
- You may be asked to register at the hospital or surgery center ahead of time.
- Avoid drinking alcohol (liquor, beer, and wine) at least 2 days before surgery.
- If you get a cold or fever, call your physician as soon as possible.

Nothing By Mouth (NPO) Do not eat or drink anything after midnight the night before surgery. This includes water, chewing gum, and mints. You can brush your teeth and rinse your mouth, but do not swallow any water. If you have medications, take them with a small sip of water this includes Pain Medications, Blood pressure and Diabetic meds.

To avoid bleeding complications at the time of surgery, it is important that you stop taking the following medications 2 weeks prior to surgery.

Please notify the doctor if you are taking any type of "blood thinning" medications.

For example: Warfarin, Coumadin, Heparin, Protamine, Dicumarol, or Calciparine Plavix (Clopidogrel Bidsulfate), Persantine (Dipyridamol)

Non Steroidal Anti-Inflammatories: Ansaid (flurbiprofen), Advil, Nuprin, Motrin, Ibuprofen, Anaprox, Naprosyn, Naproxen, Clinoril (sulindac), Dolobid(diflunisal), Feldene(piroxicam), Voltaren(diclofenac), Indocin(indomethacin), Orudis (ketoprofen) Celebrex, Bextra, Mobic, Vioxx.

Prescription Medications with Aspirin: Darvon (propoxyphene napsylate), Soma Compound (carisoprodol), Empirin, Fiorinal, Norgesic, Percodan.

Non-Prescription Products containing Aspirin, Salicylates and/or Salicylamides: Alka-Seltzer Products, Arthritis Pain Formula tablets, BC tablet/powder, Buferin , Ecotrin, Midol,Anacin, Pepto-Bismol. This list may not be all inclusive. Please check any medication for aspirin content. Call the office if you have any questions or Your Local Pharmacist.

>> INTENDED BENEFITS OF SURGERY

The main aims of your spinal operation are:

- To relieve pain
- To correct deformity
- To improve your functional level and mobility

However, do not expect an instant cure. It may take 12-18 months for you to gain the full benefits of surgery.

PROCEDURE:

The procedure is performed under general anesthesia. During the operation, the surgeon may very rarely have to change the exact surgery described to you, but the primary aim will always be to produce the best possible outcome.

GENERAL RISKS:

Modern anesthesia is generally safe. Your anesthetist will discuss with you any concerns you may have. Death resulting directly from spinal surgery is extremely rare. Other complications including bleeding during surgery, blood clots in the leg or lung, heart attack, stroke and pneumonia may occasionally occur. These will be dealt with as necessary.

RECOVERY:

After surgery you will be prescribed painkillers. Long-stay patients may have a drip, a urinary catheter and a wound drain for 24-48 hours. You will be mobilized as soon as possible, generally within 12 hours.

INCISION:

You will need to keep your incision dry and clean by changing the dressing at least once a day. You will be given dressings in the hospital and should continue to use them until your 1st appointment. You may take a shower every day using the waterproof dressings supplied by our office. Avoid sitting in any type of water (i.e. bathtubs, jacuzzis, or hot tubs). Pat the wound dry and cover with a new dressing after bathing. Please do not rub your wound. Do not put anything on your wound except the sterile dressing. Avoid the use of hydrogen peroxide, alcohol, or antibiotic creams/ointments, unless otherwise instructed by your physician.

You will either be discharged from the hospital with steri-strips. If you were dismissed from the hospital with dissolvable sutures or steri-strips then you do not need to come to the office until your 1st post-op appointment.

If you develop drainage, fever (that does not subside after 24 hours of using Tylenol as directed), or unusual swelling or redness around the incision, please call the office.

>> RETURNING TO ACTIVITY/WORK

Most patients will manage light tasks/driving by week 2 and should aim to return to some work and light sport by week 6. It is your decision to proceed with surgery. Although rare, complications do however happen and by consenting to the surgery you are accepting a small chance that something may go wrong.

You may be left with a permanent impairment of function or require a second procedure to correct a complication. A description of possible complications and the risk of this happening is listed below.

For the first 4-6 weeks after surgery your activity will be restricted to walking, lying down, and limited sitting. Sitting should be done in a firm chair that allows for good posture. A foot stool to raise your legs may be helpful. Avoid bending from the waist or lifting anything heavier than a gallon of milk (approximately 5 pounds). You may walk up and down stairs, but do so with caution. Try to stand up straight and if you must stand in one place for more than a short period of time, use a small stool or book to elevate one foot. You should avoid maintaining any one position for any prolonged period of time. Walking should be your most vigorous activity and is the best exercise to perform. Brisk walking can be an aerobic exercise if you increase your heart rate to the appropriate level. Aerobic activity is beneficial for your back, heart, circulation, and muscles. Aerobic activity increases the oxygen level in your blood which means increased nutrition to your fusion and a greater chance of healing and success.

Smokers have a much higher rate of fusion failure and recent studies indicate that nicotine may be a reason for decreased bone healing. Chantix or Wellbutrin may be beneficial and are available from your physician.

Bones need a certain amount of stress to grow and stay strong. Walking is the best way to provide that stress. Early after surgery, it is best to walk shorter distances more frequently.

At first, your exercise program should consist of walking until you are just short of being uncomfortable or tired. You will need to build your time, distance, and speed up to a vigorous walk for at least 20 minutes once or twice a day. Avoid walking to the point of increased pain.

Driving should be avoided for 1-2 weeks or until otherwise specified by your physician. If necessary, you may ride in a car for short distances. The exact time you will be prohibited from driving should be discussed with your physician.

You may resume sexual activity around 4- 6 weeks after your surgery. It is normal to feel somewhat apprehensive about this and a pamphlet is available from our office upon request.

>> DISCOMFORT OR PAIN

It is very likely that you will have some discomfort after discharge from the hospital. Pain/numbness in the back, buttocks, and/or legs is not unusual and the time it will take for this to decrease varies.

Different positions may help to increase your comfort. Lying flat on your back or on your side with pillows under/between your knees for support may be helpful. Please avoid lying on your stomach. A recliner may also feel comfortable.

Ice can be helpful in decreasing flare-ups of pain. A bag filled with ice wrapped in a washcloth may be placed over the painful area. Small amounts of heat may also be used, but consult the office before using this alternative.

MEDICATION:

You will be given prescriptions for medications when you leave the hospital. For refills, please call your pharmacy and they can use our refill line. (210-515-8600) Refills are only approved during regular business hours (Monday-Friday 9am-4pm). Please plan ahead. You should adhere to the directions prescribed by the doctor. A schedule to decrease your pain medication usage will be implemented at the appropriate time by your physician.

Please note that anti-inflammatories and/or some arthritis medication may interfere with the healing/fusing of bone grafts and should be avoided for the first 6 weeks. It is very important to consult the office regarding any regular medication usage before and after your surgery.

DIET:

A well balanced diet with adequate protein (meat, milk, cheese and eggs) and Vitamin C (citrus fruit and green leafy vegetables) will help your body to heal. You will need to increase liquids (water) and fiber-rich foods (prunes) to avoid constipation after surgery and while taking some types of pain medications. Straining to have a bowel movement may increase low back pain so a stool softener or fiber supplement may be used. Please call the office for instructions.

After the first two weeks, be aware of your diet in relation to your weight. Maintaining a normal weight is important for a healthy back. If you are overweight, a reduced calorie diet is advised.

EQUIPMENT:

The physical therapist at the hospital and your physician will determine if you need assistance with walking from a cane or walker. These items are recommended for shortterm use only.

BRACES:

If needed, you will be fit with a corset/brace before surgery. This support is to be worn anytime you are up and moving about, especially outside your home. If the brace is uncomfortable, it may be removed while sitting and resting in your home. Braces should not be worn in bed unless otherwise instructed by your physician. Wear your brace until your physician tells you otherwise. Out of town patients may receive their brace in the hospital after surgery. This will be scheduled by the office nurse.

MISCELLANEOUS:

If you are unable to keep a scheduled appointment, please notify our office at least 24 hours in advance, if possible. Please feel free to call the office with any questions that you might have. If the doctor/nurse is unavailable to assist you at the time of your call then we ask that you leave a message and they will return the call on the same business day. Remember: Medication refills are not done after hours or on the weekends, so please plan ahead.

>> ADVICE FOR LAMINOTOMY PATIENTS (MIS)

The following is an overview of recommendations to be followed after laminotomy.

- You will need to keep your incision dry. You may take a shower every day.
- Avoid sitting in any type of water (i.e. bathtubs, jacuzzis, or hot tubs).
- Pat the wound dry. Please do not rub your wound. Do not put anything on your wound except a sterile dressing.
- Avoid the use of hydrogen peroxide, alcohol, or antibiotic creams/ointments, unless otherwise instructed by your physician.
- Your wound is closed beneath the skin and will have a Dermabond plastic coating over it. You do not have any stitches or staples to be removed.

Please call the office prior to scheduling this to receive any additional instructions. After the first week you will no longer need to wear a dressing, unless otherwise instructed. You may be asked to come to the office at 10 days or sometimes at 6 week post-op.

If you develop drainage, fever (that does not subside after 24 hours of using Tylenol as directed), or unusual swelling or redness around the incision, please call the office.

ACTIVITY:

Initially after surgery your activity will be restricted to walking, lying down, and limited sitting. Within a week you should be able to walk at your normal level, but the back may continue to be stiff. You should avoid maintaining any one position for any prolonged period of time. Usually a person is able to do normal activities within two weeks of a laminectomy. You should discuss your return to work with your doctor. Driving should be avoided for several days or until otherwise specified by your physician. You may ride in a car for short distances. The exact time you will be prohibited from driving should be discussed with your physician. You may resume sexual activity around 2-4 weeks after your surgery.