Spinal cord stimulator –
Pre and Post-Op instructions

These instructions are divided in 3 sections:
- Pre-op instructions (things to do)
- the surgery at the surgical center
- 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.
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 Surgical center.

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.
Call the surgical center to Pre-Admit. Bring admitting papers, driver’s license, insurance card(s), list of medications to that appointment.
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 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 surgical center 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.

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 surgery at the surgical center**

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 receive bills from your surgeon, the surgical center, the anesthesiologist, the surgical assistant (25% of the surgeon’s fee), and if indicated bills associated with a rehabilitation hospital.

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**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.
Assistive devises Once you are home, you may or may not require assistive devises such as raised toilet seat or grabber. These items can be obtained through our web site on our home page on the left under “products”.

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. If longer distances are required, partially recline the passenger seat. No operating a motor vehicle until you can safely do so.

Bending Try to avoid bending at the waist as much as possible for 2 weeks after surgery. Bend at the knees.

Lifting No lifting anything greater than 10 lbs (a gallon of milk) for the first 2 weeks and then no heavy lifting for 6 weeks.

Housework No housework until 3 weeks after surgery.

Sitting as tolerated.

Standing Start with 10 minute periods and gradually 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 6 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.

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