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## THE PRE AND PERIOPERATIVE PROCESS

This information sheet has been written to give you and your family a general picture of what to expect and plan for with low-back surgery. It explains the entire pre- and perioperative process for you and your loved-ones. The purpose of this guide is to provide you and your family with information regarding your medical condition and planned surgery. This information is part of your medical Informed Consent. Please read it and follow the advice carefully. You should retain the guide for future reference and bring it with you to office appointments and to the hospital for reference. You may have more questions about your treatment. If so, feel free to contact your surgeon or nurse at The Center for Advanced Spinal Surgery of Southern Arizona.

In preparation for surgery you will have blood drawn for analysis. You may also require an electrocardiogram (ECG), and a chest X-ray. These are scheduled prior to surgery. These tests performed before your scheduled surgery may allow your physician to identify particular health problems that could require further evaluation before anesthesia and surgery. Diagnostic imaging studies of the neck, such as CT or MRI scans, a bone scan, and possibly a myelogram, may already have been performed and provide your surgeon with anatomic detail for surgery. Other electrodiagnostic tests (EMG/NCV or SSEPs) may give additional, important information.

You will have an opportunity to meet with a representative of the hospital staff prior to surgery to discuss the surgical anesthesia and its risks.

Please follow the instructions below prior to your surgery. If you forget to follow these instructions, it will be necessary to cancel your surgery.

Your pre-operative physical is scheduled with Dr. Lewandrowski at the Center for Advanced

Spinal Surgery Tucson Office on \_\_\_\_\_ at \_\_\_\_\_ am \_\_\_\_\_ pm.

You must make an appointment to see your primary care physician and/or cardiologist to obtain medical clearance prior to your surgery.

A pre-admission testing nurse may contact you via phone to conduct a health history interview prior to your surgery. In addition, you may have a preadmission visit with the pre-admitting service at the hospital where your surgery is scheduled. If you have not been contacted within 10 days prior to your surgery, please call pre-admission testing

- St. Mary's Hospital (520)-
- Northwest Medical Center (520) -

Please NOTIFY YOUR INSURANCE COMPANY that you have been scheduled for surgery.

- The medical assistant scheduling your surgery is Tiffany Carlie, MA. If you have any questions or need to make any changes, you can contact her at (520) 204-1495.

- If you are on anti-inflammatory medication (i.e. Motrin, Aspirin, Naprosyn, Voltaren, etc.) please stop taking this medication at least 2 weeks prior to surgery. Termination of these medications will help to decrease the risk of bleeding problems. You may take Tylenol for pain or discomfort.

Your first postoperative appointment is scheduled with Dr. Lewandrowski at the Center for Advanced Spinal Surgery Tucson Office on \_\_\_\_\_ at \_\_\_\_\_ am \_\_\_\_\_ pm.

#### WHAT YOU HAVE TO DO PRIOR TO SURGERY:

Eat a light dinner before 7 P.M. on the evening before your surgery. Do not eat, drink, or smoke AFTER MIDNIGHT the evening prior to your surgery. THIS INCLUDES WATER, gum, mints, candy and cigarettes. Any stomach contents may pose a serious problem with the use of anesthesia.

Shower ALL OVER (with particular attention to your anticipated operative region) with the ANTISEPTIC SOAP HIBICLENS which you will get from the hospital before admission. You need not wash your hair with this soap although you may do so.

Please provide a good contact number to our office staff since this will be given to the anaesthesiologist who may call you the night before or after your surgery. Please be available and feel free to ask any questions regarding this important service.

Patients who are the first on the operating schedule must be at the hospital at 6:15 AM. You will be advised by our staff exactly where to report. All other patients will be advised regarding the time and place to present to the hospital.

You will be given long white elastic stockings. This is to keep blood from clotting in your legs while you are asleep. Put them on just before you go to the Operating Room. You will be given some preoperative medication to assist in helping you to relax. Just before the nurse offers this medicine, GO TO THE RESTROOM AND EMPTY YOUR BLADDER. In most cases, our surgeon staff can do the operation quickly enough so that we can avoid inserting a urinary bladder catheter. This will help to reduce the risk of infection. Accompanying family members/friends may go to the operating area with you. They will be shown the way to the Surgical Waiting Room. Your surgeon will talk with them as soon as the operation is completed and your surgeon is satisfied that you are comfortable in the Recovery Room. You will be here for about one (1) hour.

Following the discussion with your family members and guests we want them to go to your room and await your arrival. We will want them to help to keep you awake for the next three (3) hours once you get to your room. This will allow you to deep breath and blow out the anaesthetic gases. In most cases, we will want you up out of bed at a point four (4) hours after surgery.

#### Pain Management

The first day or two after surgery, your pain will be managed with IV (intravenous) pain medicine, in the form of an injection, or a Patient Controlled Analgesia Pump (PCA). The PCA pump allows you to control your own pain medicine. When you push a button, pain medicine is pumped through your IV line. Once you start to eat and drink, your pain medicine will be changed to pills.

Some patients will be given a slow release narcotic patch (Duragesic which incorporates the drug Fentanyl) while in the Recovery Room which will help with pain control over the early several post-operative days.

You will also have a “menu” of medications to choose from. This extends from injectable narcotics down to “Tylenol” and other medications of intermediate strengths. TAKE ONLY WHAT YOU NEED. Injectable narcotics will put you to sleep rendering you less able to deep breath and blow off the residual anaesthetic agents. We do not want you to experience intolerable pain. Choose wisely. If you have questions about this, feel free to ask.

### Activity in the Hospital

The nursing staff will show you how to turn from side to side in bed, move to a comfortable sitting position, then stand and walk. You will probably be walking by the first day after surgery. You may need to wear a brace or corset when you are sitting, standing or walking. You do not need to wear it when you are lying down. You may wear a brace or corset for the first 6 weeks after surgery. Patients having a fusion done due to a thoracic scoliosis or kyphosis may not need to wear a brace. This will be decided at the time of surgery. For most patients, we will want you to be walking round the hospital ward at a point four (4) hours post-operatively. You should have a nurse assist you the first time you attempt this. To

get out of bed, TURN ON YOUR SIDE and draw your knees towards your chest. Push with your arms to a sitting position. Once you are satisfied that you are not dizzy or light headed, push down into the mattress with your arms and hands by your sides while leaning forward. Rise quickly to a standing position with your knees locked. Stay that way for a moment until you are satisfied that you are not dizzy. Your first few steps will be cautious. Once you are able, we will want you to walk briskly. This will help reduce paravertebral muscle spasm in the early postoperative days.

### Leaving the Hospital

Before you leave the hospital the nurse will review the instructions you will need at home. Before you leave the hospital you should have:

- Brace or corset if ordered.
- Pain medicine or a prescription for pain medicine.
- Dressings, if needed.

Typically, you may be discharged from the hospital after an overnight stay, or two to three days. Leaving the hospital early will help reduce your risk of hospital acquired infection. The wound will be checked and the dressing will be changed prior to discharge. Your dressing will be water occlusive and you may take a shower with it when you get home. However, do not take bath and do not soak the wound. The dressing typically will come off within 2 - 4 days at which time you may leave the wound open to air. Do not be alarmed when you have bloody or serosanguineous drainage from the wound. This is normal and part of your postoperative recovery. However, call our office if you have persistent drainage for more than 3 days or a new onset of drainage sometime after 7 - 10 days from your surgery. You should also let us know if you are having any fevers (temperature over 101.5 F) or chills.

Be advised though that elevated temperatures after surgery can be normal and often is a result of poor lung ventilation. Taking deep breath, and ambulating as much as you can tolerate may help with this problem.

Please call our office at (520) 204-1495 with any additional questions that may come during your postoperative recovery.