Pre and Post-Op instructions for microdiscectomy

These instructions are divided in 3 sections:

- Pre-op instructions (things to do)
- The hospital stay
- 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.

If applicable: 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.

At the time of this visit obtain post-surgical back brace (if lien or private pay) and other assistive devices. 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 you may pre-register 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](http://intermountainhealthcare.org/xp/public/dixie/yourvisit.xml)

- **Surgical center (if applicable):** [http://surgerycentersn.com/patient_information.htm](http://surgerycentersn.com/patient_information.htm)
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.

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<thead>
<tr>
<th>We are in clinic:</th>
<th>Mon-Thu</th>
<th>8:30 – 5:00</th>
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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.

The hospital stay:
*(if surgery is being done in a surgical center rather than hospital skip this section!)*
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 uncomfortable.** If so, call the nurse immediately and she will give you more medicine. The amount of pain and the effectiveness of pain medicines 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.

Make sure you have help the first time out of bed or until steady.

The therapist will walk with you 2 times a day. The first couple times out of bed is the most difficult. The first day after surgery is the sorest. 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).*

Usually you will go home in a day or two. 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, and there is minimal drainage from the incision site.** Sometimes, due to general poor health or unusual circumstances the stay is extended. In these circumstances often the time from surgery until going 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.
the surgical center:

*(if surgery is being done is a hospital rather than a surgical center skip this section!)*

[http://surgerycentersn.com/patient_information.htm](http://surgerycentersn.com/patient_information.htm)

After checking in you will be asked to change into a hospital gown and taken into to the Pre-op area where others will be waiting for their surgeries. “Significant Others” my 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 met 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 heavily sedate you.

In the Recovery room there you will have a nurse by your side to attend to any need.

After a few hours you will may go home, spend the night at the surgical center or be transferred to a rehabilitation hospital. You will be in some pain but it should not be more than uncomfortable. If so, call the nurse immediately and she will give you more medicine. The amount of pain and the effectiveness of pain medicines 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.

Make sure you have help the first time out of bed or until steady.

Walking is encouraged in order to avoid blood clot formation.

You will later 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 other specialists may be required.

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**Post-op and DISCHARGE INSTRUCTIONS**

You may or may not have pain from:

- Incision pain
- 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.

Pain medicines make you constipated. Make sure you are taking over-counter
stool softeners such as Senokot-S.

**Diet** As tolerated.

**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.

**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.

**Assistive devises** Once you are home, you may or may not require assistive devises
such as a *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 or surgical center. If overlooked in the hospital,
please alert your nurse or physical therapist.

**Showering** You may shower as soon as you would like. 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.

**Driving** No driving until after the 1st post-operative visit with Dr. Muir (10-14 days after
surgery). You may ride in a car to tolerance but recline in the seat. If longer distances
can be done if necessary and just recline the seat and get out of the car as needed. No
operating a motor vehicle until you can safely do so.

**Bending** Try to avoid bending at the waist as much as possible for 6 weeks after
surgery. Bend at the knees.

**Lifting** No lifting anything greater than 10 lbs (a gallon of milk) for the first 4 weeks
and then no heavy lifting for 12 weeks.
**Housework** No housework until 6 weeks after surgery.

**Sitting** should be kept to a minimum for the first 4 weeks (15 minutes at a time). Then stand or walk for a few minutes and then sit again. Sitting is unlimited after 4 weeks.

**Standing** increase to tolerance.

**Walking** Walk to tolerance. If elderly or your general health is poor 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.

**Physical Therapy/gym** Physical therapy is usually is not necessary. However, if you job requirements are vigorous or your general health is poor physical therapy may be ordered after one month or so.

**Home or Gym exercising** Wait 10 weeks and then gradually increase your activities over the following few weeks. You may start walking after surgery.

**Sexual relations** Should be avoided for a month. Rocking of the pelvis should be avoided for 6 weeks to allow soft tissues to heal and prevent reherniation.

**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.

**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