

BEFORE YOUR LUMBAR SPINE SURGERY

PRE-OPERATIVE PHYSICAL AND LABWORK

Your surgeon will determine who will do your preoperative physical. If you prefer to see your primary care physician to complete this requirement, please inform the scheduler as most preoperative appointments are done at the Pre-admission testing clinic in the hospital at which your surgery is scheduled. This is a thorough examination with a review of your medical history, examination, lab work, EKG and x-rays as deemed necessary. If you have a history of any cardiac issues you may be required to see your cardiologist for preoperative clearance prior to surgery. Be prepared to provide a medical history, including a list of current medications and dosage, allergies, and previous surgeries at your pre-op appointment. Anesthesia guidelines require that some lab work be drawn within 14 days of surgery. EKG's are required on all patients over 40 years old and must be no more than six-months old. Pre-op orders will be faxed to the hospital for your appointment. If you are seeing your primary care physician, the orders will be attached to your preoperative paperwork and in most cases will be faxed to your physician in advance. Consent will be signed at a separate visit at Dr Jatana's office.

***Patients who are diabetic must have an updated Hemoglobin A1C**

TRANSPORTATION

Arrange for a ride to and from the hospital.

ARRANGE HOME HELP: Whether from family or friends, make sure you have assistance for your recovery. Also, make arrangements for help with pets.

HOME SAFETY

Preparing your home prior to surgery for safety and convenience will help you during your recovery period. The following are suggestions:

- Remove throw rugs to avoid tripping on them.
- Place nightlights in the bathroom, hallways and bedroom.
- Have emergency numbers easily accessible. If possible, use a cell phone or cordless phone that can be kept with you at all times.
- Place a non-skid mat in your shower or tub and a rubber backed bath rug outside of the shower/tub.
- Be aware of hazards such as small objects, pets and uneven surfaces.
- Wear slippers or shoes with backs and rubber soles.
- Use a reacher to pick up objects from the floor following lumbar surgery.

MEAL PREPARATION

Cook and freeze nutritious meals for easy preparation after surgery. A Mediterranean diet is recommended. Although you are allowed to stand and prepare meals after surgery, standing for long periods may cause fatigue.

MEDICATIONS

STOP the following medications **7 days** prior to surgery unless directed by your physician:

- All anti-inflammatory medications and herbal products – refer to the list below
- Vitamin E (occuvite, I-caps, Lutein) and Fish oil.

Aspirin	Advil	Aggrenox	Aleve	Anacin	Ansaid	Aspergum
Actron	Alka Seltzer	Bayer	Celebrex	Coumadin	Daypro	Ecotrin
Eliquis	Excedrin	Feldene	Fiorinal	Heprin	Ibuprofen	Indocin
Lodine	Lortab	Mediprin	Meclomen	Midol	Mobic	Momentum
Motrin	Naprosyn	Nalfon	Naprelan	Norgestic	Nuprin	Orudis
Orvil	Pepto Bismol	Percodan	Persantin	Plavix	Pradaxa	Relafen
Robaxisal	Rosiprin	Rufen	Salflex	Soma	Talwin	Ticlid
Toradol	Vicoprofen.	Voltaren,	Warfarin	Xarelto	Zuprin	

These medicines can cause bleeding problems during surgery.

- **Discontinue the use of diet pills and all herbal or “natural” supplements** such as ginko, ginseng, valerian root, St. John’s wort, melatonin, shark cartilage, chondroitin, glucosamine, and ephedra one week before surgery, or as soon as possible.

Tylenol or any Tylenol based medication is allowed for pain up to the date of your surgery. (maximum of 4000mg of acetaminophen per day for most patients)

You may continue over-the-counter anti-histamines for allergies (Claritin, Benadryl, Tavist) and stomach medications (Prilosec, Tagamet, Pepcid, Protonix).

Prescription medications: During your preoperative physical, the physician will review your medication list and tell you which ones to discontinue.

DO NOT bring your medications with you to the hospital, prepare a list of those taken that includes name of medication, mg dose, time of day taken, and bring this list to the hospital. Include the names of any medications you have stopped taking in preparation for surgery AND include any allergies or pain medications you have taken in the past that you did not tolerate.

CONSTIPATION

Develop a bowel program to correct issues with constipation **PRIOR** to your surgery and continue that program through hospitalization and postoperatively until you resume regular activity. **DO NOT** wait for days after surgery to treat constipation. Over the counter fiber supplements, stool softeners and bowel stimulants are all allowed up until your surgery date and immediately afterward. (i.e. Colace, MiraLAX, Magnesium citrate, Metamucil, prunes/juice). Herbal products within a week prior to surgery are **NOT** allowed.

SMOKING

Smoking is known to cause breathing problems after surgery. It also compromises wound healing, delays bone fusion and increases your chance of infection. Your primary care physician can offer ideas or refer you to a smoking cessation program.

ALCOHOL

Avoid **ALCOHOL** for one week prior to surgery. Alcohol thins blood and can cause excessive bleeding during or after your surgery. Alcohol also interacts with many medications given during your hospital stay.

PREVENTING INFECTIONS-

Infections can occur for various reasons but some of the most common are through the mouth, skin and bladder. The following recommendations are to lessen the chance of an infection – follow them carefully before and after surgery.

Dental Examination: Bacteria can enter the blood stream through your mouth during dental exams or when poor dental hygiene exists. If we will be placing hardware during your surgery and you have not had a dental exam in the last six months, please schedule an exam prior to your surgery (but not within 14 days of your surgery) if you suspect you may have any issues.

Antibiotics are required one hour prior to ALL dental procedures for 1 year post op if you have hardware placed in your spine. Either your dentist or your surgeon's office can prescribe the antibiotic.

Do not schedule routine dental exams within three months before or after surgery if you have spinal hardware.

If your surgery does not require the placement of spinal hardware please do not schedule any routine dental work, especially cleanings, within the two weeks before or after surgery. If you suspect that you may have a tooth infection please schedule an evaluation with your dentist ASAP as any oral infection will require your surgery be postponed until the infection is cleared up.

Continue to brush and floss teeth regularly.

All bacterial infections need to be treated before surgery. Your risk of infection increases if you have an active infection at the time of surgery. Therefore, if you have a cough, cold, flu like symptoms, leg cellulitis, diarrhea, urinary tract infection or any open skin wounds, have them treated by your primary care physician. If present within one week of surgery, **contact our office** – it may require rescheduling your surgery.

Diabetic patients need to keep blood sugars below 120. An HgbA1c over 7 can increase your chance of infection and delay wound healing. If surgery is non-emergent, it may be cancelled if your HgbA1c is over 7 and additional testing will be required.

EXERCISE AND ACTIVITY

Try to stay as active as you can in the weeks before surgery. Patients who are in better physical condition do better during and after surgery.

***Patients who are obese may have two to three times the risk of infection, blood clots and unexpected complications.**

EQUIPMENT/BRACES

Any specialty equipment that you may require postoperatively will be recommended or supplied upon your discharge from the hospital or surgery center. Braces will be fit in our office at most consent signing appointments. If we are unable to prefit your brace, it will be fit at the facility after surgery.

THE DAY BEFORE SURGERY

Drink 6-8 glasses of water to provide adequate hydration for surgery.

Avoid excess caffeine. One to two cups of coffee or 1 can of soda is allowed, and then switch to decaffeinated beverages. WATER is always best.

Avoid excessive dairy products. Dairy products cause thickening of secretions and make it harder to cough up secretions from your lungs after surgery.

Eat three regular high protein meals the day before surgery, prior to midnight.

Remove any nail polish on your fingers and toes. Please shower the night before surgery and the morning of surgery as directed by the preop nurse.

Change bed linens, use clean towels and wear clean clothes.

THE DAY OF SURGERY

DO NOT EAT ANYTHING AFTER MIDNIGHT the night before your surgery. This includes gum and/or mints. We understand that surgery is sometimes later in the afternoon and that this may be difficult for some patients, but if you are moved up on the schedule on the day of surgery and you have anything in your stomach, you will not be able to receive anesthesia. Eating or drinking anything the day of surgery may cause your surgery to be cancelled. Small amounts of **CLEAR FLUID ONLY** (water, black coffee or plain tea), if instructed by the hospital pre-op nurse, is allowed by Dr. Jatana six hours prior to your surgery time. Please check with the Surgical Coordinator if you are not sure. When in doubt, eat or drink **NOTHING!** You will receive instructions from the pre-op nurse regarding which medications to take the morning of surgery. **Permitted Medications should be taken with a small sip of water on the morning of surgery.**

You will be asked to remove dentures, partial plates, contacts or any other prosthesis prior to surgery including but not limited to eyeglasses and hearing aids. To prevent injury and/or accidental loss you may not wear these items to surgery. Bring appropriate storage containers for these devices.

- Take a shower, shampoo hair and brush teeth
- Wear casual, loose fitting clothes that will fit over your brace and supportive shoes.
- Do not wear makeup, nail polish, perfume, lotion or hair pins. Remove all jewelry including piercings.
- To prevent loss please leave all valuables at home. Do not bring jewelry or cash. Bring only your photo ID, Insurance card and method of co-payment if required.
- Leave luggage and belongings in the car. A family member can bring it to your room after surgery.

- Bring your inhaler to the hospital
- If you use a CPAP at home please clean it and bring the unit with you on the day of surgery if you anticipate an overnight stay
- You **MUST** have a responsible licensed adult drive you home. You may not drive 24 hours following sedation of any kind. It is also recommended that a responsible adult stay with you for at least 24 hours once you are home.

AFTER YOUR SURGERY

You should think of the first week after surgery as an extension of your hospital stay. In general, if any activity increases discomfort, don't do it. It will get easier each day. Your first post-op visit will be scheduled 10-14 days after surgery. You will see our physician's assistant on the first visit and Dr. Jatana on the second, approximately 4- 6 weeks after surgery. An x-ray will be ordered on the days of your first and second post-op visits if you have had a lumbar fusion or artificial disc. Do not use time off after surgery to do projects at home.

POST-OP PAIN

It is not unusual to experience the following symptoms in the first few weeks after surgery:

- Pain in and around the incision
- Some persistent leg pain
- Numbness or tingling of the leg or foot (lumbar surgery)
- Mild swelling or redness at the incision that is decreasing daily.
- Muscle tightness or spasm of the back going to the leg(s) to the knees.
- Pain on moving from bed to chair or standing position. It is not unusual to be uncomfortable during the first few days following surgery, and especially at night. This will improve steadily.

ACTIVITY AT HOME

Gradually increase time spent out of bed daily. You should not remain confined to bed during the day. You will require several rest periods during the first two weeks after discharge. As your endurance increases, you will require fewer rest periods. Develop a walking program which will gradually increase in distance. You should start by walking the distance of one house and increase daily. You may climb stairs. However, have someone with you at first until you feel confident with this activity. During waking hours, it's best to move every 50 minutes if you are sitting.

NUTRITION

Resume your regular diet. Four to six meals per day may be better tolerated until your appetite returns. Foods high in iron content (spinach and broccoli) will help improve your blood counts. A multivitamin is reasonable. A Mediterranean diet is recommended.

MEDICATIONS

You may be given the following types of prescriptions. Please follow the directions on the bottle.

1. Anti-inflammatory, tapering dose of steroids
2. Pain Medication
3. Muscle relaxer and /or antibiotics

A stool softener is recommended to help with constipation. (Colace, Dulcolax, Metamucil or MiraLAX are options). Drinking plenty of fluids is also important in managing constipation.

If you have had a back fusion surgery, do not resume the use of NSAIDS/anti-inflammatory medications until Dr Jatana has approved them. This is typically 6-12 weeks after surgery.

Prescription refills are only done on Monday and Wednesday. These refill requests can be called in at any time to 303-697-7463 ext. 146 or faxed from your pharmacy to 303-783-1200. Please allow 72 hours for your request to be processed and plan ahead. Refills will not be called in at night or on the weekends.

Other pain management techniques:

- Apply cold packs frequently. 5-10 times a day is recommended
- Change position frequently, do not sit for more than one hour at a time
- Deep breathing
- Take frequent walks to alleviate and prevent increasing stiffness
- Relaxation therapy – close your eyes and focus on something soothing and relaxing
- Distractions: watch TV, listen to music, read
- Talking with family and friends

BRACING

Back:

- Wear when you are out of bed more than 20 minutes. The brace should be worn snug but not too tight. Wear a t-shirt under your brace.
- You may sleep without your brace.
- **Fusion patients:** You will wear a brace for approximately 12 weeks following surgery
- **Non-fusion patients:** You will wear a brace for 3-4 weeks following surgery.

Brace durations are estimates and may be adjusted by the provider based on the progression of your healing.

RESTRICTIONS

You are restricted from lifting more than eight to ten pounds (a gallon of milk is approximately eight pounds). No bending at the waist, twisting, stooping motion of the spine or repetitive pushing or pulling motions. **Do not** participate in any sports or strenuous recreational activities until you receive specific instructions from your **doctor**. The length of time these restrictions are in place will vary based on the surgery you have had done. You will be instructed on when these restrictions can be lifted when you come in for your first post op visit 10-14 days after surgery.

DRIVING

Your ability to drive postoperatively will be dependent upon the type of surgery you have had done. We typically ask that you not drive until after your first post op appointment that will be scheduled 10-14 days after surgery. This will be discussed at your preop consent appointment. You should not drive if you are taking narcotic pain medication.

PERSONAL HYGIENE

You may shower 24-48 hours after surgery. You may take a shower out of your brace but do not move excessively. Do not use lotion or powder on your skin under the brace. If you feel unstable, use a chair in the shower stall so that you can sit during your shower. This will allow you to have your hands free to wash without fear of falling. Water will not hurt the incision but do not soak in a tub until your incision is completely healed and there is no scabbing present.

INCISIONAL CARE

Your incision should remain clean and dry. **DO NOT remove the gauze cover bandage prior showering. After your shower remove the wet dressing, dry the area gently and then apply a clean gauze dressing.** You should keep the inner dressing (thin strips/steri-strips) intact until we remove them at the first post-op appointment. You may change the outer gauze dressing daily with 4x4 gauze pads and tape. If you develop blisters, redness or irritation from the tape, discontinue its use. No lotions, powder or oils are to be placed on the incision until further notice. Mild soap and water are OK. Watch your incision(s) for signs of infection. (i.e. redness, swelling, fever or drainage of cloudy fluid). If you notice any of these signs of infection, please call the office to inform your doctor ASAP. If you notice a small clear suture at the end of the incision, do not remove it. It will either dissolve or be removed at your first post op visit.

HOME THERAPY/REHABILITATION CARE

Home therapy or skilled nursing facility transfer will be scheduled by the hospital case worker if needed. This is not scheduled by the office in advance as there are criteria you need to meet in order for this to be ordered and approved by your insurance. This assessment will be done in the hospital postoperatively.

PHYSICAL THERAPY

- Fusion patients will begin routine post op therapy 12 weeks after surgery.
- Decompression and artificial disc replacement patients will begin routine post op therapy 3-6 weeks after surgery

OTHER INSTRUCTIONS

Sleeping: It is Ok to sleep on your back or side following back surgery. **DO NOT** sleep in a recliner following lumbar surgery

Sexual activity can be resumed whenever comfort permits.

Hot tubs: patients who have had fusion surgeries should not use a hot tub for at least 3 months after surgery. If you have had a decompression procedure and do not have any surgical implants or bone graft you may use a hot tub after 6 weeks.

Implant Cards are available upon request if you have had a lumbar fusion or artificial disc replacement surgery. This may be required by your airline before they allow you to clear security.

Handicap parking permits will be given, if needed, to patients who have had lumbar surgery and are severely limited or unable to walk more than 200 feet unassisted. We will only do a temporary placard good for 90 days. If you require a permit for more than 90 days we will ask that you discuss with your primary care physician or pain management physician

Calling the office: please call 303-697-7463 if any of the following occur

- If you develop a fever greater than 101.5 degrees F that does not respond to Tylenol. (do not take Tylenol if you have any contraindications or allergies to Tylenol)
- Increased drainage from the incision (spotty drainage is normal for the first few days)
- Incision is red or warm to the touch.
- You are unable to urinate or have a bowel movement.
- If you are experiencing any unusual symptoms, weakness, extreme pain, nausea or vomiting, are unable to swallow, are having difficulty breathing, are having swelling in the throat or are having calf pain/swelling notify your doctor **IMMEDIATELY OR GO TO THE EMERGENCY ROOM. Consider going to the Emergency Room at the hospital where your surgery was performed; however, if this is not convenient please go to the nearest Emergency Room.**

Calling 911: Please call 911 or go to your nearest emergency room immediately if any of the following occur.

- **Difficulty breathing, shortness of breath or pain with breathing.**
- **Chest pain or severe headache**
- **Leg pain with calf tightness or swelling**
- **Bowel or bladder loss**

INSURANCE PRE-AUTHORIZATION

Most in-patient surgeries require pre-authorization from the insurer. Although the Surgical Coordinator will obtain pre-certification, patients are strongly encouraged to check with their insurance carrier regarding membership benefits and eligibility. Many surgeries, including back surgery, do not require pre-certification when performed on an out-patient basis. Most micro-lumbar surgery patients are admitted on a 23-hour outpatient basis. **It is the patient's responsibility to obtain a referral from their PCP**, if required. Check with your HMO's membership benefits if you are unsure.

- The post op 90 day global period includes follow up visits with the Surgeon or PA at no charge. If x-rays are performed, we will bill insurance. There may be a copay, deductible or coinsurance applied to that x-ray as most insurance companies do not include that as part of the global period and those fees will be your responsibility.

Do not hesitate to contact the Surgical Coordinator if you have any questions at any time during the surgery scheduling process. She can be reached at 303-697-7463 ext 120 or tovind@denverspinesurgeons.com. Please leave a detailed message on the voice mail and a number where you can be reached. If your call is regarding an urgent medical matter, contact the main office at 303-697-7463 option 0. We are available Monday - Thursday, 8 am - 5 pm and Friday 8 am – 4 pm to assist you.