



PERI-OPERATIVE SURGERY INSTRUCTIONS

Date of Surgery: ___/___/___ Mon Tues Wed Thurs Fri

Your surgery is scheduled at: _____ Hospital

Hospital phone #: _____

Time of surgery: _____

Arrival time: _____

ON THE DAY OF SURGERY PLAN TO ARRIVE AT THE HOSPITAL 1 ½ HOURS PRIOR TO YOUR SCHEDULED SURGERY TIME

**Do not eat or drink anything after midnight the day before surgery.*

**If you take blood pressure or diabetes medication take them the morning of your surgery.*

Your surgery should begin close to the scheduled time, but there may be unanticipated delays in the operation room that could cause your surgery to begin earlier or, more likely later than anticipated. We apologize in advance for any inconvenience these changes may cause. Be assured that we will take as much time as necessary to perform your surgery once it begins. Our main concern is your well-being and a successful surgical outcome.

Although we try to stay on schedule, unless your surgery is the first case of the day (7:30 A.M.), it is impossible to be absolutely certain about each subsequent surgery start time. (You might want to bring some music or reading material to occupy your time while waiting.)

Pre-op Appointment: ___/___/___

Following this appointment at our office you will complete your blood work and pre-operative evaluation at PCP office or hospital.

Post-op Appointment: ___/___/___

For your pre-operative evaluation YOU WILL NEED:

1. Driver's license or photo identification.
2. Social Security Number
3. Your address and telephone number.
4. Name, address and telephone of your nearest relative.
5. List of your current medications with dosage and schedule for taking these medications.
6. List of previous surgeries and medical illness.
7. Insurance card or other proof of insurance (insurance identification number, group number and telephone number of your insurance company(s)).
8. Payment(s) if your deductible is not met.

INSURANCE BENEFITS

Your insurance benefits will be verified and you will be contacted regarding your deductible and/or co-pay responsibility. All deductibles and/or co-pays must be paid prior to your scheduled date of surgery.

HAS YOUR INSURANCE CHANGED?

Please contact the office if your insurance has changed or will change before your surgery. This may affect the hospital where we are allowed to perform your surgery.

LAST MINUTE CHANGES OR ADDITIONS TO SURGERY

Please call the office for concerns or questions about your surgery. Changes or additions to your surgery should not be put off until the day of surgery. If you have unanswered questions, these need to be addressed prior to the day of surgery. If you need to change the date of your procedure or require clarification of the planned operation, please contact the office for the necessary information. If we are unable to answer your questions, you will need to schedule an appointment with Dr Salinas to review the planned surgical procedure(s).

UNEXPECTED SCHEDULE CHANGES

Although we try not to change the date and time of surgery once it is scheduled, sometimes we have to make adjustments due to emergencies, illness, or other unforeseen circumstances. If it is necessary to reschedule your surgery, you will be notified as soon as possible. We will then make every effort to reschedule your surgery as soon as possible. If you become sick, run a fever, or have any type of illness during the week prior to surgery, please notify the office immediately. This may also require that we change or postpone your scheduled surgery. Please understand that our main concern is your well-being. It is important that you are in the best possible health prior to surgery.

DRIVER AFTER SURGERY

You will need to have a driver available after surgery. Because of potential risk to yourself and others, you will not be allowed to drive yourself home after surgery.

SOMEONE TO STAY WITH YOU THE NIGHT OF YOUR SURGERY

If you are released to go home within 24 hours of surgery you will need to arrange to have a responsible adult stay with you the night of your surgery. Depending on your particular surgery, it may be advisable to have someone stay with you the day following surgery. You may have enough discomfort or nausea that you will need someone to help you to the bathroom and to prepare food.

CLOTHING / TOILETRIES

It is not necessary to bring extra clothes with you. Wear loose, comfortable clothing. Avoid pull-over tops. If there is a possibility you will be spending the night in the hospital, you may want to pack a small overnight bag with a few toiletries and personal items.

BRACES

If you are undergoing a spinal fusion and have been fitted for a brace pre-operatively, do not forget to bring the brace with you the day of the surgery.

HOME MEDICATIONS

Bring a list of ALL the medications you take at home. There is no need to bring the actual medications with you. You will be placed on same medications (or their equivalence) while in the hospital.

WE SUGGEST YOU MAKE A LIST OF ITEMS YOU MIGHT WANT TO BRING WITH YOU

1. _____
2. _____
3. _____
4. _____

STARTING TWO WEEKS BEFORE SURGERY (IF POSSIBLE)

BEGIN VITAMIN SUPPLEMENTS

Multivitamin (containing zinc and vitamin A) and Vitamin C (1000mg)

Take one by mouth twice daily with meals.

Continue these vitamins for a minimum of four weeks following your surgery or until wound healing is complete.

STOP ALL NON STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs)

These products (Aspirin, Motrin, Aleve, BC Powder, Ibuprofen) may cause additional bleeding during surgery. It is extremely important that you discontinue all of these medications two weeks prior to your scheduled surgery. If one or more of these medicines were prescribed by another physician, you will need to check with that physician before discontinuing the medicine. If you have any questions about whether or not your regular medicines contain a non-steroidal anti-inflammatory drug, consult your pharmacist.

SMOKING

If you smoke, please stop. Smoking or the use of tobacco products can adversely effect wound healing and bone fusion rates. Failure to stop smoking may result in significant complications that could require additional surgery. Smoking may result in an unacceptable surgical result, which Dr Salinas may not be able to correct. Even second-hand smoke (passive smoking) can have a detrimental effect on wound healing.

DIABETES

If you have diabetes, call the physician who manages your diabetes as soon as possible after scheduling your surgery for instructions on how much of your diabetic medications you will need to take the day of surgery. Even though you will not have any food or liquids by mouth the morning of surgery, it is recommended that you do take your morning diabetes medication the day of your surgery with as little water as possible.

COUMADIN, PLAVIX, METHOTREXATE & AVASTIN

Coumadin is a “blood thinner” which decreases your ability to clot. Plavix inhibits platelet activity which makes it difficult for your body to stop bleeding once it starts. Methotrexate is a potent medicine that adversely effects wound healing. Avastin is a cancer medication that inhibits angiogenesis and can adversely affect wound healing. You must discontinue all of these drugs prior to surgery. **Please do not stop these medications without first clearing it with your primary care physician or prescribing physician.**

- Stop COUMADIN 4 days before surgery. You should be able to restart your COUMADIN 2-3 days after surgery.
- Stop PLAVIX 7-10 days before surgery. You can resume PLAVIX 4-5 days after surgery.
- Stop METHOTREXATE 1 week before surgery. You can usually resume 5-7 days after surgery.
- Stop Avastin 1 month prior to surgery. You may resume it 1 month after surgery.

THE WEEK BEFORE SURGERY

DRINKING OR SMOKING

Do not drink any alcohol for 72 hours (3 days) prior to surgery. This may interfere with clotting process. (Please check medication ingredients for alcohol)

If you are smoker and you are unable to stop smoking, do not smoke for at least 72 hours (3 days) prior to surgery.

BREAKS IN YOUR SKIN CLOSE TO THE OPERATIVE SITE

Please notify the office if you have any open areas or breaks in your skin near your operative site. This includes mosquito, chigger or other insect bites, cat scratches or bites, rashes, pimples, impetigo or other skin infection or irritation. Any such skin breaks can lead to an increased risk for postoperative wound infection.

ANY ILLNESS

Notify the office as soon as possible if you develop a respiratory illness (flu, “cold”, bronchitis, etc.), fever, nausea, vomiting, diarrhea, urinary tract infection or any other illness during the week before surgery. Any such problems can lead to an increased risk of postoperative pulmonary or wound infection and may require postponing your surgery.

THE NIGHT BEFORE SURGERY

1. **Do not shave in the area to be operated.** (This can lead to increased risk of infection).
2. **Do not use skin lotion, perfumes or powder.**
3. **Take your regular medicines except those you were specifically instructed to discontinue** (coumadin, methotrexate, aspirin, and ibuprofen, etc)
4. **Eat a light supper and avoid greasy and spicy foods.** It is not safe to administer intravenous sedative or general anesthesia if you have food or liquids in your stomach. It takes up to 8 hours for your stomach to completely empty its self, which is why you can not eat or drink for 8 hours prior to surgery.
5. **Do not eat or drink (including water) after midnight the night before surgery. THIS MEANS NO BREAKFAST, GUM, CANDY, MINTS, ICE CHIPS, ORAL TOBACCO PRODUCTS OF ANY KIND.**
If you eat food or drink liquids of any kind, other than a small amount of water for your regular medicine(s), your surgery will be postponed.
6. **Remove your jewelry and leave it at home.**

THE MORNING OF SURGERY

Please, arrive at the hospital one and a half (1 ½) hours before your scheduled surgery time. This will allow adequate time to prepare you for surgery. You may want to bring some music or reading material to occupy your time while waiting for surgery.

Remember! No Breakfast!

If you eat food or drink liquids of any kind other than a small amount of water for your regular medicine, your surgery will be postponed.

1. Shower and shampoo.
2. Do not apply hair conditioner.
3. Do not apply eye or face makeup the day of surgery.
4. Do not apply underarm deodorant.
5. Do not wear contact lens to surgery (this includes extended wear contacts).
6. Take your regular blood pressure and heart medicines (except those you were instructed to discontinue) with only one (1) ounce (two tablespoons) of water.
7. You may brush your teeth, but spit out the toothpaste and don't swallow any water.
8. If you have diabetes, you should already have instructions for your diet and oral hypoglycemic or insulin.
9. Please remember you will not be able to drive yourself home from the hospital. You will be dismissed only under the supervision of a responsible adult.
10. A parent or legal guardian must accompany all minors. (18 years of age and under.)

WHAT TO EXPECT AFTER SURGERY

PAIN

The type of surgery you have and your personal threshold for pain, will determine the severity and the duration of your pain. Regardless, you should expect some discomfort at the incision site. Be assured that your pain will be treated appropriately post operatively. Most patients will experience soreness and discomfort for 2-4 weeks. The pain should subside as time passes.

INCISION

Your incision(s) will be closed with absorbable sutures and dressed with Dermabond. The Dermabond acts as a dressing and the absorbable sutures do not need to be removed. You may shower the day after surgery, cleaning the incision(s) with soap and water and drying the incision(s) thoroughly. The wound will begin to heal in 2-4 weeks but it will not completely heal for 3-6 months. It is imperative that you keep the wound clean until the wound is completely healed otherwise you will be at an increased risk for a wound infection. Do not apply any ointments (Neosporin, etc) to the incision. The Dermabond acts as a coating and dressing for the wound.

SWIMMING

No swimming, getting into hot tubs/saunas, or taking baths (you may shower) for 4-6 weeks and until the wound is completely healed.

MOVEMENT

I would like you to be out of bed no later than the day after surgery. Most patients should be out of bed ambulating the same evening as the surgery. If you are undergoing a fusion you will be required to wear your brace when out of bed **so do not forget to bring it with you to the hospital.**

PHYSICAL THERAPY/REHABILITATION

All patients will receive physical therapy while in the hospital, yet the majority of patients will **not** require in-patient rehabilitation. Those patients who do require a longer course of physical therapy and/or rehabilitation, accommodations will be made accordingly prior to those patients being discharged from the hospital. Most post-op spine patients who do require post-op rehabilitation at in inpatient facility stay for 5-7 days. Patients will be evaluated for out-patient physical therapy 2-4 weeks post-op, giving the wound time to heal prior to starting physical therapy.

DRIVING

You will not be released to start driving until being seen in clinic for your initial post-op follow-up and wound check (2 weeks post-op). Exceptions can be made for special circumstances.

TRAVEL

You cannot travel by air or ground for extended distances for 2 weeks after surgery due to an increased risk of developing blood clots in your legs. This does **NOT** include short flights or car rides of 1 hour or less.

WORK

You will not be released back to work before you are seen back in clinic for your initial post-op follow up (usually 2 weeks post-operative). Any paperwork regarding your time off work, when you can return to work, or any limitations you may have when you return to work will be filled out in clinic at the time of or after your initial post-operative clinic visit.

MISCELLANEOUS THINGS TO CONSIDER AFTER SURGERY

DO:

1. Contact the office for a post-op clinic appointment (972) 377-9200.
2. Remove dressing when you get home.
3. Wash the incision with soap & water and be sure to dry off the wound really well.
4. Be out of bed and ambulating as much as can be tolerated.
5. Wear brace when out of bed – **AT ALL TIMES**. (when applicable)
6. Call the office if you develop a fever: (temp greater than 100.4 F) numbness or weakness in leg/arm, urinary retention or incontinence.
7. Get x-rays of spine prior to being seen in the clinic. (3, 6, 9 months post-op for fusion patients only).
8. Begin to wean off all pain medications.
9. If you become constipated, due to pain medication, you can take Magnesium Citrate liquid which is available over the counter and follow instructions on the bottle. You may also want to start taking stool softeners twice a day i.e. Colace which is also available over the counter.

DO NOT:

1. Touch or pick at the incision
2. Lift anything over 20 lbs for 6-8 wks
3. Go home and just lay around the house
4. Partake in any activity that can lead to spinal trauma
5. Take any anti-inflammatory medications (Aspirin, Motrin, Aleve, etc) if you have had a fusion.
6. Smoke or use tobacco products
7. Return to work/school until after your initial post-op follow-up visit in the clinic
8. Drive until after you are seen in the clinic