

BEFORE YOUR SPINE SURGERY

PRE-OPERATIVE EVALUATION AND LABWORK

- If you prefer to see your primary care physician to complete this requirement, please inform Dr. Jatana's staff.
- Preoperative evaluation and testing can also be done at the hospital. This is our preferred option in that all your information is readily available the day of surgery.
- A follow up visit is necessary to review your information, answer questions and confirm decision for surgery.

TRANSPORTATION

Arrange for a ride to and from the hospital.

HOME CARE: Whether from family or friends, make sure you have assistance for your recovery..

MEDICATIONS

STOP the following medications **7 days** prior to surgery unless directed by your physician:

NSAIDS (Advil, Aleve, Motrin, Ibuprofen)
Fish Oils
Herbal Supplements

CONSTIPATION

Surgery and Anesthesia and Pain medications can cause constipation.

Over the counter fiber supplements, stool softeners and bowel stimulants can be helpful afterward. (i.e. Colace, MiraLAX, Magnesium citrate, Metamucil, prunes/juice).

SMOKING

Smoking is known to delay healing and can cause respiratory problems during recovery and complicate fusion surgery. It's best to stop smoking prior to and after surgery.

ALCOHOL

Avoid **alcohol** for one week prior to surgery. Consumption up to surgery can increase risk of complications.

INFECTION

Notify your surgeons staff if you have an **ACTIVE** infection prior to surgery. Any antibiotics that you are on prior. Any active dental infection will delay and/or cancel your surgery.

EXERCISE AND ACTIVITY

Try to stay as active as you can in the weeks before surgery. Patients in better physical condition do better during and after surgery.

EQUIPMENT/BRACES

Any specialty equipment that you may require postoperatively will be addressed prior to surgery. Braces will be fit in our office in most cases.

THE DAY BEFORE SURGERY

Drink 6-8 glasses of water to provide adequate hydration for surgery.

Eat balanced high protein meals the day before surgery, prior to midnight.

Follow preoperative instructions given to you by the hospital if your preoperative evaluation was done at the hospital

THE MORNING/DAY OF SURGERY

DO NOT EAT ANYTHING AFTER MIDNIGHT the night before your surgery.

Eating or drinking anything the day of surgery may cause your surgery to be cancelled. Discuss with your physician's staff if your surgery is delayed to adjust drinking liquids before surgery. When in doubt, eat or drink **NOTHING!**

- You may shower the morning of surgery.
- Wear casual, loose fitting clothes that will fit over your brace and supportive shoes.
- Bring only your photo ID, Insurance card and method of co-payment if required.

AFTER YOUR SURGERY

Contact Dr. Jatana or his team if any problems after surgery.
Follow the DISCHARGE INSTRUCTIONS given to you.

POST-OP PAIN

It is not unusual to experience the following symptoms in the first few weeks after surgery:

- Pain in and around the incision
- Some persistent neck/arm/leg pain.
- A sore throat that feels like something may be caught when swallowing
- Mild swelling or redness at the incision that is decreasing daily.
- Slight increase in pain on day 7-10 after surgery.

ACTIVITY AT HOME

Gradually increase time spent out of bed daily. You should not remain confined to bed during the day. You will require several rest periods during the first two weeks after discharge.

NUTRITION

Resume your regular diet as soon as possible.

HOME THERAPY/REHABILITATION CARE

This assessment will be done in the hospital postoperatively.

PHYSICAL THERAPY

- Fusion patients will begin routine post op therapy 12 weeks after surgery.
- Decompression and artificial disc replacement patients will begin routine post op therapy 3-6 weeks after surgery

OTHER INSTRUCTIONS:

Hot tubs: patients who have had fusion surgeries should not use a hot tub for at least 3 months after surgery. If you have had a decompression procedure and do not have any surgical implants or bone graft you may use a hot tub after 6 weeks.

Handicap parking permits are not necessary after spine surgery. They can be helpful depending on the operation/disabilities prior to surgery. This will be assessed on a case by case basis.

