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Surgical Candidate:

Since you and your orthopedic surgeon have determined that your spine problem might be helped by surgery, then there are several things you can do to make sure you are prepared for the procedure. This article will provide information on planning for your surgery, as well as what you might expect from your hospital stay and recovery.

Preparing for Surgery

There are four (4) key factors to scheduling your surgery.

1. We will check your Vitamin D levels; without sufficient vitamin D, bones can become thin, brittle, or misshapen. It is also needed for bone growth and bone remodeling.
2. We will look at your Hemoglobin A1C; if diabetic, the better your control of your diabetes, the better and your chances of an excellent surgical outcome. Keeping your blood glucose within the parameters your doctor recommends is key. Top-notch nutrition, including high quality protein, is also essential. Protein is an important component in the healing process and can help contribute to faster wound healing, stronger tissue at the surgical site and an increased ability to withstand the rigors of surgery.
3. If you are a smoker, we will check your nicotine levels. Smoking causes a number of significant problems for patients undergoing spinal fusion including the following:
 - A significantly decreased rate of successful fusion (called non-union or pseudoarthroses)
 - Markedly poorer clinical outcomes (i.e. pain reduction) regardless of whether or not a successful fusion in the spine is achieved
 - Poorer functional rehabilitation after surgery
 - Lower overall patient satisfaction with the spine surgery

Given these findings, quitting smoking prior to a spinal surgery (and remaining a non-smoker) can greatly enhance a patient's chances for achieving pain reduction and a successful clinical outcome. Importantly, this applies not just to cigarette smoking but to all forms of nicotine and any product that introduces nicotine into one's system, such as:

Chewing tobacco • Cigars • Pipes • Nicotine patches • Nicotine gum

4. Depending on your age and general medical fitness, you may be asked to have a general medical checkup by your family doctor, internist, &/or cardiologist.

Medication

Some medicines may interfere with or affect the results of your surgery. They may cause bleeding, affect anesthesia, or slow healing. These medications include aspirin, fish oil, and non-steroidal anti-inflammatory drugs. You will need to stop taking these medications one week before your surgery.

Advance Planning

You will be able to walk after surgery, but you may need to arrange for some help for a few days after your return home with activities like washing, dressing, cleaning, laundry, and shopping.

It is recommended that you do not drive a car for a period of time after surgery. You will need to arrange for transportation to and from your hospital appointments and to other places that you need to go during this time. You should consult your doctor before taking car trips.

Day of Surgery

Patients usually are admitted to the hospital on the day of surgery. After admission, you will be taken to the preoperative area where you will have an IV started to give you fluids and medication in your vein. You will also be interviewed by your anesthesiologist. He/she will review your medical history, physical examination reports, and discuss the type of anesthesia to be used. (Sometimes this is done during an outpatient visit up to 7 days before your surgery.) The most common type of anesthesia used for spine surgery are general anesthesia (you are asleep for the entire operation). With some medical problems, a spinal block may be performed (you may be awake but have no feeling from your waist down). Once you are asleep in the operating room, a urinary catheter may be inserted in your bladder.

When your surgery is completed, you will be moved to the recovery room where you will be observed and monitored by a nurse until you awake from the anesthesia. Once you are stable, your family member may come and see you, or some facilities prefer they see you in your hospital room. When you are fully awake and alert, you will be taken to your hospital room.

Pain Management / Physical Activity

There is usually pain for the first few days after surgery. Pain medication will be given regularly, perhaps by a patient-controlled analgesia. Your IV line and catheter will be removed within a few days after surgery. Your spine must be kept in proper alignment. You will be taught how to move properly, reposition, sit, stand, and walk. While in bed, you will be instructed to turn frequently using a "log rolling" technique. This maneuver allows your entire body to move as a unit, avoiding twisting of the spine. For the first 6-12 weeks after surgery, walking daily is your therapy.

Complications

The incidence of complications after spine surgery is low. Risks for any surgery include bleeding and infection. For spine surgery, complications include difficulties with urination (retention), temporary decreased or absent intestinal function, persistent or worsening pain, nerve damage, or allergic reactions to medications that could lead to death.

Major complications that can occur include, but are not limited to:

- Infection
- Heart attack
- Stroke
- Blood clots
- Recurrent disk herniations

Although rare, new nerve damage can occur as a result of this surgery. These complications may result in pain and prolonged recovery time.

*******Warning Signs*******

It is important that you carefully follow any instructions from your doctor relating to warning signs of blood clots and infection. These complications are most likely to occur during the first few weeks after surgery.

Warning signs of possible blood clots include the following:

- Swelling in the calf, ankle or foot
- Tenderness or redness, which may extend above or below the knee
- Pain in the calf

Occasionally, a blood clot can travel through the blood stream and may settle in your lungs. If this happens, you may experience sudden chest pain and shortness of breath or cough. If you experience any of these symptoms, you should go to the nearest emergency department or call 911 immediately.

Infection following spine surgery occurs very rarely. **Warning signs of infection include:**

- Redness, tenderness, and swelling around the wound edges
- Drainage from the wound
- Pain or tenderness
- Shaking chills
- Elevated temperature, usually above 101°F if taken with an oral thermometer

If any of these symptoms occur, you should contact your doctor or go to the nearest emergency room as soon as possible.

Your Recovery at Home

After your discharge from the hospital, *you will need to follow your doctor's orders exactly to ensure a successful recovery.*

You should arrange for transportation home that will allow you to ride in a leaning back or lying down position. You may do as much for yourself as you can, as long as you maintain a balanced position of your spine. **BLT – DO NOT BEND, LIFT MORE THAN 10 POUNDS, OR TWIST YOUR SPINE** for the first six weeks after laminectomy or 3 months after fusion surgery. Do NOT stay in bed all day! Get up and walk around your home frequently as tolerated. Do not hesitate to ask for help from your family members or friends if it is needed. If necessary, arrangements can be made for a home health aide.

Incision Care

Most likely your incision will be sutured closed with an absorbable suture that lies just beneath the surface. If this is the case, your wound will be covered with steri-strips that are glued on to seal off the incision and protect it. When your skin heals, the strips fall off on their own and this generally takes about 2-3 weeks. Do not pull them off early unless they are causing an allergic reaction to your skin. If you feel this is happening, you may gently remove them yourself, or call the office and make an appointment so the PA can examine them and remove them for you. **Starting on day 3 after your surgery, you may shower without covering the wound.** With these strips in place, you may let water run over the incision, gently use soap (like Dial soap), rinse well, and then pat it dry or use a hair dryer on a cool setting if you have a back or neck brace. **If the wound is clean and dry, no bandage is needed.** If drainage continues, cover the wound with a bandage. If your wound is closed with sutures or other type of closure, specific instructions will be given.

Diet

Some loss of appetite is common. Eating well-balanced meals and drinking plenty of fluids are important. Your doctor may recommend an iron supplement or vitamins before and after your surgery.

Activity

Many people experience a loss of energy after major surgery, but this improves over time. Your doctor may prescribe an exercise program designed to gradually increase your strength and stamina. Initially, your doctor will recommend that you should only participate in walking. Later, your doctor will encourage you to swim or use an exercise bike or treadmill to improve your general physical condition.

After Recovery

After you have recovered from your surgery, you may continue to have some achy pain at your surgery site that may be persistent. You can reduce the pain by staying in good physical condition. If you are overweight, you should enroll in a program to help you lose weight and keep it off. Your doctor will evaluate you after your surgery to make sure that your recovery is progressing as expected.

Your surgical procedure:

Your surgery is scheduled on:

Your surgery location:

Your 2 week Post-Op appointment is scheduled with Sheryl Reif PA-C _____
for incision check and lumbar x-rays.

**If you have any other comments, questions or concerns, please do not hesitate to call us at our office:
817-310-8783.**