

Spine/Back Surgery

Your doctor has completed a thorough diagnostic evaluation of your back/leg pain and has recommended surgery. The following information will answer many of your questions about what will happen before, during, and after your surgery.

If after reading this information you or your family still have questions, please feel free to call our office. There is never a silly question, and we hope that by asking questions now, you will understand what is happening at each step in the recovery process. The more you know, the better your recovery period will be.

There are different types of back surgery depending on your problem; therefore, some of the following information may not pertain to your specific case.

1. **Decompression/Laminectomy** is removing the bone that is causing pressure on nerves, usually resulting in leg symptoms.
2. **Microscopic Disectomy** is done to remove the herniated portion of the disc from the spinal column.
3. **Fusion** immobilizes a segment of your spine due to spondylolisthesis, spondylolysis and/or degenerative disc disease (DDD).
 - a. **Transforaminal Lumbar Interbody Fusion (TLIF)** is done through an incision on the low back, immobilizing the vertebral disc space(s) in question from any further movement.
 - b. **Posterior Spinal Fusion** is done through an incision on the back, immobilizing the vertebral disc space(s) in question from any further movement.
 - c. **Anterior Lumbar Interbody Fusion (ALIF)** is done through an incision in the front of the abdomen, immobilizing the vertebral disc space(s) in question from any further movement.
4. **Disc Arthroplasty** replaces the disc between two vertebral bodies to maintain motion at that segment.

5. **Kyphoplasty** is a minimally invasive procedure done to treat a fracture of the vertebral body. A bone cement is used to restore the strength and height of the vertebral body.
6. **X-Stop** is a minimally-invasive surgical procedure designed to alleviate painful symptoms of lumbar stenosis. This procedure is reversible.

Preparing for Surgery

The doctor may request medical clearance from your family doctor in order to make sure any medical conditions you have will not affect your ability to tolerate surgery. If you take insulin, ask your family doctor how to take this medicine on the day of surgery.

All medicines having blood thinning tendencies, prescribed or over-the-counter, must be stopped five days prior to surgery. Medicines with blood thinning tendencies include:

Aspirin
Vitamin E
Fish oil/Omega 3/Lovaza
Celebrex
Plaquenil
Relafen/Nabumetone
Lodine/Etodolac
Motrin/Ibuprofen
Daypro/Oxaprozin
Mobic/Meloxicam
Naproxen/Naprosyn/Aleve
Disalcid/Salsalate
Feldene/Piroxicam
Arthrotec/Voltaren/Cataflam
Diclofenac
Tordol/ketorolac tromethamine
Vimovo

If you take any of the following prescription medicines you must check with the doctor monitoring this medicine to be sure it is okay to stop:

Plavix/Clopidogrel
Coumadin/Warfarin
Pradaxa/Dabigatran
Xarelto/Rivaroxaban
Eliquis/Apixabin
Pletal/Cilostazol
Persantine/Dipyridamole
Ticlid/Ticlopidine



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www.oamkg.com
www.wmspinecenter.com
www.ghboneandjoint.com

Aggrenox/Asprin/Dipyridamole
Lovenox
Arixtra/Fondaparinux
Effient/Prasugrel

Notify us immediately if at any time before your surgery you have any symptoms of an infection (for example, a urinary tract or sinus infection), especially the week before your surgery.

If you smoke, your doctor may require you to stop 4-6 weeks before doing your surgery and for 12 weeks after your surgery. The nicotine dramatically slows and/or hinders the healing process by 40% per level fused. The doctor may order a blood draw to test for your nicotine level.

A back brace is usually not necessary unless you have severe osteoporosis or you ignore your restrictions after surgery.

Preoperative Information

Someone from pre-admission testing (PAT) will call you to schedule your lab work, an EKG, a chest x-ray and a consultation with the anesthesiologist.

You must not eat or drink anything after midnight the night before your surgery!

What to Expect After Surgery

A disectomy, laminectomy, X-stop procedure, permanent DCS placement and kyphoplasty may involve an overnight stay. A lumbar fusion involves a 3-5 day stay.

Pain management during your hospital stay will be by intravenous patient-controlled anesthesia

(PCA), injections or by oral pain medications. We recommend you switch to oral pain medications as soon as you are comfortable.

After a fusion surgery, you will find a drain coming from your back lying next to you in bed. This will relieve any fluid accumulation from the surgical area. If you are sent home with a drain you will have to return to our office the following day to have it removed.

You may have a Foley catheter in place when you wake up following a lumbar fusion until you are safe to get up. This will save you from having to get up to use the bathroom.

Do not be discouraged if you have some of the same pain as before your surgery. You have had pressure on the nerves for some time and it can take 12-18 months for the nerves to recover. You may find that your energy

level is quite low after surgery (even the trip home from the hospital may wear you out).

The hospital discharge planner or the social services department will help you arrange for assistance or assistive devices at home.

Once You Return Home

Call our office as soon as you return home to arrange for your follow-up appointment in 10-14 days. We will need to check your incision and remove any visible sutures. If you have had previous back surgery, you will have sutures to be removed instead of dissolvable sutures.

Most patients can expect to experience some emotional highs and lows, which is normal. It is better to pace yourself when you feel tired and rest. Ask for help when you need it, and be sure to follow the instructions given to you. Remember, no lifting, twisting, bending or carrying anything heavier than 5 lbs. A gallon of milk is too heavy!

WALK! WALK! WALK!

You may take a shower, but not a bath when you get home. DO NOT apply any lotions, ointments or Neosporin to your surgical incision.

Avoid sitting for any prolonged periods, and avoid long car rides. You may climb stairs when you are steady on your feet.

You may renew prescriptions by calling our office, but please do not wait until you are on your last pill. Call the office before 11:00 am with at least 2-3 days worth of your prescriptions left.

You may have driving restrictions for the first 2-6 weeks after surgery or until your doctor says you may drive.

You MUST call the office as soon as possible if any of the following symptoms occur:

- pain in your calf or excessive swelling in feet or legs
- an increasing pain in your back that does not go away with your pain medicine
- foul-smelling discharge coming from your incision
- a red, hot, or swollen incision
- chills or fever over 100°F
- chest congestion, coughing, or problems breathing while at rest
- chest pain
- problems passing urine, moving your bowels or lack of control

If you have any questions, please call the office at (231) 733-1326.