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CENTERS OF EXCELLENCE:

Maryland Back Institute Greenspring Surgery Center Comprehensive Arthritis Institute
Sports Medicine Center Center for Complementary Medicine

ANTERIOR/POSTERIOR CERVICAL FUSION

Preparation for cervical spine surgery is relatively straightforward, however you must fully understand the postoperative course, as deviation from the recommended plan could lead to complications and/or failure of the procedure.

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 medications or vitamin supplements you are taking and any allergies that you have. It is best to bring a written list with medications 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 interfere with bone growth and tissue healing. It is, therefore, strongly suggested that you stop smoking prior to having surgery performed. Smokers also tend to have less relief of pain.

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.

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 headache preparations. You must stop taking all non-steroidal anti-inflammatory agents whether prescriptions 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 1-2 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 preparation are in order for your admission to the hospital. When you call, please have your date of surgery and all necessary insurance information.

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.

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 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
One (1) collar
Toiletries – toothpaste, toothbrush, comb, razor
Loose-collared 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 in the Spine Center. You will be assisted out of bed and begin walking the evening following surgery.

Hospital Discharge: You will be discharged home the following morning. Someone must drive you home from the hospital.

Pain Medication: You will be given a prescription for pain medicine at the time of discharge. The medication is usually a narcotic. You will probably need it only for a week or two. 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 prescriptions renewals will be done at our office between 8:30 AM and 2:00 PM 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 2-3 week follow-up visit.

Activity Limitations:

1. **Stay at home until the first post-op visit.**
2. The **collar** is to be worn at all times even for bathing. This is why you are given 2 collars. You will be able to switch to the dry one after showering.
3. You are allowed to go up and down **stairs**.
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. As soon as you are comfortable enough, you may **take daily walks** outside.

After You Heal: Cervical fusions typically heal by 3-4 months. Once X-rays show that your fusion has healed, you will 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 collar is removed.

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, and a treatable cause for pain has been ruled out, you will be referred to a chronic pain management program. We do not treat chronic pain in our office.