



## Your Surgery Information

### Morning of Surgery

Report to Beth Israel Medical Center, Admissions Office  
First Avenue and 16<sup>th</sup> Street  
First Floor  
212.420.4749

Date of Surgery \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Surgery \_\_\_\_/\_\_\_\_/\_\_\_\_

Time of surgery \_\_\_\_\_ AM

(The office manager will call you 1-2 days before your surgery to give you a confirmed time to arrive at the hospital)

#### Procedure

Laminotomy/Discectomy \_\_\_\_\_  
Laminectomy \_\_\_\_\_  
Posterior spinal fusion \_\_\_\_\_  
Anterior spinal fusion \_\_\_\_\_  
Laminoplasty \_\_\_\_\_  
Anterior cervical discectomy and fusion \_\_\_\_\_  
X-LIFT \_\_\_\_\_  
Minimally Invasive Posterior Fusion \_\_\_\_\_  
Other \_\_\_\_\_

#### Graft

Iliac bone \_\_\_\_\_  
Local bone \_\_\_\_\_  
Rib \_\_\_\_\_  
BMP \_\_\_\_\_  
Donor bone \_\_\_\_\_

Anticipated Hospital Length of Stay \_\_\_\_\_ (Days)

*Please note that Discharge Time is 10:00AM*

**NOTHING TO EAT OR DRINK AFTER MIDNIGHT PRIOR TO YOUR SURGERY.  
YOUR ROUTINE MEDICATION SHOULD BE TAKEN WITH A SMALL SIP OF WATER.**



## **Things to know before your surgery**

During the four weeks before your surgery you will need to have a **physical exam and some diagnostic tests**. These tests may include blood work, chest x-rays, EKG, stress tests, and pulmonary function studies. You will have a visit with the Spine Institute Nurse Practitioners 2-4 weeks before your surgery. They will do a physical exam and diagnostic tests. If you have had an EKG in the past year, or blood work in the past 3 months you should bring those results with you to your visit

### **Cigarette Smoking**

If you smoke cigarettes, it is strongly advised that you stop smoking. Research indicates that smoking adversely affects bone healing. Smoking can delay or prevent the bones from healing. Additionally, Inhalation of smoke irritates the breathing passages and may lead to respiratory problems during and after surgery.

### **Antibacterial Soap**

To minimize the incidence of infection, an antibacterial soap called Hibiclens will be provided for use at the two showers prior to surgery. This is usually the night before surgery and the morning of surgery. Cleanse your entire body, paying special attention to the area where your surgery is going to be performed. In the surgical area, use a wash cloth, cleansing for 5 minutes.

### **Equipment**

If you are having extensive surgery in the lumbar (lower) spine, it may be helpful to rent a raised toilet seat and a shower or tub chair.

### **Visiting Your Dentist After a Spinal Fusion with Hardware**

If your surgery requires the placement of hardware in your spine, then following surgery, you will need to take **prophylactic** (preventative) **antibiotics** prior to invasive procedures, such as visits to the dentist. The dentist will write for these medicines.



## **Medications to discontinue before surgery**

Stop taking the following medicines **7 days** before surgery:

Any medication considered a non-steroidal anti-inflammatory (**NSAIDs**)

Medications that contain **aspirin**

**Estrogen** products

**Anticoagulants**

MAO Inhibitors

**Some examples are:**

Advil (Ibuprofen)	Alka-Selzer	Coumadin	Oral Contraceptives
Aleve (Naproxen)	Pepto-Bismol	Heparin	Hormone replacement
Motrin	Aspirin	Lovenox	Nardil
Mobic	Ecotrin	Plavix	Parnate
Vimovo	Bufferin	Persantine	
Celebrex	Fiorinal	Lovasa	
Arthrotec	Excedrin	Arixtra	
Naproxen	Percodan		
Voltaren (diclofenac)	Anacin		

If you have **spinal fusion** surgery, you will NOT be able to take NSAIDS (like Advil, Motrin or Ibuprofen) or medications containing aspirin for about 3 months (until your doctor tells you that your fusion appears solid).

If you are taking blood thinners, you will need to consult your physician regarding plans for stopping these medications. They may be restarted shortly after surgery.

If you are taking the following herbal medications and supplements you will need to stop them as well.

Echinacea	ginseng	Saw Palmetto	Vitamin E
Feverfew	Siberian ginseng	Valerian	Multivitamin
Garlic	Kava	St. John's Wort	Fish Oil
Ginkgo Biloba	Ma Huang		

**The following medications are OK to be taken before surgery:**

Tylenol (acetaminophen)	Oxycontin	MSContin	Roxanol
Percocet (oxycodone)	Duragesic (fentanyl)	MSIR	Fioricet
Vicodin (hydrocodone)	Lorcet	Ultam (tramadol)	Darvocet
Dilaudid (hydromorphone)	Lortab	Ultracet	Darvon



## The day of surgery

- Report to the hospital at your scheduled time of surgery, as determined by your conversation with the office on the day prior to your surgery. This time could be as early as 5:45 AM. Plan your travel arrangements accordingly. **Avoid wearing any body lotion or make-up.**
- Come to the Admitting Office in the lobby level of the Linsky Pavilion at Beth Israel Medical Center, which is on the corner of 16<sup>th</sup> Street and 1<sup>st</sup> Avenue. Parking is available in the garage on 17<sup>th</sup> Street. Valet parking is provided at the corner of 16<sup>th</sup> street and 1<sup>st</sup> Avenue.
- Any final paperwork will be completed in the Admitting Office. Those accompanying you can wait with you in Admitting. This wait can be variable, particularly if you are not the first case in the morning. The surgeons estimate the time they will need for each surgery, but these are only estimates. Some cases may take longer than expected; others may be shorter.
- From the Admitting Office, you will be brought to the pre-operative area. Your family will *not* be allowed into the pre-operative area. (The only exception will be for young children: an adult may accompany the child until he/she has been anesthetized.). In pre-op, you will change into a hospital gown. **Your clothing and other personal items will travel with you from the operating room area to your assigned room.** A nurse, an anesthesiologist and a member of the Spine Institute of New York staff will interview you. You will be asked many questions, and you will find that each team member may ask some of the same questions. Repetition of some questions is an important part of the precautions we take to insure that your surgery is performed accurately and safely.
- From the pre-operative area, a stretcher will bring you to the “holding area” on the second floor, next to the surgical suite. You will have an IV placed and some medications may be started at this time. From the holding area, a member of the Spine Institute staff will bring you into the operating room. In the operating room you will be placed on the OR table and put to sleep.
- Following surgery you will spend some time in the recovery room (PACU). This is a very busy area, and it is important to maintain sterility, confidentiality and safety. Thus, visitors are allowed in this area during the day only at **limited and specified times**. From the PACU, you will usually be transferred to a regular floor. (Occasionally, patients with very extensive surgery are transferred to the ICU for a period of time.). Usually transfer to a regular floor occurs the same day or the day following surgery (depending on how extensive your surgery is and the time of day your surgery is completed). If you must remain in the PACU overnight, there are **limited** visiting hours in the late evening.

Children and adolescents will go directly from the operating room to the Pediatric Intensive Care Unit on 6 Dazian, after initial evaluation by the Pediatric Intensive Care Unit staff. Parents can stay with their children in the unit and also when they are moved to the floor.



## **Instructions After Your Surgery**

You will need to be accompanied by another adult when you leave the hospital.

Once you get home, call your doctor's office to make your first follow-up appointment. For most patients this will be 10-14 days following the day of your surgery. At this visit you will be meeting with the Nurse Practitioners. They will evaluate your incision and adjust your pain medications. To make your appointment, call the front desk at 212-844-8682 for Dr. Neuwirth, 212 884-8688 for Dr. Kuflik or 212 844-8674 for Dr. Casden.

Keep the wound clean and dry. If you have a clear plastic dressing over your incision, keep that on for 5 days. It will keep your incision dry while showering. After 5 days, remove the plastic dressing. The only thing covering the incision should be small white "steri strips." On the 6<sup>th</sup> day after surgery your strips can get wet while showering. But, do not swim or take a bath. Your doctor will tell you when you can swim or take a tub bath. Infection is always a concern. If your incision should become red, hot, swollen or drain, or if you have several temperatures greater than 101 degrees, please call your doctor's office immediately.

To heal successfully following surgery, you need to be active. Staying in bed most of the day will significantly delay healing. You need to walk at least 30 minutes each day. There is no limit to the amount of time spent walking. So, please be as normally active as possible.

- Physical therapy, if needed, will be prescribed about 6 weeks following your surgery.
- Sexual activity may resume two weeks following surgery.
- You may resume driving when you feel comfortable driving, and when your pain medication is not affecting your driving ability.
- It is OK to gently bend and twist during normal activity at home.

## **Things To Avoid**

- Lifting more than 15 lbs.
- Smoking. Smoking inhibits bone and skin healing.
- Sitting for more than 30-45 minutes (if you had herniated disc surgery in the lower back). After 30-45 minutes, stand and walk for 5-10 minutes before sitting down again.
- Advil, Motrin, Aleve or other anti-inflammatories for 3 months, if you had a spinal fusion.



## **Pain Medicine Information**

You may be given narcotic pain medication either prior to or following your surgery. These medications are controlled substances, and **will not be called into a pharmacy.** Refills of narcotic prescriptions must be done at your office visit or by mailing the prescription to your home. You will need to hand-carry the prescription to the pharmacy. You need to allow 7 days for renewals mailed to your home.

Before your discharge, you will be given a prescription for narcotic pain medicine. Most pharmacies do not keep narcotic pain medicine in their store. **Fill the prescription at one of the pharmacies near the hospital.** They will have the medicines you need. It would be very unfortunate to go all the way home and then find out that you cannot get your prescription filled.

During your surgery you may be given pain medication directly in your spinal canal. This medicine will help with pain management during your first 24 hours after surgery. In addition, following surgery you may be connected to a PCA pump. This is a form of pain medicine given through an intravenous line. You can administer this medication yourself, as needed, by pressing on a device at your bedside. The length of time you will need this medicine will be variable.

Once you are feeling more comfortable, you will begin taking pain medicine by mouth. You will not be discharged to go home until you have good control with pain medicine by mouth. Additionally, in many cases, we have the Pain Management Service visit you and assist with your pain management.

The length of time you will be on pain medication varies considerably from patient to patient. Some patients need pain medications for only a brief period of time. Others may need pain medicines for several months. Generally, most patients have finished using pain medications by 3 months following surgery. **If pain medication is needed past this point, we will refer you to a pain management specialist, who will take over this roll.**

Pain medications should be reduced gradually, not stopped suddenly. Suddenly stopping pain medications can make you feel very uncomfortable. Symptoms may include nausea, vomiting, chills, and diarrhea. If you gradually decrease your medications before stopping, these symptoms will not occur.

If you need an adjustment in the amount of medicine you are taking, or if additional pain medicine is needed prior to your first post-surgery office visit, call the Nurse Practitioners at our office. The phone number for our Nurse Practitioners, Gilda Forseter and Edward Butler, is 212 844-8649.



## Constipation

This is a common problem for patients who have recently undergone spine surgery. Anesthesia during surgery, narcotic pain medications, and iron pills all cause constipation. The following interventions will help relieve constipation:

Drink 6 – 8 (8) ounce glasses of water or other liquids per day.

Eat a diet which has more fruits, vegetables and salads than wheat products and animal protein. Some good foods to eat are raspberries, strawberries, pears, apples, dried fruit, split peas, lentils black beans, artichokes, broccoli, kale and spinach.

Use a stool softener such as Colace or Docusate sodium three times a day. This medicine can be purchased over the counter. It works by bringing an increased amount of fluid into your intestine. Thus, back to rule one → drink 6 – 8 glasses of water per day.

If you need a laxative, use MiraLax or Milk of Magnesia which is are osmotic laxatives.

Green tea – One to two cups per day help naturally stimulate the colon.

If the above noted measures do not relieve your constipation, you will need to use a chemical laxative. In general, it is not a good practice to use chemical laxatives over a long period of time because they adversely effect the natural movements of the colon, and one can eventually become dependent upon them. However, in the short term, *Senokot* or *Dulcolax* tablets may be needed occasionally while you are taking pain medication. These are over-the-counter medications and can be purchased in most pharmacies.

If the methods above do not relieve your constipation, you may need to use *Dulcolax* suppositories. If one or two *Dulcolax* pills at noon do not produce a bowel movement by the evening, use the suppositories as well.

If constipation still persists, you may need to use a *Fleets* enema or an Oil *Fleets* enema.