



Midwest Surgery Center

You Can Trust We Have Your Back

Patient Surgery Guide

(More information available at spinemedspecialists.com/patients)

Pre-Operative Guide

Surgery may require prior authorization from your insurance. This can take 2 to 4 weeks. Our office will call you with your surgery date after it is approved by insurance.

- Some insurances require you try and fail conservative treatment prior to surgery. This may include:
 - 6-12 weeks of physical therapy pertaining to the area of your proposed surgery
 - Spinal injections pertaining to the area of your proposed surgery

Our nurse practitioner will call you prior to your surgery to address any questions or concerns and review post-operative guidelines.

The day before your surgery, our RN will call to complete the pre-admission questionnaire.

If your surgery is scheduled at:

- Midwest Surgery Center, please plan to go home the same day after surgery.
- a hospital facility, please plan to stay in the hospital at least 1 night after surgery.

What to Bring to surgery:

- A current list of your medications, which includes dosages
- Your insurance card
- Your driver's license or photo I.D.
- Your brace if you were fitted for one
- If you use a CPAP or BiPAP, bring your cleaned unit from home for use

If you are staying overnight in the hospital please bring:

- Personal hygiene items (deodorant, etc. as desired) glasses, hearing aids, and comfortable clothing to wear home. We recommend seasonal loose fitting clothing to wear the day of discharge. Bring shoes to wear home. These should be flat soled. Bring your brace if you were given one at the Clinic. Leave all valuables at home including jewelry, rings, cell phone, money, wallet and watches.

Driving Home From Facility:

You will want to allow time to get out of the vehicle and move around after 1 hour and every hour thereafter. It is suggested to stop and walk around. This will keep you from getting stiff and sore. Bring small pillows along to aid in comfort and positioning. It is a good idea to ask for pain medication right before you leave the hospital. If your drive is exceptionally long, plan to fill your pain prescriptions locally so you will have that medication available for the trip home.

If you have staples or sutures you will follow up with our office in 3 weeks and in 3 months.

SMOKING

If you are a current smoker you may need to quit smoking for 6 weeks. Your insurance approval will not be submitted until after you have quit for 6 weeks. Some insurances require you to prove you quit with a lab test.

PRE-OPERATIVE CLEARANCE

You will need surgical clearance from your primary care provider and/or specialists. DO NOT schedule your primary care provider clearance and lab work until AFTER you have a surgery date. This clearance is only good for 30 days. You may schedule your clearance with your specialists as soon as possible. These clearances are good for 6 months.

* ALL female patients of child bearing age: If you are under the age of 50 and have not had a hysterectomy or tubal ligation, we will need a urine sample from you on the morning of surgery.

MEDICATIONS

Blood thinning medications will need to be stopped prior to surgery. These may include, but are not limited to:

- NSAIDS (non-steroidal anti-inflammatory): Celebrex (Celecoxib), Diclofenac/Voltaren, Etodolac, Ibuprofen, Toradol (Ketorolac), Meloxicam, Aleve/Naproxen/Naprosyn
- Anticoagulant or Antiplatelet: (Apixaban), Plavix (Clopidogrel), Xarelto (Rivaroxaban), Coumadin (Warfarin), Lovenox (Enoxaparin), Effient (Prasugrel), Brilinta (Ticagrelor), Aspirin, Arixtra (Fondaparinux).

We will send a request to your prescribing physician who will approve or deny our request and then you will be notified.

BATHING

You will need to shower with special soap or wipes called chlorhexidine gluconate (CHG), or germ-killing treatment, before surgery. A shower using this soap or wipes will reduce your risk of getting an infection.

It is very important that you bathe with this treatment the night before your surgery and the morning of your surgery.

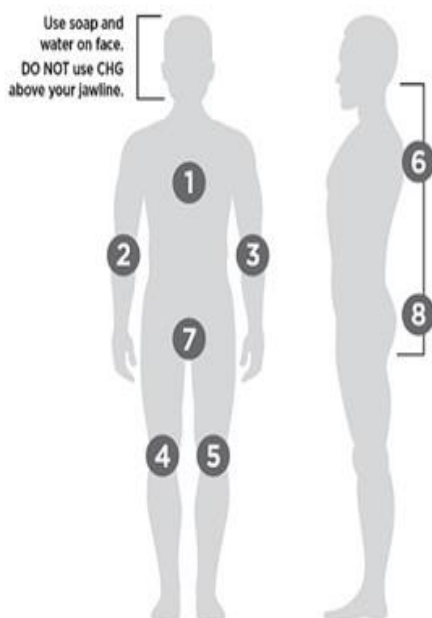
Why do I need to shower with CHG or Hibiclens?

- This soap is better at removing germs on your skin than regular soap.
- CHG works for 24 hours.
- Surgeries, drains, some medicines and being ill make it easier to get an infection.
- This soap helps keep you from getting an infection.

- Hospitals have germs that are hard to treat.
- If using wipes, please follow the instructions on the packaging.

During Shower

- In the shower or tub, wash your hair, face and genitalia as usual with your normal shampoo and conditioner or soap.
- Rinse your hair and body thoroughly to remove any soap and shampoo residue.
- Turn the water off to avoid rinsing the Hibiclens soap off too soon.
- With a clean washcloth, apply the Hibiclens soap liberally to your entire body, from your neck down. Follow the picture below going from number 1 to 8.
- Make no contact with your eyes, ears, mouth, internal genitals, or open wounds.
- Wash your body gently for five minutes, paying special attention to the area where the procedure will be done.
- Turn the water back on and rinse your body thoroughly.
- **DO NOT** wash with regular soap **after the Hibiclens soap is used.**



Wash These Areas with CHG Soap

- 1 = Neck, chest and tummy
- 2 and 3 = Both arms, arm pits, hands and fingers
- 4 and 5 = Both legs, feet and toes
- 6 = Back of neck, back, and shoulders
- 7 = Between your legs and private parts
- 8 = Bottom

Note: Use soap and water on your face. DO NOT use CHG above your jawline. If you feel itchy or if your skin turns red, rinse your skin with water and stop using the product and contact your physician or their office.

After Shower

- Pat dry with a clean, soft towel.
- Dress in clean pajamas or clothes.
- Use clean sheets on your bed after washing.
- **DO NOT put lotions, powders or oils on your skin after bathing.**

FREQUENTLY ASKED QUESTIONS ***BEFORE*** SURGERY

Where should I have my doctor send my clearance form and results?

Have your doctor fax the pre-operative clearance report and any associated labs to 877-892-9679.

How long does the surgery take?

Surgery times vary depending on the type of surgery you will be having. The nurse at SpineMed Specialists will be able to give an approximate length of surgery. Some of this time is taken by the operating room staff to prepare for the surgery.

Should I take my medications on the day of surgery?

Please take medications for your heart (beta blockers), seizures, and breathing medications or inhalers with a sip of water. DO NOT take oral diabetes medications on the morning of surgery. When the pre-admitting nurse calls you, she/he will verify which medications are safe for you to take the morning of the surgery.

May I eat or drink before my surgery?

DO NOT eat solid food for 8 hours before the time of your procedure unless otherwise instructed to do so. Clear liquids (i.e. water, apple juice black tea, Gatorade) may be taken up to 2 hours before a procedure for adults. You may brush your teeth. DO NOT use alcohol for 24 hours prior to surgery. DO NOT smoke or use chewing tobacco after midnight before the date of your surgery.

Do I need to be put to sleep for this surgery?

While most spine surgeries require general anesthesia, some can use conscious sedation or “MAC” (Monitored Anesthesia Care). Your doctor will determine what is appropriate for your case.

Who will be performing the surgery?

Your spine surgeon (Dr. Frimpong) will perform the surgery.

Will I need help at home?

Yes, for the first several days depending on your progress, you will need someone to assist you with meal preparation, bathing, etc. Family members or friends need to be available to help if possible. If you do not have assistance available to you, a short-term stay at a rehab facility OR home health assistance may be appropriate prior to returning home. We will arrange this for you as needed. Please be aware of your insurance coverage for this if it is needed, as this can vary from person to person. Having the laundry done, house cleaned, yard work completed, clean linens put on the bed, and single portion frozen meals prepared before surgery, can reduce the need for extra help.

FREQUENTLY ASKED QUESTIONS AFTER SURGERY

When can I return to work?

You may return to work between 3 to 6 weeks after surgery depending on how your recovery is going. This will be discussed further/determined at your 3 week post op visit.

When can I take a bath again?

Most surgeries will require that you sponge bathe ONLY for the first 3 weeks after surgery. Once your staples have been removed, you may: Shower as long as the water stream is not directly hitting the incision; Do not scrub over the incision; Pat dry the area around incision.

Will I have activity restrictions?

Yes. In most cases, please anticipate to not lift/push/pull over 10lb for: 6 weeks if NO FUSION or for 3 months if you had a FUSION. This will be reviewed with you prior to your surgery. You should avoid excessive and/or repeated bending and/or twisting of the lower back for first 3 weeks post surgery. You may notice that it is uncomfortable to be in one position for long and need to move or walk frequently. Walking is to your benefit as it will also help prevent blood clots from developing.

Will I lose mobility after fusion?

By the time you need surgery, the motion in your back has likely significantly decreased. After surgery, most patients do not notice any additional decrease in mobility. Some patients require and/or benefit from additional physical therapy for strengthening following surgery and this can be discussed at your first post op appointment.

Do I need to wear a brace?

Yes, if you were given a brace to use, you will wear it at all times except for sleep for the first 3 weeks after surgery.

Will I get a bone growth stimulator and if so, what is it?

This is usually only given if you have a multi-level fusion (2+ levels). A bone growth stimulator may be dispensed to you by our office or a third party following your first post op appointment. This device helps the bones heal by sending electrical or ultrasound waves to promote bone growth.

Will I have pain and how will it be controlled?

Yes, expect to have post-surgery pain. Your back will feel stiff and sore. You may have trouble sitting /standing in one position for long. You may have numbness or weakness along the nerve. It is strongly recommended that you use ice/cold therapy post op days 1 through 7. Use/apply for 30min every 2 hours. Day 8 through 15, use/apply as needed. You will be prescribed post op pain

medications to be used on an as needed basis. During this time, you will be progressively weaned off any narcotic prescribed by our office OR back to your baseline dose.

TIPS FOR COMFORT

Timing: Remember that pain medication takes time to work, so try to take pain medication at least 20 to 30 minutes before activity

Positioning: Position and reposition herself for comfort. You should change her position every 45 minutes or so throughout the day. Use pillows as needed to aid in comfort.

Ice: Use ice for pain control. Applying ice to your incision will decrease discomfort. Do not apply ice directly to your skin.

Relax/Breathe: When you are relaxed, pain medications are able to work better. This is because your muscles are tense and signals of fear and anxiety are floating your brain. Slow deep breaths help reduce pain.

How to manage side effects of my pain medication?

Unfortunately, constipation, nausea, vomiting, and drowsiness are known common side effects of opioid medications.

To help combat constipation:

- Increase your fiber intake. You may take over-the-counter Metamucil or a similar fiber supplement
- Drink plenty of water. General guideline is 6-8 eight oz cups a day (unless you are on a fluid restriction from your doctor)
- Include fruits and whole grains in your diet
- Walk
- Use over the counter stool softeners or mild laxatives such as milk of magnesia, Colace, Senna-S

If you are not stooling, become uncomfortable, stop passing gas, or abdomen becomes bloated for at least 3 days, notify our office.

To help combat nausea/vomiting/upset stomach:

- Try bland foods
- Taking your pain medication with food
- Take prescribed antiemetic medication

WHEN TO CALL YOUR SURGEON'S OFFICE – 316-733-9393

- Infection: Redness, swelling, warmth, excessive and/or foul drainage, increased pain or opening at/around incision site, fever greater than 100.4, fevers, chills, general feeling of unwell

- DVT/blood clot: Swelling, redness, warmth or pain in one calf, chest pain, difficulty breathing
- Neurological problems: paralysis or inability to move your legs or new change in sensation or weakness, loss of control of your bowels and/or bladder, headache, dizziness, disorientation/confusion/change in behavior
- Vomiting or not being able to hold down food/water

PREVENTING COMPLICATIONS

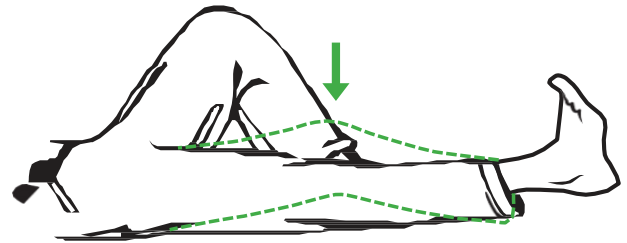
BLOOD CLOTS

After surgery, you may be at risk for developing blood clots. Your surgeon may recommend you wear graduated medical compression stocking supports or take prescription medicine to prevent blood clots. You also can help prevent blood clots by doing leg exercises. Your nurse will teach you how to do the following leg exercises.

Do these exercises four to six times a day.

Quad sets:

Press the backs of your knees into the bed by tightening the front of your thighs. Hold for six seconds; relax. Repeat 10 times.



Ankle Pumps:

Bend your feet toward you (use your ankles to flex your feet) and away from you (point your feet). Repeat 10 times.



PNEUMONIA

Pain after surgery can cause individuals to avoid taking deep breaths, which leads to shallow breathing and reduced lung expansion. If our lungs do not fully expand, the air sacs in our lungs will not inflate and may fill up with fluid. This process can lead to pneumonia. Laying flat for too long can also cause fluid to build up. To help prevent this, it is recommended that you walk at least 3 times a day and perform this breathing exercise 4-6 times a day:

Inhale deeply for 2-4 seconds, hold your breath for 2-4 seconds, then exhale completely. Repeat this 5-10 times.

BODY MECHANICS

1. Roll Onto Your Side

- While lying on your back, bend right knee and place right arm across chest
- Roll all in one movement to the left
- Reverse to roll to the right
- Always move as a unit



2. Getting Out of Bed

- Once you completed the log roll and are on your side, drop your legs over the side of the bed
- Push yourself up to a sitting position
- Remember to keep your trunk aligned with your legs



3. Standing Up

- Flatten your stomach muscles to keep your back from arching
- Use your arm and leg muscles to push yourself to a standing position

