

Preparing for spine surgery

This packet is designed to be a resource to help guide you through the spine surgery process. Please review the information before surgery, take the packet with you to the hospital and use it as a resource when you get home. .

PREPARING YOUR HOME

Before coming to the hospital, you can do some things to prepare for an easier recovery. Such as:

- Place the telephone in a convenient area near the bed or chair
- Prepare food or purchase easy-to-prepare foods before you come to the hospital
- Identify a person who will be able to help you with shopping and other chores
- Move items frequently used in the kitchen and bath to places easily reached
- Place clothing, shoes and toiletries where they can be reached without bending
- Remove or secure any throw rugs so you won't trip over them
- Think about changes you would need to make if you need to stay on 1 floor level of your home

BLOOD DONATION

Because blood loss is possible during surgery, some patients donate blood prior to surgery to ensure they receive their own blood during surgery. To schedule an appointment for blood donation, call the Central Blood Bank at 1-800-310-9552. The blood bank will direct you to the blood draw location nearest to you. You will need to take a prescription provided by our office with you to the donation site. If you have managed care insurance that requires authorization, remember to contact your primary doctor or HMO center (if applicable) prior to donating blood for surgery.

MEDICAL CLEARANCE

Medical clearance lets your surgeon know that you are in good general health and that there are no known medical risks that may affect the outcome of your surgery. Your primary care physician can provide the appropriate medical clearance. If you are treated by a cardiologist or another specialist, you may need clearance from that physician as well.

Although no procedure is risk-free, the primary care physician is trained to recognize the details of your medical history and physical that may present special problems during and directly after surgery. This evaluation generally consists of a full history and physical exam, an electrocardiogram and chest X-ray and screening labs. Final consideration for surgery will be determined by the results of this exam.

PLEASE NOTIFY OUR OFFICE IMMEDIATELY SHOULD YOU DEVELOP FEVER, COUGH, FLU-LIKE SYMPTOMS OR ANY ILLNESS BETWEEN NOW AND YOUR SCHEDULED SURGERY.

MEDICATIONS

Seven days before your surgery, please discontinue any products containing aspirin or any anti-inflammatory drugs. This includes most arthritis medications. Please discontinue extra Vitamin E other than what it is in your daily vitamin. Please discontinue mineral and herbal supplements before surgery. You may take pain medications or Tylenol[®] as a substitute.

SMOKING AND TOBACCO USE

If you smoke, it is important to stop before your surgery. Absolutely **NO** smoking the morning of surgery. Ideally, you will have a better outcome from surgery if you don't smoke 1 to 2 weeks before and 6 weeks after surgery. Studies have shown that smoking interferes with the bone healing process. Nicotine interferes with the absorption of calcium into the bone. This applies to all tobacco products.

LETTERS FOR WORK LEAVE, FMLA AND DISABILITY

Should you require completion of short-term disability or FMLA forms, please submit your request to the front desk **at least 2 weeks** in advance. All requests, including the completion of insurance forms and disability forms are handled by the forms department. There is a \$10 processing fee for each form submitted. Please allow 7 to 10 business days for completion of forms.

CERVICAL FUSION SURGERY INFORMATION

FRANK N. GRISAFI, M.D.

WHAT TO BRING TO THE HOSPITAL

It is preferable to wear the gowns provided by the hospital. This makes working with your IVs and incision much easier. You may want to pack underwear, shorts, loose-fitting pajamas or gowns if your stay will be more than 2 days. The comfortable clothes you wore to the hospital can be worn home.

Other items to bring:

- Short robe that opens in the front
- Non-skid slippers or soft, low-heeled shoes with closed backs, such as sneakers or loafers
- Personal toiletries
- No valuables please
- If you already have a cane or a walker, please bring with you to the hospital labeled with your name

DAY OF ADMISSION

Before you leave home to go to the hospital:

- You may be instructed by the internist or anesthesiologist to take some routine medication the morning of the surgery with a sip of water.
- Shower and wash your hair. If you were given a special soap to use, please use it the night before and the morning of surgery.
- You may brush your teeth and/ or gargle the morning of surgery but do not swallow the water. No chewing gum, breath mints or smoking are allowed the morning of surgery.
- Women - do not wear make-up (including mascara), jewelry, lotions, creams or perfumes. Acrylic nails and nail polish are allowed but no red polish.
- Remove contact lenses, hair pins, wigs, etc. prior to surgery.
- Hearing aids may be worn.
- Dress in loose fitting, comfortable clothes with flat rubber-soled shoes.

Arriving at the hospital

You will be in a day surgery area or holding area until time for surgery. To prepare for surgery, the nurse will ask you to remove your clothing and put on a hospital gown. You should remove contact lenses, dentures, wigs, hairpins, jewelry and artificial limbs. Please give these items to a family member or visitor to keep.

You will be asked to complete remaining paperwork, your vital signs will be checked and you will meet the anesthesiologist. You will have an IV started and receive some medication to help you relax. A family member may wait with you until it is time for your surgery.

After surgery you will remain in the recovery room for several hours while the effects of the anesthesia wear off. There, the nurses will frequently monitor your vital signs (heart rate, blood pressure, temperature and respiratory rate). The nurses will also check your dressing and circulation as well as movement in your toes and legs. Some high-risk patients will go to the Intensive Care Unit overnight for specially-monitored care.

WHAT TO EXPECT DURING YOUR HOSPITAL STAY

Your room: After you leave recovery, you will be taken to a private room. Although each patient's procedure and recovery is different, the usual hospital stay is 1 to 3 days.

Vitals signs: Your temperature, pulse, respirations and blood pressure will be monitored routinely.

Intravenous (IV) therapy: The IV line in your arm will give you fluid, nourishment and medications. Once you resume eating and drinking, these IV fluids will be stopped. The IV should not be painful. If it is, let your nurse know so that he or she can check it.

Pain management: Your pain medication may be given by a PCA (Patient Controlled Analgesia) pump attached to your IV or by injection. Once you are eating and drinking, you will be started on pain pills. Tell your nurse if you are not getting pain relief.

Diet: Once you tolerate liquids without nausea, you will be advanced to a regular diet.

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Bathroom activities: If you have a catheter draining your bladder, it will remain in place until you are able to stand at the bedside or walk to the bathroom.

Special equipment: If you have a drain, it will be removed when your surgical dressing is changed or removed. The IV will be removed when you are tolerating liquids and have completed your IV medications.

Activity and walking: A physical therapist will see you twice a day. He or she will give you exercises to do in bed and will help you walk in the hall. You will also wear compression boots while in bed that automatically inflate and deflate, helping to pump the blood in your legs back up to your heart. The physical therapists will instruct you in the best way to get in and out of bed. Please allow the nurse or physical therapist to help you get in and out of bed until you can do it safely. Before you leave the hospital, you will receive discharge instructions. The physical therapist will review any activity precautions related to daily living.

Respiratory therapy: It is important to practice breathing exercises after surgery. The respiratory therapist will bring in a device called an incentive spirometer to help you practice deep breathing and coughing. This will help clear your lungs.

Discharge plans: The discharge planner may visit with you to plan your discharge if you have special needs. Most patients will be discharged home but some may go to a rehabilitation facility before returning home. Each patient will be evaluated during the hospital stay to determine if he or she needs rehabilitation or some assistance at home. The goal of your care after surgery is to help you become independent so you can return home safely. By discharge, you should be able to:

- Get in and out of bed by yourself
- Walk in the hallway with or without a cane or walker
- Climb stairs, if needed at home
- Bathe and care for your personal hygiene
- Understand all instructions for your recovery

Recuperation at home

CARE OF THE WOUND

- Once you are home, change your dressing with a clean, dry gauze dressing at least once each day. Change the dressing more often if you can see drainage. When you see no drainage 2 days in a row you may begin to shower. You may choose to leave the dressing off after that. Let water run over the incision but do not scrub.
- Do not disturb the steri-strips (the little strips of tape over your incision). They will fall off over time. If the edges become frayed, you may clip the edges but do not pull on the strips. They will gradually peel off as they get wet when you take a shower. They can be removed at your post-op visit.
- After the incision is healed (usually after 2 weeks) and the suture/steri-strips are removed, it is helpful to gently massage the healing scar several times each day to prevent scar adhesion and help improve the overall appearance of the scar once healed. When in the sun after the incision is healed, use sun block on the incision – SPF 50 or higher.

SIGNS OF INFECTION

Have someone inspect your incision each day. Please contact your physician to report any of the following:

- Redness
- Swelling
- Excessive drainage - yellow or green in color
- Temperature consistently greater than 101 degrees
- Difficulty urinating or controlling your bladder
- Increased swelling in your ankles or feet
- Pain behind the knee or redness, warmth and tenderness on the back of the calf – these could be signs of a blood clot

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CONSTIPATION

The use of anesthesia and narcotic pain medications can result in constipation following surgery. The anesthesia puts everything to sleep, including your gastro-intestinal system, which makes your intestines very sluggish for awhile. Narcotic pain medication has a similar effect. To counteract this:

- Drink 6 to 8 glasses of water each day
- Eat high fiber foods such as whole grain cereals and breads, fresh fruits and vegetables
- You may use over-the-counter rectal suppositories and/or a laxative of your choice. Patient may have prescription at discharge.
- If there is still no relief, then you may purchase a "Fleets" enema

RESTRICTIONS

- No driving while on narcotics or if you are still wearing a rigid collar.
- No lifting more than 10 pounds (a gallon of milk) for the first 6 weeks
- No sexual activity for 1 week. After 1 week you may resume sexual activity, if comfortable.

PAIN MANAGEMENT

You will experience some degree of post surgical pain for which you will be prescribed a narcotic pain medication. It is not uncommon after this type of surgery and during the healing period to experience occasional pain, numbness, tingling and/or weakness in your neck or arms. To help minimize pain, follow the steps below:

- Take your pain medication as prescribed. For the first several days to 2 weeks after surgery it may help to take the maximum dose of your pain medication (e.g. 2 Percocet[®] every 4 hours). As your pain decreases you may slowly decrease the dose to 1 pill and/or increase the length of time between doses.
- Ice the back of your neck or hip incision (if you had autograft) for 15 to 20 minutes every hour for 4 consecutive hours. Do not put the ice directly on the skin. Use a ready-made ice pack or put ice in a plastic bag and wrap in a towel before use.
- Do not supplement the medication with over the counter medications, especially Tylenol[®] (acetaminophen). Too much Tylenol[®] can damage your liver. If your pain medication contains Tylenol[®] (such as Percocet[®]) do not take more than prescribed because you cannot have more than 4 grams of Tylenol[®] per day.
- Do not take any anti-inflammatory medications (aspirin, ibuprofen, Motrin[®], Aleve[®], Advil[®], etc.) for at least 6 weeks after surgery. You must consult with your surgeon before taking these because they can cause bleeding and prevent the healing of the bones that were fused.

PAIN MEDICATIONS

A certain amount of pain can be expected after surgery. However, there are many ways to manage your pain. It is our intention to provide you with as much relief from your discomfort as is safely possible. By the time you leave the hospital, you will be taking pain pills. Your physician will determine the best pain medication for you. **You should not be receiving pain medication from any other source. Do NOT drive while you are taking narcotic pain medicine.**

Our obligation as your physician is to use these medications safely and appropriately. Our main concern is with their potential for abuse resulting in drug dependency if used inappropriately for prolonged periods of time. It is most important to avoid continued and prolonged use of narcotic medication. Drug dependence can happen to anyone if it is allowed to occur. Therefore, as part of good medical practice, we will be closely monitoring narcotic prescriptions originating from our office. We ask that you comply with our office policy regarding narcotic prescriptions:

- Your physician will prescribe enough medication for you until your first post-operative appointment.
- If you run out of pain medication because of inappropriate or excessive use, you will not be given additional medication until your regularly scheduled appointment.

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- When pain medication must be used, it is important for you to monitor your medication use and anticipate how much medication you may need in the weeks ahead.
- If you have had a fusion, **DO NOT** resume anti-inflammatory medications such as Advil[®], Aleve[®],

ACTIVITY

You should plan on being in the hospital for 1 or 2 days for anterior neck surgery, 2 to 3 days for posterior neck surgery, 3 to 5 days for combined anterior/posterior neck surgery.

This is a significant operation and you will need to give your body time to heal. However, you do not need to stay completely inactive after surgery. Below is a list of activities you should follow. **If you have a rigid collar it is very important to wear it so boney healing may occur.**

1. **Patients with a brace:** For the first 6 weeks after surgery, you must wear your neck brace at all times, including when you sleep. You may shower in your brace with the padding removed or choose to remove for showers. You must put it back on as soon as you are finished showering.
2. **Patients with a soft collar:** No sports activity except for walking and possibly the use of a stationary exercise bike. There are no limits on stair climbing or sitting. Use your comfort level as an indicator of the length of time you are able to sit or climb stairs. Generally a person is comfortable sitting about 1 hour before a change of position or activity is needed.
3. **All patients:** Sleep either on your back or side. You must wear your brace to sleep for the first 6 weeks with the supportive cushion under the back or side of your neck.

Follow-up care and physical therapy

FIRST POSTOPERATIVE VISIT

Your first visit to the office will be scheduled approximately 2 to 6 weeks after your surgery. You will have already been given an appointment at the time of your discharge from the hospital. This visit may include:

- X-rays of your neck or back
- Medication refills if needed
- Advancement of your current activities
- Restrictions will be adjusted according to your progress

During your early postoperative time, it is not unusual for some of the same symptoms you experienced before surgery (numbness, weakness, pain) to continue. It sometimes takes awhile for the nerves to recover. These continuing symptoms will be assessed at your first post-op visit.

If these symptoms are particularly distressing, do not hesitate to call the office. If you should have severe or disabling symptoms on weekends or after 5:00 p.m. on weekdays, please go to the nearest emergency room for there is nothing we can do by phone.

POSTOPERATIVE REHABILITATION

Early appropriate activity enhances recovery and promotes circulation from most surgical procedures. The type and extent of that activity is determined by the kind of surgery you will undergo. Initially, you will be assisted by physical therapists in the early walking and exercise programs. They will also provide you with discharge instructions about posture and body mechanics for your activities of daily living. Once discharged, depending on your needs, you may continue in a rehabilitation program designed to help recover your function. Exercise physiologists and / or occupational therapists may be added to your team. On occasion, your surgeon may recommend assistance from a chiropractor or a conservative medicine physician. Together, the goal of the rehabilitation team is to help you obtain the most improvement in your recovery that is possible.

RETURN TO WORK

Your return to work will depend on your recovery and the type of work you do for a living. You must discuss this with your doctor before you return to work.