Spine Academy Patient Education Guide





Shannon Medical Center would like to personally thank you for letting us have the opportunity to care for you with your neurosurgery procedure. Our goal is to provide you with exceptional care and to make your stay with us as comfortable and stress-free as possible. Our unit consists of a highly-qualified, multidisciplinary team that will treat and care for you until you are ready for discharge.

At Spine Academy, we are here as your team of professionals to educate and assist you in your journey before, during and after surgery. We will provide you with all the information needed to care for your surgical procedure in our tutorial and in this educational book.

We offer everything from what to plan and expect preoperatively, to how to continue care once you have stepped foot back into your home. This book will also help you with involving those who will be caring for you at home to better understand the entire treatment process prior to checking in the day of your surgery. Remember, our goal is to provide you with exceptional care so you can relax, and not feel stress or pressure about your stay with us. Please use the notes section to write down any questions or concerns you may have so we can provide the answers you need to have the best experience possible here at Shannon.

While neurosurgery procedures are certainly major surgeries, advancements in medicine and surgical techniques have significantly improved patient outcomes and decreased length of hospital stays. The majority of neurosurgeries are considered outpatient procedures, and most all patients will be able to transition back home, typically the day of surgery. Our neurosurgery team will work with you before and after surgery to determine what services may be necessary in the immediate postoperative period, as well as which medical equipment you will need following your surgery.

We all look forward to meeting you and caring for you throughout your surgical experience. Again, thank you for letting Shannon be a part of your care.

-Neurosurgery Team





Luis Duarte, MD

Christy Hernandez, Neurosurgery Navigator: 325-747-3841

Amanda W., NRCMA, Surgical Scheduler:

325-747-2377 (before surgery)

Cindy R., LVN:

325-747-3644 (after surgery)

Prior to surgery:

- Please have a valid phone number and alternate number on file.
- Phone calls from hospital may show up as private or as restricted calls.
- Please answer phone calls and/or check voicemail.
- Preoperative nurse will call you 1 week prior to surgery date.
- You will be given arrival time 24-48 hours prior to your surgery date.
- Phone calls will begin at 2:30 pm and will continue until all patients are notified.
- Please do not call hospital for surgery arrival times. You will receive a phone call with your arrival time.
- Shannon will arrange for your prescriptions to be filled and delivered to your room prior to your discharge.



- If you prefer to pick up your own prescriptions, please select a pharmacy before arriving for surgery.
- Nothing to eat or drink after midnight the night before surgery. This includes tobacco products, chewing gum, cough drops, hard candy etc.
- Use chlorhexidine wipes the night before surgery.
- Please establish a family/caregiver for post surgical care.
- Follow up with your medical clearance whether it be your PCP, Cardiologist, Nephrologist, or any other specialty indicated.
- Constipation If you already suffer from constipation, please start using Miralax and stay hydrated. Drink all medications with a full glass of water. In more severe situations, you can use Citrate of Magnesium which is also over the counter.

Day of Surgery:

- Take all prescribed medications on the morning of surgery except medications already instructed not to take with a small sip of water.
- Report to Shannon Medical Center at your designated arrival time.
- Valet parking is available Monday Friday 5:00 am to 4:30 pm. Free of charge.
- Go to Registration on 1st floor of the hospital. Please have your insurance card and ID.
- Please bring a list of all medications and supplements with you. Please also include any allergies.
- Please leave all valuables at home.
- Only 2 visitors per room.
- Once surgery is over, the surgical nurses will notify your family that they will be transferring you to recovery room.



- If your surgery requires an overnight stay, you will be on the 6th floor. The nurses will help you to get up
- Please have someone available to drive you home after surgery. You cannot be released to a taxi, Uber, or bus. You cannot drive yourself home.
- Please have someone available to stay with you for the first 24 hours after surgery.

• After surgery and before discharge, please tell nurse if you are nauseated.

• You will go home the same day after surgery

unless otherwise advised.

and walk.

Please Remember:

- There is no pain-free surgery.
- **Dr. Duarte does not generally prescribe Hydrocodone after surgery.** He does prescribe Tramadol, Tylenol with codeine, Talwin and/or muscle relaxer.
- If you are under a pain contract with pain management, please advise pain management provider of upcoming surgery. Also advise Dr. Duarte and Kara Hilmes, FNP, prior to surgery.
- Take medication as prescribed.
- An office visit is required for any post-surgery medication refills.
- You will have 6 weeks of restrictions after surgery. No bending, twisting, lifting more than 15lbs, pushing, pulling, or reaching.
- You will be scheduled for a 6-week postoperative appointment.
- You will need x-rays prior to appointment. X-ray's will be done on the 3rd floor on the same day as your appointment.
- Please go to X-ray 30-45 minutes prior to your office visit.



Surgical Site Infection Prevention

The source of the pathogen is usually the patient's own skin.

Risk Factors include:

- Poor nutrition
- Uncontrolled Diabetes
- Smoking
- Obesity
- Coexistent infections at a remote body site (dental infections, UTI, etc.)
- Colonization with microorganisms (MRSA)
- Altered immune response (HIV/AIDS or chronic corticosteroid use)
- Length of pre-operative stay

Education at Pre-Op Office Visit includes:

- When making plans for elective surgery, clearing up any dental problems should be done several months in advance. Having dental cleaning or procedures done within days/weeks of surgery increase the risk of infection, especially if bleeding or irritation occurs in the oral mucosa.
- If a fever (100.4 or higher) or other signs/symptoms of infection occur within 1 week of the surgery, notify the physician. The procedure may need to be postponed or antibiotics started.
- Do not shave the surgical site or surrounding areas as it can cause skin breaks, which can increase the risk for infection. Clippers will be used, if necessary, immediately prior to the procedure.
- Using a chlorhexidine skin prep wipe provides a greater concentration of the cleansing agent and helps to remove cross contamination. They also help to eliminate bacteria prior to the final antiseptic that will take place in the OR. Combining the use of the wipes at home with skin prep at the hospital will eliminate common skin bacteria. Do not use any lotions, body scrubs or perfumes after showering. These can disrupt the antimicrobial action of your pre-op cleansing. These products can also harbor bacteria that will increase the risk of skin contamination.
- Do not apply makeup the morning of your surgery, as it can harbor bacteria.
- Do not use any lotions, body scrubs or perfumes/colognes after showering after using the chlorhexidine cloths at home. These can disrupt the antimicrobial action of your pre-op cleansing. These products can also harbor bacteria that will increase the risk of skin contamination.



Directions for Prepping the Skin

- Skin must be prepped on the night before surgery at your home (DO NOT allow this product to come in contact with your eyes, ears, or mouth).
- Shower/bathe and shampoo your hair, 2 hours prior to skin prep with **READY PREP 2% CHLORHEXIDINE WIPE**.
- Use one cloth from the **READY PREP** package to prep your **neck**, **chest**, **axilla (underarms)**, **and the groin area (using a back and forth wiping motion).** Be sure to wipe each area thoroughly. The **second** cloth from the package is used to prep the **surgical/procedure site**.
- Do not rinse the skin, apply any lotions, perfumes/colognes, moisturizers, or makeup after prepping the skin.
- Discard cloths in the trash.
- Allow your skin to air dry at least 1 full minute before putting on clean clothes.
- DO NOT re-shower or bathe the morning of surgery/procedure.

Once you arrive to the hospital the day of the surgery/procedure, you will be assisted in repeating the above steps.



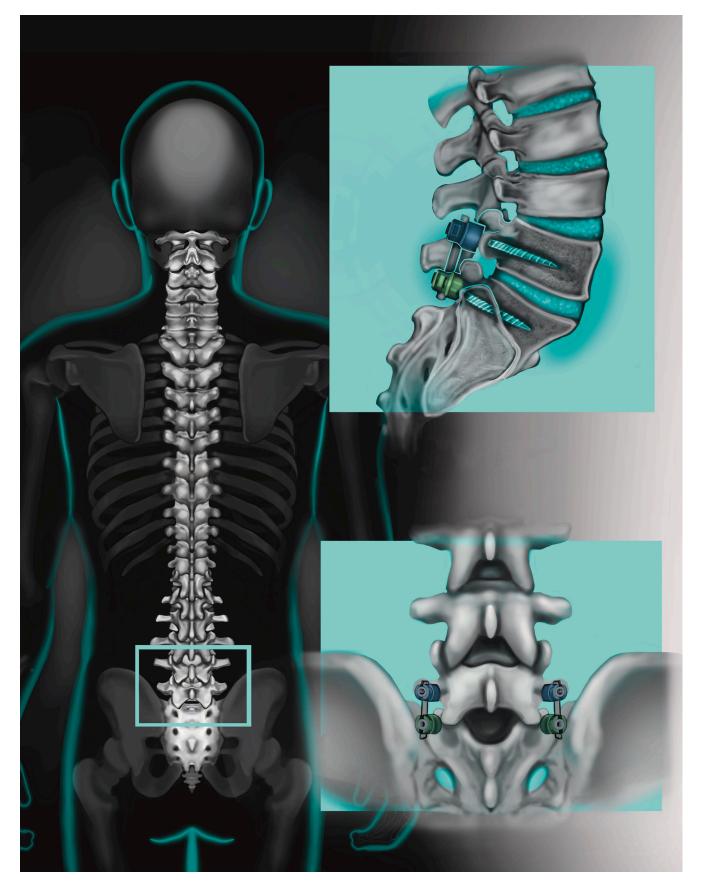
Staged Fusions

Surgeries are done 1 week apart.

- ACDF Anterior Cervical Interbody Discectomy and Fusion
- **PCF** Posterior Cervical Fusion
- ALIF Anterior Lumbar Interbody Discectomy and Fusion
- Lumbar Laminectomy with Fusion
- PLIF Posterior Lumbar Discectomy and Fusion
- 360 Cervical Fusion (done on the same day)
- 360 Lumbar Fusion (done on the same day)

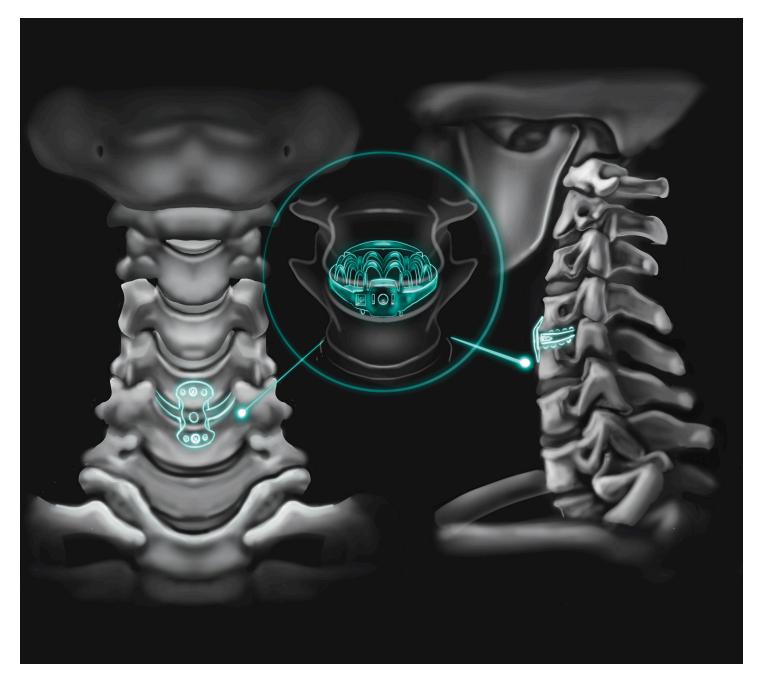


Lumbar Spine Hardware Placement



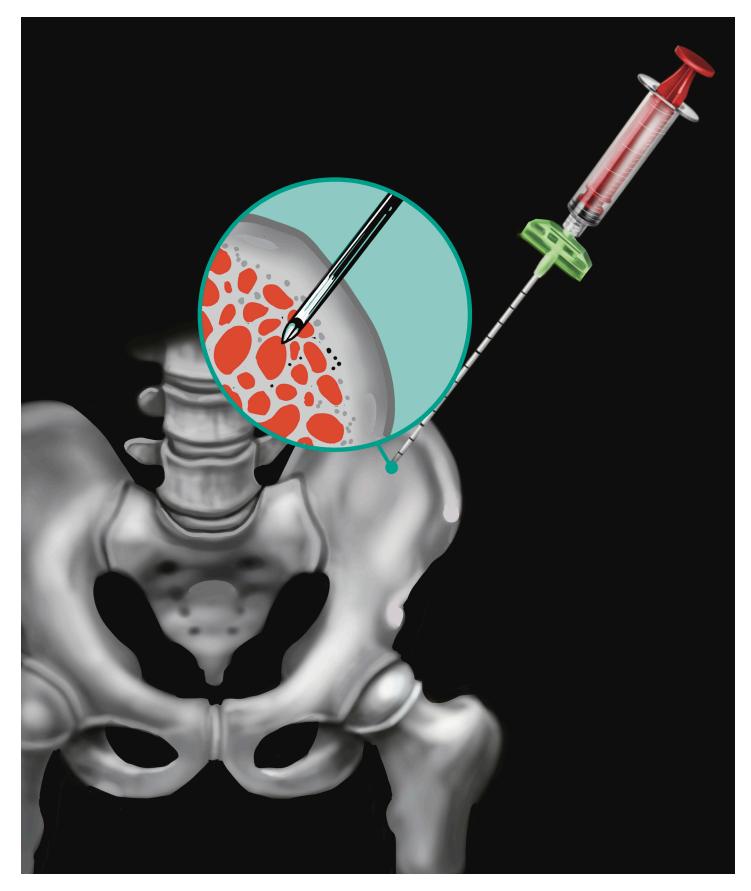


Cervical Spine Hardware Placement





Cell Aspiration for Iliac Crest Graft





Medications

Please hold the following medications prior to surgery:

- ASPIRIN/EXCEDRIN/BAYER: Stop **7 days** prior to surgery
- ARIXTRA (FONDAPARINUX): Stop **2 days** prior to surgery
- NAPROXEN/ALEVE/NAPROSYN: Stop **5 days** prior to surgery
- ADVIL/MOTRIN/IBUPROFEN: Stop **5 days** prior to surgery
- AGGRENOX (ASPIRIN/DIPYRIDAMOLE): Stop **7 days** prior to surgery
- ARTHROTEC (DICLOFENAC/MISOPROSTOL): Stop **5 days** prior to surgery
- BRILINTA (TICAGRELOR): Stop **7 days** prior to surgery
- CELEBREX (CELECOXIB): Stop **5 days** prior to surgery
- DICLOFENAC (VOLTAREN): Stop **5 days** prior to surgery
- PHENTERMINE/DIET PILLS: Stop **2 weeks** prior to surgery
- EFFIENT (PRASUGREL): Stop **5 days** prior to surgery
- ELIQUIS (APIXABAN): Stop 2 days prior to surgery
- FISH OIL/OMEGA 3: Stop **5 days** prior to surgery
- LOVENOX (ENOXAPARIN): Stop **3 days** prior to surgery

- MELOXICAM (MOBIC): Stop **5 days** prior to surgery
- PLAVIX (CLOPIDOGREL): Stop **7 days** prior to surgery
- PRADAXA (DABIGATRAN): Stop **3 days** prior to surgery
- TICLOPIDINE (TICLID): Stop **7 days** prior to surgery
- VITAMIN E: Stop **5 days** prior to surgery
- WARFARIN/COUMADIN/JANTOVEN: Stop **5 days** prior to surgery
- XARELTO (ROVAROXABAN): Stop **3 days** prior to surgery
- PLETAL:
 Stop 7 days prior to surgery
- SAVAYSA (EDOXABAN): Stop 2 days prior to surgery
- SEMAGLUTIDE (WEGOVY, RYBELSUS, OZEMPIC): Stop **1 week** prior to surgery
- LIRAGLUTIDE (SAXENDA, VICTOZA): Stop **1 week** prior to surgery
- DULAGLUTIDE (TRULICITY): Stop **1 week** prior to surgery
- TIRZEPATIDE (MOUNJARO): Stop 1 week prior to surgery



Day of Surgery Checklist

Things to pack:

- IF YOU HAVE A STIMULATOR, PLEASE BRING PROGRAMMER WITH YOU TO HOSPITAL ON THE DAY OF SURGERY.
- Loose, comfortable clothes
- Well-fitted, closed-toe shoes for physical therapy participation.
- Updated list of medications and dosages (include allergies, if any)
- Dentures or hearing aids in a storage box or container for safe keeping
- Toiletries (if you do not desire to use hospital- provided)
- Long charging cord for cell phone
- CPAP/BIPAP Machine (if currently using one) (only if staying overnight)

Things to leave at home:

- Any and all jewelry (none can be worn during surgery)
- Money or valuables (purses, wallets, etc.)
- Medical equipment (walkers, etc.) A walker will be provided for use while in the hospital. If you own any medical equipment, make sure it is in working condition.

Things to have ready for discharge:

- Equipment in working order (walker, cane, 3-in-1, tub transfer chair, etc.)
- Rooms and hallways cleared of any obstacles.
- Home Health (if currently using) notified prior to surgery.
- Designated person for pickup at discharge
- If available, someone to assist you at discharge for at least the first 24 hours after surgery.



Post-Op Home Instructions

- Try to get back into a regular routine as soon as possible.
- Eat well and healthy. Drink plenty of fluids.
- If you have loose rugs, have them removed for safety reasons.
- Have a bathroom or portable commode on the same floor where you will be spending most of your day.
- Your doctor will determine when you can return to work.

Nausea and Vomiting

If you are nauseated after surgery, stay on clear liquids, such as: Sprite, Jello, broth, tea, water, popsicles, fruit juices like apple juice or cranberry juice.

Do not eat a heavy diet (nothing greasy) until nausea symptoms have subsided. If you require an anti-emetic (something for nausea), please ask the provider prior to being dismissed. **No dairy products such as ice cream or milk for patients who have had neck surgeries.**

Exercise

- Walking get up and walk as much as possible to improve your strength.
- Start slowly, increase the amount of walking every time you get up.
- Walk for longer periods every day.

BLT/PPR

- Refrain from Bending, Lifting, or Twisting (BLT), Pushing, Pulling, or Reaching (PPR) for 6 weeks.
- It is ok to bend but not excessively.
- Examples: Do not bend to feed your pets or tie your shoes.



Fever

- A fever is when body temperature is higher than your normal average temperature.
- Most providers say a fever start at either 100.0 F or 100.4 F.
- If you have an abnormal temperature, please call our office.

X-Ray (Radiology)

- You will be followed up for 1 year after your procedure.
- You will need x-rays prior to the 6-week post op appointment, 3 month follow up, 6 month follow up and at 1 year follow-up.
- X-rays are performed at 3rd floor x-ray department.
- The reason for the x-rays is to verify stability of hardware, fractures in the hardware, or migration (moved) of hardware.

Blood Thinners

- Aspirin, Plavix, Brilinta and Coumadin, ELIQUIS, etc. can be restarted 7 days after surgery.
- NSAIDS (non-steroidal anti-inflammatory drugs) such as Advil/Motrin (Ibuprofen), Aleve (Naprosyn) will be restarted at 3 months after surgery or start blood thinners as advised per discharge instructions.

Bandages

- Bandages are to be removed 72 hours post operatively and left open to air.
- There will be steri-strips on the skin which sometimes come off with the removal of the bandage.
- Assess (look) at the wound and if you feel that the steri-strips needs re-applying contact our office. We will have you come into the office and the nurse will re-apply the strips.



Wounds

- If you are having bleeding after surgery that does not stop, fold a towel or any thick cloth. Begin to **hold pressure for 20 minutes and do not release the pressure for 20 minutes.**
- Have someone call our office immediately so that we can assess your bleeding.

Shoes

- We recommend you wear comfortable, safe shoes.
- Do not wear flip flops, especially going down the stairs/ steps. There can be an incident of falling.
- Wearing slip on shoes for several weeks (or maybe more) after your surgery will prevent the need to bend over to tie your shoelaces.
- Crocs are usually a favorite because they are easy to get on, have a good grip on the sole and can be worn both indoors and outdoors. (Make sure to place them in "sports mode" with the back above the heel.)

Pain Medication

- You will be prescribed pain medication at the hospital by the nurse practitioner to take home.
- If you feel you need another refill, contact our office at 325-747-2193 to make an appointment to assess your pain.
- We cannot do video appointments for post-op patients since you will need to be assessed physically.

Continued Pain, Numbness or Weakness after Surgery

- If you have **increased** pain, numbness or weakness after surgery, please contact our office.
- You should expect normal pain after surgery.
- You should expect residual numbness or weakness after surgery. The nerve fibers heal within 6 weeks after surgery.



• Please continue your Gabapentin and Lyrica after surgery.

Constipation

- Pain medication can cause constipation. Take your pain medication with a full glass of water.
- Anesthesia from surgery can also cause constipation.
- Miralax is recommended.
- Citrate of Magnesium (for severe constipation)

FMLA Forms/Attending Physician Statements

- FMLA (FAMILY MEDICAL AND LEAVE ACT) forms are provided to you by your employer.
- Physician Attending Statements are usually sent to you by your insurance company.
- We do not complete FMLA forms prior to surgery.
- Please leave these forms at the office. Do not give them to your doctor at the hospital. **The form will be lost.**
- FMLA and Physician Attending Statements require 10-14 business days to complete.
- FMLA forms are \$25.00.
- Physician statements are \$8.00.

PHI/HIPPA

- After surgery we do receive calls from family members on behalf of the patient. If the patient has not signed up any friends or family members, they will need to complete the PHI form.
- There are exceptions.

If you are having issues on a Friday, please do not call late Friday afternoon. The providers sometimes leave early and there might not be anyone available.



NOTES/QUESTIONS:	



