Proliance SURGEONS®

Skagit Northwest Orthopedics

Spine Guide

Preparing For Your Spine Surgery

Pre-Operative Phase of Care

Prior to Surgery

1. Find someone who will be able to help you at home after surgery. You should be able to do self-care, like going to the bathroom, dressing, and eating on your own. But you will need someone around for at least two weeks to help with shopping, cooking, cleaning, and taking you to appointments. You may need a little help – like a hand to hold – when getting in and out of bed. This person should come to your preoperative appointments with you and be prepared with any questions he or she may have about your needs following surgery.

2. Talk to your PCP and let them know you are having surgery. We want any of your chronic medical issues to be optimized. This means if you have a long-standing medical problem like hypertension, atrial fibrillation, or diabetes, we want it to be well-controlled with the medications you are currently taking.

3. If you see a cardiologist, are you up to date with your exams and tests? We would like you to have seen your cardiologist within the last 12 months and to have completed any of their recommended testing.

4. Is your CPAP well-fitting and are the settings updated? Please bring your CPAP to the hospital with you.

5. If you are on a blood thinner – including aspirin – please ask your PCP or cardiologist if it can be stopped before surgery and if you need to take anything else until it is restarted. Blood thinners can usually be restarted the day after surgery. General guidelines for stopping blood thinners:

    - Aspirin – 7 full days: date of surgery minus 8 is date to stop.
    - Warfarin (Coumadin) – 5 full days: date of surgery minus 6 is date to stop.
    - You will need another medication – usually enoxaparin (Lovenox) – to 'bridge' you until your INR returns to a therapeutic dose when you restart your warfarin. Please discuss this with your PCP.
    - Clopidogrel (Plavix) – 7 full days: date of surgery minus 8 is date to stop.
    - Apixaban (Eliquis), dabigatran (Pradaxa), rivaroxaban (Xarelto) – 3 full days: date of surgery minus 4 is date to stop.

6. **STOP SMOKING**
   Smoking is a risk factor for pulmonary embolism, a life-threatening complication of a venous thromboembolism, also known as a blood clot. Smoking puts you at an extremely high risk of developing blood clots. It also interferes with skin and bone healing and makes you much more susceptible to infections. Multiple studies have shown that smoking leads to failure of spine fusion.

7. **STOP DRINKING**
   Even one beer or glass of wine a day can make your body dependent on alcohol and put you at risk of developing withdrawals symptoms while in the hospital.

8. About 1-3 weeks before surgery, you will come back to our office for your pre-operative appointment with Dr Lu or one of his physician assistants (PAs). At this time, we will review the results of any tests Dr Lu ordered at your last appointment (labs, EKG, etc.) and make sure you have everything else set up prior to surgery. This would include an interview with the surgical nurse at Island Hospital, a Covid test, and prescriptions for Hibiclens and mupirocin (if needed).

Medications That May Be Prescribed by Dr. Lu

1. **Multimodal Pain Control** – Proliance Surgeons Skagit Northwest Orthopedics (SNO) utilizes "multimodal pain control" to control your pain postoperatively while minimizing your exposure to narcotic pain medication. This program starts before surgery with medication before anesthesia to help minimize your pain after surgery, is continued during the procedure with use of blocks from the anesthesiologist and long-acting local anesthetic from your surgeon and is continued after the surgery. After surgery, unless allergies or your medical conditions prevent it, you will receive instructions for the use of acetominophen, ibuprofen and a narcotic pain reliever. Our anticipation is that you will use the acetominophen and ibuprofen around the clock for baseline pain control and intermittently use the narcotic as needed for more severe pain. We will provide the necessary amount of narcotic pain medication with your post operative prescription. Many patients do not require a refill of the narcotic and can manage pain with acetaminophen and ibuprofen alone shortly after surgery. If you feel you need additional narcotics, you may discuss this with your surgeon, but our intention is to wean you off a potentially addictive pain medication as soon as possible. Refills beyond 6 weeks after surgery are very rare. SNO does not provide chronic pain management services but works very hard to minimize the acute postoperative pain our patients may experience.

2. **Acetaminophen (Tylenol)** – Unless you have kidney disease, acetaminophen is typically what we recommend as the baseline for pain control. You can take 1000 mg every 6 hours; do not exceed 4000 mg total in one 24-hour period.

3. **Ibuprofen (Advil, Motrin)** – Ibuprofen is a non-steroidal anti-inflammatory (NSAID) that can be very effective for pain control. You can take 400-600 mg every 6 hours. You can alternate acetaminophen and ibuprofen – they are two different drug types.

4. **Meloxicam (Mobic)** – Meloxicam is another NSAID typically taken only once or twice a day.

5. These medications are used as muscle relaxants. Muscle spasm can occur in the back of your neck or anywhere along your spine, causing anything from a mild aching to severe pain.

   - **Hydroxyzine (Vistaril)**
   - **Methocarbamol (Robaxin)**
   - **Cyclobenzaprine (Flexeril)**

6. These medications are used for pain associated with inflamed or damaged nerves. Nerve damage can cause pain that travels down your arm or leg and can feel like numbness, tingling, or burning pain.
    - **Methylprednisolone (Medrol Dosepak)** – This is a short-term medication taken for 6 days that is prescribed to quickly calm down an inflamed nerve,
    - **Gabapentin (Neurontin)** – This medication may be prescribed for long-term use to help with pain from chronic nerve injury.
7. These are opioid or synthetic opioid pain medications, also known as narcotics. They have a potential for addiction and are prescribed by our practice for only a short time after surgery. Our practice does not prescribe these medications prior to surgery or in lieu of surgery.
    - **Oxycodone**
    - **Hydromorphone (Dilaudid)**
    - **Hydrocodone/acetaminophen (Norco)**
    - **Tramadol (Ultram)**
8. **Docusate sodium (Colace)** – Constipation is a common side effect of opioid pain medication, so you may be prescribed this medication when you receive narcotics.
9. **Hibiclens** – If you are having fusion surgery, we request that you bathe with this wash for 7 days prior to surgery (including the morning of surgery) to decrease the amount of potentially harmful bacteria on your skin.
10. **Mupirocin** – If you are having fusion surgery, we request that you put a small amount of this ointment into the inside of your nostrils twice a day for 5 days prior to surgery. This also helps decrease the amount of potentially harmful bacteria in your body.

Frequently Asked Questions

Should I get my Covid vaccines, booster(s), or other routine vaccines prior to surgery?

YES! We would like it if all your preventative care is up to date at the time of surgery. We want you to be healthy as possible not just on the day of surgery, but also during the recovery period to achieve the best outcome.

How long will I be in the hospital?

- If you are having an ACDF, you may go home the same day or spend one night in the hospital.
- If you are having a lumbar microdiscectomy, you will go home the day of surgery.
- If you are having a TLIF, you will spend at least one night in the hospital, but probably two and maybe even three. After 3 nights in the hospital, you will need to either go home or to a skilled nursing facility (SNF). See below for additional information.

Who will determine when I am safe to go home?

While you are in the hospital, you will be evaluated by physical therapy. You will also be seen by Dr Lu, or one of his PAs or partners. When the physical therapy and the surgical teams feel you are safely able to get around your home, you will be discharged. If, after 3 nights in the hospital, you are not safe to go home, you will be discharged to a skilled nursing facility.

Will the metal in my body set off metal-detecting alarms at the airport (or anywhere else)?

No. The metal used in the fusion materials is mostly titanium, which can be seen on x-ray but does not set off metal detectors.

If I have a fusion, can I still turn my head or bend my neck? Can I still turn and bend at the waist?

Most movement of your head comes from the first two cervical vertebrae, which are only fused together in cases of severe trauma. Depending on the number of levels fused, you may or may not notice a change in the amount you are able to move your neck, but any loss of motion is typically minimal. You will receive a cervical collar that you should wear most of the time for 2-6 weeks; this collar helps support the weight of your head and helps relieve the muscle tension in your neck.

Following ACDF, the number one complaint is problems with swallowing. This is due to postoperative swelling and is usually mild and resolves on its own. If it is very troublesome to you, we may prescribe a short course of steroids to help decrease the swelling quickly.

After low back surgery, we recommend that you limit large movements at the waist for 6-8 weeks. This means no deep bending (more than 90 degrees) at the waist or significant twisting at the waist (like the amount you would twist to swing a golf club).

Will I need Physical Therapy?

If you have neck surgery, we may prescribe physical therapy to ensure that the neck muscles do not become too stiff. If you have back surgery, we only prescribe physical therapy if you are having prolonged difficulty walking or continued back spasm. In either case, we wait until your 6-week post-operative appointment to evaluate the need for physical therapy.

What do I do about Return to Work forms or FMLA paperwork?

Paperwork for you or your caregiver's employer or school can be given to Dr. Lu's staff at either one of our offices at any time. Please include all the information we need to ensure the forms go to the appropriate person. Please be aware that there is an administrative charge to complete paperwork. Please see our paperwork/form fee for more information.

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