

PREPARING FOR SPINE SURGERY

1. Preparing Your Home

Before coming to the hospital, you can do some things to prepare your home to make your recovery easier, such as:

- Place the telephone in a convenient area, such as 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 food and cooking utensils to easily reachable counter tops to avoid bending.
- Place shoes, clothing and toiletries at a height where you can reach them without excessive bending.
- Remove or secure any throw rugs so you won't trip over them.
- Think about what changes you'll make if you need to stay on one floor.

2. Equipment Needs

Bracing

You will be fitted and given a cervical collar or lumbar brace at the time of your hospitalization for a fusion procedure. Your surgeon rarely uses anything more than a soft foam collar on the neck to be worn simply for your comfort, however it is sometimes necessary to place you in a more rigid collar to help with the fusion that may be required to be worn at all times. If the cervical brace is required at all times, this will be disclosed to you by your surgeon, otherwise it may be worn as needed. Lumbar braces are provided for all lumbar fusion operations and given to you prior to discharge. You may wear this for comfort purposes

only. There are also more rigid braces that can be prescribed after a fusion surgery for you lumbar or thoracic spine. If this is the case this will be discussed with you prior to your discharge from the hospital with instructions for usages.

Medical Equipment

While you are hospitalized, your surgeon may also choose to order certain equipment for home use after discharge. This will be done in cooperation with therapists and nurse case managers caring for you while you are in the hospital. They will often have the best ability to predict your needs and possible difficulties upon trying to manage your home environment. Canes, walkers, bedside commodes, hospital beds, crutches may seem excessive, but can often be extremely helpful in throughout your recovery process. Insurance coverage for such equipment may vary depending upon your insurance provider and may also be associated with specific time limitations. The case managers at the hospital will check your benefits and discuss specific coverage at that time. It is wise to check with your insurance company to see if they cover durable medical equipment (DME). Most often a walker with wheels and 3:1 commodes are recommended for those after a fusion of the lumbar or thoracic spine. We don't often need to order this after a cervical operation. If medical equipment is needed, it will be ordered and delivered to you prior to discharge or directly to your home. Again, this will all be discussed, likely with the nurse case manager, during your hospitalization.

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3. Transportation Home

You may travel home safely from the hospital by car, either reclining slightly in the front passenger seat or lying down in the back seat. Given the effects of anesthesia and pain medications, you will not be allowed to drive yourself home. In general, you must arrange for your own transportation home. Once you are home, we recommend that you do not drive for two weeks after your procedure. You may be a passenger in the car, but avoid driving for two weeks. Furthermore, you should be cautious while driving when using a cervical collar or on medication. If the car trip turns out to be a long one, take a break to stand, walk, and stretch as needed. This often eliminates the stiffness and pain which may occur from sitting in one position for too long a period of time. If you have any specific questions about driving, please give us a call.

4. Medication

Please stop taking aspirin seven days prior to your surgery and non-steroidal anti-inflammatory medicines (NSAIDs), such as Ibuprofen, Voltaren, Celebrex, or Indocin, five days before your surgery. If you take vitamin E capsules, you should also discontinue this five days before surgery. Blood thinners such as Coumadin, Warfarin, or Plavix will also need discontinued for surgery, but this will be at the recommendation of your prescribing physician. If you aren't sure which of your medications are needed to be stopped, check with your doctor or pharmacist. You may take extra strength Tylenol for pain relief or any prescription pain pill up until the day before surgery. On the day of surgery, please bring a list of your routine medications with doses and when you take them, with you to the hospital (or you could bring the bottles just in case).

5. Smoking Cessation

We strongly advise need for complete nicotine cessation. Health risks of nicotine include cancer, pulmonary disease, stroke, cardiovascular disease, and myocardial infarction (heart attack). The impact of smoking will inhibit healing of your skin and bones. It also makes healthy discs degenerate at a faster rate. Nicotine can increase your perception of pain and decreases successful outcomes in the operative treatment of your spine. However if you smoke, it is important that you stop smoking for at least three months before your surgery and to remain off for three months after. Once more, studies have shown that smoking interferes with healing of your skin, muscle, and bone graft. Therefore, smoking may have an adverse effect on your surgery. If you interested in additional information regarding smoking cessation, please talk to your healthcare provider at the Virginia Spine Institute for treatment options.

6. Medical Doctor

Your spine surgeon may ask you to visit a medical doctor to be sure you have no major unidentified health problems that could interfere with your surgery. The medical doctor may be your family physician or an internist who works frequently in conjunction with the doctors at The Virginia Spine Institute. It is important to determine your health status prior to surgery and to continue your care after surgery. After surgery, you should schedule an appointment with your medical doctor to review your health and current medication list.

7. Preadmission Testing and Evaluation

As part of the routine preparation for surgery, you will schedule an appointment for you to have a

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preadmission evaluation at the hospital, which may include some or all of the following:

- Pre registration for surgery **
- Anesthesia interview
- Blood and urine tests
- Electrocardiogram (EKG)
- Additional patient teaching
- Blood Donation

Autologous blood donation is available for patients interested in giving their blood and having it held for their use during and after the operation. About two to four weeks before your surgery you can donate one to two units of your blood. You can donate your blood at your local American Red Cross or certain hospitals. If blood donation is recommended by your surgeon, information will be provided to you when you schedule surgery as to how to set this up. Often after your blood donation we may ask you to take one iron tablet twice daily, starting one week before your first blood donation. Continue taking the iron until you come to the hospital. Taking this medication can make you constipated. If this side effect is too problematic, you may discontinue the use of this. You can purchase the iron tablets over the counter at your local pharmacy without a prescription. It is also permitted to continue the use of a multivitamin up until the day before surgery.

8. The Evening Before Your Surgery

It is important that you do not eat or drink anything after midnight the night before your surgery. You are allowed to take your usual medication on the morning of surgery with a small sip of water. A good tip is to also remove your rings, including wedding bands, the night before surgery, as your fingers may be swollen in the morning making them difficult to remove.

9. What to Bring to the Hospital

For your comfort, you will want to bring your own toiletries to the hospital. Also pack underwear and comfortable, loose pajamas or nightgown. You may also want to bring a robe (not floor length), and slippers or soft, low-heeled shoes with closed backs, such as sneakers, walking shoes or loafers. Please do not bring any valuables to the hospital. If you have equipment such as a walker, commode or long handled grabbers, you may want to have someone bring them in for you after surgery. If you do bring your own equipment to the hospital, please label the items with your name.

10. What to Expect in the Hospital Morning of Your Surgery

The morning of surgery you are asked to report to the patient registration area**, to be checked in for your surgery. One visitor may accompany you on the morning of your surgery to stay with you while you are in the holding area. To prepare for surgery, the nurse will ask you to remove your clothing (including underwear and socks) and to put on a hospital gown. In addition, you should remove any contact lenses, dentures, wigs, hairpins, jewelry, or artificial limbs. Please give these and other personal belongings to your visitors to hold while you are in surgery and until you are in your assigned room. If you are by yourself a bag for your belongings will be provided to you and your personal belongings will stay with you on your stretcher. You may be asked to go to the bathroom to empty your bladder prior to surgery, however if you are having a larger fusion procedure, a catheter will be placed once you are asleep in the operating room. Before entering the operating room, an anesthesiologist will ask you a few questions and a nurse will begin an intravenous (IV) line in your arm. Antibiotics will be started intravenously and

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continued after the operation to help decrease the risk of infection. Once you have seen your surgeon, he will place a mark over the area in which will be operated on, a sedative will be given and we will transport you to the operating room on a stretcher. At that time, the nurse will direct your visitors to the surgical family waiting area where they can wait during your surgery. When the surgery is over, your doctor will speak with your visitors there.

Once you are in the operating room, you will be given the anesthesia that you and the anesthesiologist have discussed. The sights and sounds which seem unfamiliar to you are just part of the routine. If you have specific questions, the nursing staff there will be happy to answer them. Your surgery may take several hours. This period includes the skin preparation, positioning and anesthesia time, in addition to the surgery itself. After your surgery is done, you will be taken to the post-anesthesia care unit (PACU) or recovery room to awaken from your anesthesia. This usually takes an hour or so. There, the nurse will frequently check your vital signs (heart rate, blood pressure, temperature and respiratory rate). A surgical team member will tell your family when the surgery is over and the doctor will sit with them to discuss the findings. Usually the surgeon explains the same thing to you, but the anesthesia effects make it difficult to remember what is said.

Remember our pledge to you: Surgery does not have to be an emotionally trying experience. Trust in the professionals at The Virginia Spine Institute and we will get you back to a healthy and functional lifestyle!

*** If your surgery is at Reston Hospital Center, the registration desk is located through the revolving valet parking doors. After you go through the doors, go straight and the registration desk is on the right hand side with a sign in sheet.*