

ANTERIOR LUMBAR FUSION

Spinal reconstructive surgery is a complicated procedure used for difficult spinal problems and has many associated risks. Because of the attendant risks and complications, it is very important that you fully understand your particular problem and why this type of surgery is recommended. Also, you must fully understand the postoperative course, as deviation from the recommended plan could lead to complications and/or failure of the procedure. To reduce the risk of complications, all preparations must be completed prior to surgery.

Preparations for Surgery:

It is important that you inform me of any medical problems, old or new, even if you are currently under the treatment of another physician. You must provide a full listing of any medicines or vitamin supplements you are taking and any allergies that you have. It is best to bring a written list with medication names and dosages.

Cigarette Smoke: **Six weeks prior** to surgery, you must **stop smoking**. Cigarette smoke is extremely detrimental to fusions and, in many cases, will prevent the fusion from healing. It is, therefore, mandatory that you stop smoking prior to having surgery performed. If you are having difficulty with quitting, please contact your family physician for assistance. He or she will assist in establishing an effective smoking cessation plan. Avoid the use of products that contain nicotine. If you decide to use nicotine patches, nicotine gum, etc., surgery would have to be delayed until at least six weeks after the nicotine patch or gum was stopped.

It is the nicotine in cigarette smoke that inhibits the early formation of bone graft. For that reason, all sources of nicotine must stop at least six weeks prior to surgery.

Four to six weeks prior to the scheduled surgery date, begin taking a **daily multi-vitamin** with minerals. Also, you should be taking an **iron pill three times a day**. The recommended dose is 325 mg two or three times a day, spread out over the day. This is to fortify you for blood in preparation for donation.

You will need to schedule a pre-operative consultation with a vascular surgeon of our choice. My surgery scheduler will speak with you about this. The vascular surgeon will work with me during your surgery.

At least **10 days prior to surgery** you will be required to stop taking aspirin, ibuprofen or naproxen as well as any medicines that contain them such as cold remedies or headaches preparations. You must stop taking all non-steroidal anti-inflammatory agents whether prescription or over-the-counter. Ask if you are not certain. Please inform me of any anticoagulants or "blood thinners" you are taking, such as Coumadin. All of these medicines will increase bleeding during surgery.

Pre-operative Evaluation

As soon as your surgery date is known, call your internist or primary care physician to arrange an appointment approximately 1 to 2 weeks, but no more than 30 days, prior to surgery. When you are seen, please have your physician forward your history and physical and the results of your tests to the anesthesia office at Sinai Hospital. Their fax number is 410-601-8528. If you do not have a treating physician, please discuss this with my surgery scheduler. She will help you to set up an appointment for your pre-op evaluation.

Depending on your health history, it may also be necessary to schedule an evaluation with a specialist such as a cardiologist or pulmonologist.

Insurance Concerns: Please contact the Sinai Hospital Admitting Office (410-601-5659) to be certain all preparations are in order for your admission to the hospital. When you call, please have the your date of surgery and all necessary insurance information.

Blood Donation

About four weeks prior to surgery, you should start donating blood. Your surgical scheduler will provide you with the necessary information. The Red Cross will need to know your date of surgery so that they can prepare an appropriate schedule for blood donation and arrange for timely transport of your blood to the hospital. Most patients will donate two pints of blood, occasionally we will ask for three pints. You may also talk to the Red Cross about directed donations from friends or family members.

Brace Fitting

All patients undergoing a fusion will require a brace. Please speak with the brace fitter in our office to arrange a time for you to be fitted or measured for your brace. The brace will be fitted or ordered in the appropriate timeframe to ensure delivery prior to surgery. It is extremely important that you are measured for your brace before surgery. Retain the contact information for your brace fitter as it may be necessary to request assistance with minor adjustments as you recover.

MDA Day

Approximately one week prior to surgery, you will be scheduled to attend MDA Day (Multi-Disciplinary Assessment). This is an approximately 4 hour mandatory session that provides teaching, assessment by an anesthesia provider, and the opportunity to ask questions about your hospital stay and recovery.

Final Pre-operative Visit

Please schedule an appointment to see me one or two days prior to surgery to discuss all final preparations. At that time, you will sign your operative consents, and you will also be given orders to bring to the holding area for anesthesia. If you have questions, write them down and bring them to this appointment.

Night Before Surgery: On the night before surgery, dinner should be a light meal, not a heavy meal, such as a thick steak. You are not to have anything to eat or drink or eat after midnight.

Day of Surgery: On the morning of surgery, you are not to take anything by mouth. This includes coffee, orange juice, chewing gum, or hard candies. If you were instructed by your doctor to take medicine the morning of surgery, you may do so with only a small sip of water.

Should you have a living will or an advanced medical directive, bring that with you. You should also **bring** with you **the permission slip** that you signed in our office at your pre-operative visit one or two days prior to surgery **and the order sheet** that accompanies it.

Bring with you
Several cotton T-shirts for under brace
Toiletries – toothpaste, toothbrush, comb, razor
Loose-fitting clothing to wear home
Glasses, hearing aid (if unable to function without)
Comfortable, sturdy, slip-on shoes for walking

Leave at home
Jewelry
Large sums of money
Nightgowns

Please report to the Sinai Hospital Admitting Office on the first floor at the time given to you by our office; usually 2 hours prior to surgery. They will direct you to the 4th Floor Waiting Area for final check in prior to surgery. Please avoid wearing make-up and leave all jewelry at home. All jewelry will be removed prior to surgery for safety.

I will see you in the Holding Area prior to surgery.

After Surgery:

As soon as surgery is completed, I will speak to your family in the waiting room. You will be taken to the recovery room, where you will spend several hours. Following that, you will go to your room on the Spine Center. The remainder of that day and night will be spent lying flat in bed. The next day your brace will be applied, you will be assisted out of bed and begin walking. As soon as you are able to get out of bed, ambulate and go to the bathroom on your own, you will be discharged home.

Hospital Discharge Patients who have a brace that extends down onto one thigh will be discharged home by ambulance. Patients whose brace does not include an extension onto the thigh can be discharged home by car. If you live a great distance from the hospital, we can make arrangements for discharge home by ambulance. Please be aware that insurance may not cover this.

Pain Medication You will be given a prescription for pain medicine at the time of discharge. The medication is usually a narcotic. By the time 4-6 weeks following surgery has passed, you will no longer be given pain medicine. All patients undergoing fusions will have some residual pain. This residual, chronic pain cannot be treated with narcotics. If you are unable to tolerate the pain that remains after the fusion has healed, you will be referred to a chronic pain management program.

All prescription renewals will be done at our office between 8:30 A.M. and 2:00 P.M. Monday through Friday. No refills will be given at night or on the weekend. Please allow 2 -3 days for completion of refill requests as I may not always be available on the same day.

At Home Please call my office to arrange a 6-week follow-up visit once you are home. You may come by car. If staples were not removed in the hospital, please call one of the visiting nurse companies to arrange for staple removal. They should be removed approximately 7-10 days after surgery.

Activity limitations Regardless of the type of brace, the activity guidelines are the same between the time of discharge and your first follow-up visit in my office.

- 1) **Stay at home** until your first post-op visit. You may not drive or be a passenger in a car.
- 2) The **brace is to be worn at all times** except for bathing, which will be discussed later.
- 3) You are allowed to go up and down **stairs** one time per day, at most. Please go one step at a time (like a baby).
- 4) **Do not lift** anything over approximately 5 pounds.
- 5) You may certainly make yourself something to eat, carry a book, or put a tape in the VCR.
- 6) **Cleaning, laundry, and vacuuming are forbidden.**
- 7) By 7-10 days post-op, you should be comfortable enough to **take daily walks** outside.

Wearing the Brace: Wear the brace at all times. Adjust the straps so it fits snugly. Always wear a cotton T-shirt under the brace. The shirt should be large enough so as to be easily changed, but not so large as to create wrinkles. The T-shirt should be changed at least once a day.

If a rash develops, use Neutrogena clear soap for bathing. Following the bath, apply Zeasorb powder. Three times a day, apply hydrocortisone cream. If the rash does not clear in three days, call the office for further instructions.

Bathing: You may shower as soon as you can comfortably stand for ten minutes. With brace on, get into the shower. Stand perfectly straight and still, DO NOT bend or twist. Remove brace and hand it out to your helper. Turn on the water and start to wash. Do not reach lower down than your arms can reach, i.e. do not bend over to wash legs. You may use the sponge on a stick. Have your helper hand in a towel. Dry down as far as your arms reach. Have helper help put the brace back on. Get out of the shower, sit down and dry your legs.

After You Heal: Lumbar fusions typically heal by four to six months. Once X-rays show that your fusion has healed, we will remove your brace and start a home exercise program. If needed, Physical Therapy will be prescribed. Most patients can start back to light duty at work by the time the brace is removed. Some patients can return to work even sooner. Patients that are in heavy labor occupations will require more time before returning to work.

All patients undergoing fusion surgery will have some residual pain. This long-term chronic pain cannot be treated with narcotic medication, as the narcotics cause other complications, far worse than the chronic pain. If, after your fusion has successfully healed, you are unable to tolerate the pain you are experiencing, you will be referred to a chronic pain management program. We do not treat chronic pain in our office.

PRE-SURGICAL GUIDELINES FOR MEDICATION

YOU MUST CONTACT YOUR DOCTOR TO ASK ABOUT ANY AND ALL MEDICINES YOU ARE CURRENTLY TAKING

(You may take your morning medicines, as advised below, with a small sip of water before 2 hours prior to surgery.)

1. BLOOD PRESSURE MEDICATION- should be taken the morning of the surgery except diuretics (fluid pills)
2. DIURETIC (fluid pill)- should NOT be taken the morning of surgery. These include Lasix (furosemide), hydrochlorothiazide (HCTZ)
3. INSULIN- Take the usual dose the day prior to surgery and half the dose the morning of surgery.
4. ORAL DIABETES MEDICATION - DO NOT take the morning of surgery. Long acting medications such as Diabinese should be stopped 3 days prior to surgery. Glucophage/metformin should be stopped at least 24 hours prior to surgery. Please contact the prescribing physician for specific recommendations.
5. THYROID MEDICATION - (Synthroid, Levothroid, Levoxyl, cytomel) take the usual dose the morning of surgery. (Tapazole: take the usual dose the morning of surgery. The prescribing doctor may need to add an additional medication for the day of surgery. Check with your doctor.)
6. ANTI-DEPRESSANTS - Should be taken the morning of surgery. (Lithium may need to be discontinued 2-3 days prior to major surgery. Check with the prescribing doctor.)
7. HEARTBURN OR ULCER MEDICATOIN/ACID BLOCKER- (Zantac, Pepcid, Axid, Prilosec, Propulsid, and Reglan) Take the usual dose the morning of surgery.
8. ANTACIDS- like Maalox, Tums or Carafate should NOT be taken the morning of surgery.
9. NSAIDs (anti-inflammatory)- are stopped 7 to 10 days prior to surgery.
10. ASPIRIN- blood thinner- Aspirin needs to be stopped 7-10 days prior to surgery. (You **must** contact the prescribing physician, and also notify your surgeon.)
11. COUMADIN, WARFARIN- blood thinners -Typically stop 4-5 days before surgery. (You **must** contact the prescribing physician, and also notify your surgeon.)
12. PLAVIX or TICLID- (anti-platelet)- Stop 1 week before surgery. (You **must** contact the prescribing physician, and also notify your surgeon.)
13. ASTHMA INHALERS- should be used the morning of surgery and brought with you to the hospital.
14. ALL DIET MEDICATION - MUST BE STOPPED one week prior to surgery (i.e. phentermine)

Pre-Surgical Guidelines For Medication

15. ALL HERBAL MEDICATION - should be stopped 2 weeks prior to surgery.
16. STEROIDS-Take the usual dose in the morning of surgery.
17. TYLENOL - only can be taken for pain.
18. HEART medication (except amiodarone)- Take the usual dose. Stop amiodarone the night before surgery.
19. POTASSIUM (KDUR, K-Lyte)- stop the day prior to surgery. Your prescribing doctor may check your potassium level in the blood.
20. LIPID LOWERING, CHOLESTEROL medications (Lopid, niacin, Lipitor, Tricor, fibric acid derivatives) -stop 1 day prior to surgery.
21. ANTIEPILEPTIC medications-(phenytoin, phenobarbital)-take your usual dose of medication in the morning. Carbamazepine or valproic acid- check with your prescribing doctor as your medication may be changed temporarily if you are high risk for seizure activity.
22. COMBINATION CONTRACEPTIVES AND HORMONE REPLACEMENT THERAPY ("the pill", estrogen)- Ask the prescribing doctor.

PLEASE CALL THE PRESCRIBING DOCTOR WITH ANY QUESTIONS ABOUT ANY MEDICINE YOU ARE TAKING