Pre and Post-Op instructions for lumbar fusion

These instructions are divided in 3 sections:
1. Pre-op instructions (things to do)
2. The hospital stay
3. Post-op and discharge instructions

Pre-op instructions (things to do):
There are certain things you need to do before surgery:

The following items need immediate attention:
Make pre-op medical clearance appointments with your: Primary Care Physician (PCP), Cardiologist and/or Pulmonologist or other Specialists if needed. Take your pre-op test form to your doctor(s) so they can order the appropriate tests and give surgical clearance. If additional tests need to be done (which may cause the target surgery date to be moved) contact Dr. Muir’s staff immediately so the appropriate changes to his surgical schedule can be made.

Diabetic Patients: Specifically discuss pre-op diet And insulin/medication requirements.

Hypertension Patients: Specifically discuss medication regimen prior to, the morning of, and after surgery.

Stop Smoking.

Submit FMLA or disability forms with the first day you will be off of work and the date you will return to work. Allow 1 week to complete before pick up. Our Staff is not responsible for mailing or sending forms. A fee will be charged for forms.

Locate your MRI. It will be needed for your surgery. Notify the staff if you are in possession of it. You are responsible to locate it and deliver it to our office
before your surgery. If you need assistance call us.

**2 weeks before surgery:**
Stop taking Aspirin!
Complete all pre-operative testing and obtain all doctor clearances. Instruct your physicians to have all results faxed to 255-2620. Contact Dr. Muir’s staff at 254-3020 to verify receipt of testing by his office.

Schedule a Pre-Op (H&P) appointment with Dr. Muir’s office to take place at least 2 business days prior to surgery. Pre-op test results should be available at the time of this visit. Patients may bring results to H & P, but should contact Dr. Muir’s staff if this is the case. Obtain post-surgical bracing (back brace, neck collar, etc.) or devices for ambulating (walker, cane, etc.) These may be obtained at our office, through our web page (“products” on home page on the left) or after admission to hospital. After your visit make a follow-up visit for 10 – 14 days after surgery. We will give you the information necessary to Pre-Admit to the hospital. Call Pre-Admit or may be done on line.

**10 days before surgery:**
Stop taking:
- anti-inflammatory medication (Advil, Aleve, Motrin, Ibuprofen, etc. - *Celebrex is OK to continue*)
- Vitamin E and multi-vitamins.
- Any herbal supplements
- Plavix with approval from Cardiologist.

Prepare your house and arrange for transportation home from the hospital and assistance once home.

**3-5 days before surgery:**
Stop taking coumadin 5 days before with approval from prescribing physician. Schedule a Pre-Admit at the hospital. Bring admitting papers, driver’s license, insurance card(s), **list of medications** to that appointment.

The hospitals:
- Dixie Regional Medical Center:  http://intermountainhealthcare.org/xp/public/dixie/yourvisit.xml
day before surgery:
Contact Dr. Muir’s staff to confirm time of surgery. Call 702-254-3020 or call Elda on her cell.
NOTHING to eat or drink after midnight the night before surgery until after surgery.

day of surgery:
Take essential medication as discussed at H&P with Dr. Muir (blood pressure, heart, lung medications) with a sip (1 inch or less of water).
Arrive at the Hospital or Surgical Center 1-1/2 to 2 hours prior to your scheduled surgery. It is difficult to predict exactly when your surgery will take place if you are not first on the schedule. There are many factors that may cause a delay so expect delays. However, at times a patient before you may need to be rescheduled and your start time would then move up. So be available to be contacted by phone. Directions to the hospital can be obtained through our web site under facilities or click here.

Contacting our staff regarding surgical issues:
You may have questions or concerns that you thought of after your pre-op H & P, but prior to surgery.

Main Line: (702) 254-3020. For non-emergency situations: During normal business hours contact our office staff in the office or leave a message in our voicemail.

We are in clinic: Mon-Thu 8:30 – 5:00  
Friday 8:30 – 2:00

If it is important that you speak to someone immediately, tell the receptionist you are a surgical patient.

Elda’s Cell: (702) 299-8032. If you have an issue that is urgent and needs to be addressed immediately or if it is after business hours call the office and the answering service will direct your call. Please use your discretion when calling this number it is used for pre- and post- surgical issues that are determined urgent. Please do not call this number for issues that can be handled on a non-emergent basis (such as scheduling a follow-up appointment or general medication refills).

Also, any issues that need to be addressed while you are still admitted in the hospital should be addressed with the hospital staff first.

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The hospital stay:
After checking in at Admissions you will be asked to change into a hospital gown and taken into the Pre-op area where others will be waiting for their surgeries. Significant others may wait with you in the Pre-op area right up until the time when you go back to the operating room. In the Pre-op area the nurse will place an IV and you will be given IV fluids (which will help with the thirst a bit) and an antibiotic. You will meet with the Anesthesiologist, the surgical assistant, and Dr. Muir. **Tell nurses, anesthesiologist, and Dr. Muir if you have allergies.** Often you are given a relaxing medicine through the IV in the holding area to make you more comfortable.

Once you are rolled back to the operating room you will be given medicine through the IV that will put you asleep (most find it very relaxing experience). You are asked to breathe oxygen through a mask at the same time. If the surgery is anticipated to be long a urinary catheter will be placed after you are asleep (ie. Painless). During the surgery you will be asleep and it will not be painful. I have NEVER had a patient remember anything during surgery.

You usually don’t wake up until after a short time in the Recovery room. There you will have a nurse by your side to attend to any need.

After approximately an hour, you will be taken to your room. You will be in some pain but it should not be more than tolerable. If so, call the nurse immediately and she will give you more medicine. The amount of pain varies greatly between patients due to sensitivity to pain, emotional factors, and the amount of pre-operative narcotics they may have been taking.

Typically you will be eating shortly after surgery. Usually you won’t get out of bed until the next morning with the therapist. The therapist will walk with you 2 times a day. The first couple times out of bed is the hardest. The first day after surgery is the roughest. The more you walk the quicker you will go home and the less chance you have of developing a blood clot. Compressive stockings that are like small inner-tubes that wrap around your legs and inflate and deflate will be used while in bed to further prevent blood clots. You will be followed daily in the hospital by a board certified Internal Medicine doctor who will attend to all your care other than the spine itself. You will also be seen daily by Dr. Muir’s physician assistant who immediately communicates with Dr. Muir. It is very rare to have a complication related to the spine. Dr. Muir will attend to any spinal problem that is out of the norm. At any time during your stay you may speak with Dr. Muir (just let the nurse know so she can make the connection).

Often the time from surgery until home is divided between the hospital and the rehabilitation hospital. Most patients enjoy their time at the rehabilitation hospital more than the hospital. There are several reasons not to stay the whole time in the hospital. The rehab can better focus on the physical therapy and it also significantly lowers the cost. You will be transported to the rehab facility and will be able to make a choice as to one that is closest to your home.

Essentially, you **may go home once you can get out of bed by yourself, walk by yourself, and able to use the bathroom facilities by yourself.** This varies anywhere between 2 to 7 days.

You will receive bills from your surgeon, the hospital/or surgical center, the anesthesiologist, the surgical assistant (25% of the surgeon’s fee), neuromonitoring (to safely monitor your nerves during surgery), and internal medicine doctors (who will
attend to your non-spine care). On occasion rehabilitation with their bills as well as other specialists may be required.

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**Post-op and DISCHARGE INSTRUCTIONS**

You may or may not have pain from:
1. Incision pain
2. Muscle spasms or cramping

**Medicines** You will be sent home with antibiotics, pain medications and a muscle relaxant.

Take the antibiotics until they are finished, used the others as needed and as directed. If you do not get relief from these medications, please contact the office during office hours. It usually takes ½ an hour for medicines to start to work. Decrease the frequency of the pain meds and muscle relaxants as necessary. If you were taking high doses of pain meds before surgery the pain meds will not be as effective. (We want you to be comfortable but if pain med doses become too large your breathing will be repressed to the point you may stop breathing.) The pain is usually the worst the first day or two and then rapidly decreases.

**First post operative visit:** should be 10-14 days after surgery. If you did not make an appointment prior to surgery, please call to make an appointment.

**Bending** Try to avoid bending at the waist as much as possible for 3 months after surgery. Bend at the knees.

**Driving** No driving until after the 1st post-operative visit with Dr. Muir (10-14 days after surgery). You may ride in a car for short distances. If longer distances are required, partially recline the passenger seat. No operating a motor vehicle.

**Housework** No housework until 7 weeks after surgery. At that time you may do light housework, but NO vacuuming.

**Lifting** No lifting anything greater than 10 lbs (a gallon of milk).

**Showering** No showering until 2 days after surgery. Your incision will initially be covered with a clear, sticky dressing. It should stay on until you return to the doctor. You may shower with this dressing on, but do not let water run directly over the dressing.

Should the clear, sticky dressing come off or be removed prior to your visit with Dr. Muir: cover the incision with folded 4x4 dressing and secure it with paper tape, and for showering cover with saran wrap and tape.
Be sure there is someone home with you when showering. Do not attempt to shower if you feel lightheaded, weak, or dizzy.

**Standing** Start with 10 minute periods and gradually increase to tolerance.

**Walking** Start with ½ block in the morning and ½ block in the evening, then gradually increase. Try to walk outdoors if possible. Do not overdo and try to walk in the heat of the day. Do not walk so far from home that you are too tired to walk back. Walking is an important part of your rehab. Ideally, you should walk a mile a day by one month after your surgery and 2 miles a day by two months after your surgery and then continue walking 2 miles a day for 6 months!!

**Physical Therapy/gym** Physical therapy is usually not started for 5 months to allow time for the bone to become solid. If rigorous activity is started to soon the hardware may loosen which causes pain. Exercise during the first 5 months is limited to walking as described above. You may get into a pool after 2 months to relax or walk slowly in the pool.

**Sitting** Start with 10 minute periods and gradually increase as tolerated.

**Braces** If you were fitted for a brace, you may wear your brace for comfort or for traveling in a car. Most feel better with a brace but it’s for your comfort and you don’t have to wear it. I would like you to wear it very infrequently or not at all after a month.

**Sexual relations** Should be avoided for a month. Rocking of the pelvis should be avoided for 3 months.

**Return to work** if work is office work, as soon as you feel that you are able to carry out your duties or modified duties.

**Assistive devises** Once you are home, you may or may not require a hospital bed, walker, raised toilet seat or grabber. These items can be obtained through our web site on our home page on the left under “products” or will be arranged for you prior to leaving the hospital. If overlooked, please alert your nurse or physical therapist.

**Diet** As tolerated unless other instructions are given after your surgery. Be sure to increase your diet slowly. Pain meds cause constipation so take Senokot-S or other over-the-counter stool softener.

**Contact the office if:** you experience **worsening numbness or loss of strength or you develop a temperature over 101.5, have increasing amounts of drainage** from your incision; develop redness that spreads from the incision site, swelling and/or yellowish drainage from the incision site. It is expected to have drainage from the incision but this should decrease with time.

**Questions or concerns:** If you have any questions or problems not addressed above,
please contact our office at 254-3020. If possible please call during office hours (Mon-Thu 8:30-5pm or Fri before 2pm).

We sincerely hope your experience will be pleasant,
Dr. Muir and staff