

The decision to undergo spinal surgery is often difficult. We are committed to making this the best experience possible for you. Please use this guide to assist you with questions regarding your upcoming procedure. It contains valuable information regarding your medical condition and planned surgery. Please read the information thoroughly and retain it for future reference. This information is part of your medical “Informed Consent.”

PRIOR TO SURGERY:

At least one week prior, please stop all blood thinning medications. This includes the following:

- NSAIDs (non-steroidal anti-inflammatory drugs): ibuprofen (Motrin, Advil), naproxen (Aleve), naprosyn, aspirin, celecoxib (Celebrex), meloxicam (Mobic), etodolac (Lodine)
- Prescription blood thinners: warfarin (Coumadin), clopidogrel (Plavix), rivaroxaban (Xarelto), apixaban (Eliquis)
- Fish oil
- Vitamin E (multi-vitamin is ok)

***This is not a comprehensive list as there are many medications that fall into these categories. If you are unsure about a particular medication, please ask your surgeon, the physician assistant, your primary care physician, clearance doctor (if a medical clearance has been requested prior to surgery), or your pharmacist. Depending on your medical history, a medical doctor performing a clearance or cardiologist may give very specific instructions regarding prescription blood thinners. If the physician wants it stopped at a different time or prefers you stay on the medication for medical reasons, we defer to that provider’s judgement. Any medications taken for autoimmune disease (lupus, rheumatoid arthritis, etc.) should be discussed with your surgeon, physician assistant, primary care doctor or rheumatologist prior to surgery as these can increase the risk of infection.

Prior to surgery you may be asked to go through pre-admission testing. This is a requirement of the hospital that includes a history and physical, lab work (no need to fast), a chest x-ray, and EKG. Depending on your medical history, a cardiac clearance may be requested as well. Your surgical scheduler will assist you in setting up this appointment.

DAY OF SURGERY:

The morning of surgery Dr. Hoffman will meet you in the pre-operative holding area to answer any last-minute questions and sign any paperwork the hospital requires before we can proceed to the operating room. In addition, you will meet with your anesthesia team and sign the anesthesia consent. A nurse will assist in getting you ready for surgery. The nurse or anesthesia team will place an IV line so medication can be administered. You will also meet a neurophysiologist. Their job is to monitor your nerves and/or spinal cord during the procedure. This is the standard practice during spinal surgery.

Once in the operating room, anesthesia will administer medication through your IV to help you relax as you drift off to sleep. Once asleep, anesthesia will place a breathing tube to allow for safe ventilation while under general anesthesia. The neurophysiologist will place monitors to watch your nerves and/or spinal cord during surgery. The circulating nurse will keep your family and loved ones informed during surgery via telephone.

AFTER SURGERY:

Once surgery is complete, the breathing tube is removed and you will be brought to the recovery room or PACU (post anesthesia care unit). Typically, patients will sleep for approximately an hour as they recover from anesthesia. Once you are more awake, family and loved ones may be permitted to see you.

Remember that walking is the most important part of your recovery. Try to walk every 20-30 minutes. This helps prevent blood clots and will assist with incisional discomfort as it prevents muscle spasm. Wear your cervical collar at all times. A second waterproof collar will be provided for showering. Soft collars are typically worn for 2 weeks, while hard collars are worn for 6 weeks. You cannot drive while wearing a cervical collar. No lifting > 5-10 lbs. for the first two weeks until you are seen in the office.

Please refrain from taking NSAIDs (non-steroidal anti-inflammatory drugs such as ibuprofen, naproxen, meloxicam etc.) for 12 weeks postoperatively as they interfere with bone healing and can affect the bone fusion.

Thank you for trusting us with your orthopedic care. If you have any questions, please let us know.