NEUROLOGIC ASSOCIATES
SPINE, NERVE & BRAIN CENTER
The trusted authorities for exceptional care

PRE-OPERATIVE SURGERY CHECKLIST AND PATIENT INSTRUCTIONS

Neurologic Associates Surgical Patients will receive these instructions from the Patient Care Coordinator who works directly with your surgeon. Please direct all of your questions to your surgeon's Patient Care Coordinator. Surgical patients will also receive a call and additional instructions from the hospital where the surgery will be performed.

The following is a list of the things you will need to do to prepare for your surgery:

1. Pre-operative testing will need to be done by your primary care physician (PCP) unless you are told otherwise by your surgeon. The testing will include; a history and physical exam with your PCP, chest x-ray, EKG, urine and blood work. All of these orders will be sent to your PCP's office to inform them on the testing that needs to be done. All pre-operative testing needs to be done **within 30 days** of your surgery. It cannot be done sooner than 30 days before the surgery or it will need to be repeated.

2. A representative from the hospital will be calling you to conduct pre-registration and schedule a pre-surgical interview with a pre-op nurse. The nurse will discuss the details you need to know about your scheduled procedure and answer any questions you may have. You will need to plan to arrive at the hospital approximately **2 hours** before your scheduled surgery time unless the hospital nurse tells you otherwise.

3. **It is ultimately your responsibility to ensure that your surgery has been approved, will be covered by your insurance company, and what your benefits will and will not cover. Neurologic Associates is not responsible for denied claims.** Please call the number on the back of your insurance card before your surgery date. You should note who you talk to at your insurance company the date and time and obtain a call reference number, in case questions arise later.

4. Please remember to discontinue any **blood thinning** or **anti-inflammatory medications**, such as Ibuprofen, Advil, Aleve, Motrin, Plavix, etc, for 7 to 10 days prior to your surgery after discussing with your prescribing physician. See the attached guideline. The nurse from the hospital will go over any prescription medications that will need to be discontinued before your surgery. Please ask the nurse about your specific medications.

5. You must remember to bring your films or discs (not just the report) of your MRI, CT and/or X-ray films to the hospital with you on the day of surgery, unless your surgery is at the hospital where your imaging was performed. **Imaging that was performed at any other facility must be brought with you on the day of surgery**. Your surgeon will not be able to do your surgery without those images and your surgery will have to be rescheduled.

6. If your surgeon requires you to use a brace after your surgery, you will be contacted by the patient care coordinator to set up a fitting appointment at our main clinic. **Not all surgeries require a brace after surgery.**
   Fitting Date: _____ Time: _____

7. Read and follow the enclosed instructions to prepare and cleanse yourself the day of your surgery. The cleansing scrub is enclosed for your convenience.

   Your Post Operative Appointment(s) have been scheduled at:

☐ Waukesha Office Date: _____ Time: _____

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NEUROLOGIC ASSOCIATES OF WAUKESHA
PRE-OPERATIVE SURGERY MEDICATION LIST

ALL QUESTIONS REGARDING DISCONTINUING PRESCRIPTION MEDICATIONS SHOULD BE DIRECTED TO YOUR PRIMARY CARE PHYSICIAN, SURGEON, AND CARE TEAM PROVIDERS

Discontinue any of the follow at least 21 days before your surgery:

Black Cohosh	Echinacea	Fiorinal	Garlic
Ginger	Ginkgo Biloba	Ginseng	Kava
Milk Thistle	Saw Palmetto	St. John's Wort	Valerian
Green Tea	Glucosamine Chondroitin		

Discontinue Aspirin at least 10 days before your surgery-any type

Ecotrin Empirin Bayer Aspirin Anacin

Discontinue any of the following medications at least 7 days before your surgery:

NSAIDS:

Advil	Motrin	Nuprin	Ibuprofen
Ansaid- (flurbiprofen)	Arthrotec	Clinoril- (suldinac)	Daypro- (oxaprozin)
Feldene- (piroxicam)	Indomethacin- (Indocin)	Lodine- (etodolac)	Naprosyn, naproxen
Aleve	keroprofen	Relafen- (nabumetone)	Tolectin- (tolmetin)
Toradol- (ketorolac)	Voltaren	Cataflam- (diclofenac)	Celebrex

Salsalate:

Salflex Disalcid Trilisate

Discontinue any of the following medications at least 5 days before your surgery after discussing with your Primary Care Physician or the Specialist who prescribed the medication:

Coumadin Plavix Pradaxa Xarelto

Please stop the following medications 24 hours before your scheduled surgical procedure after discussing with your Primary Care Physician or the Specialist who prescribed the medication:

Generic-(brand name):

Aliskiren (Tekturna)	Benazepril (Lotensin)	Candesartan (Atacand)	Captopril (Capoten)
Enalapril (Vasotec)	Eprosartan (Teveten)	Fosinopril (Monopril)	Irbesartan (Cozaar)
Moexipril (Univasc)	Olmesartan (Benicar)	Perindopril (Aceon)	Quinapril (Accupril)
Ramipril (Altace)	Telmisartan (Micardis)	Trandolapril (Mavik)	Valsartan (Diovan).

Combination Medications:

Amlodipine/benazepril (Lotrel)	Amlodipine/olmesartan medoxomil (Azor)
Amlodipine besylate/valsartan (Exforge)	Amlodipine/besylare/HCTZ/valsartan
Amlodipine besylate/HCTZ/Olmesartan	Captopril/hydrochlorothiazide (Capozide)
Irbesartan/hydrochlorothiazide (Avalide)	Lisinopril/hydrochlorothiazide (Prinzide)
Losartan/hydrochlorothiazide (Hyzaar).	

Brand Name Medication:

Accupril	Aceon	Altace	Atacand
Avalide	Avapro	Azor	Benicar
Capoten	Capozide	Cozaar	Diovan
Exforge	Exforge HCT	Hyzaar	Lotensin
Lotrel	Mavik	Micardis	monopril
Prinivil	Prinzide	Tekturna	Teveten
Tribenzor	Univasc	Vasotec	Zestoretic
Zestril.			

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NEUROLOGIC ASSOCIATES OF WAUKESHA
PRE-OPERATIVE SURGERY INSTRUCTIONS

PREVENTING INFECTION:
Preparing your skin for surgery

Preparing your skin for surgery is very important and can prevent surgical infections caused by germs on your skin. Read these instructions before your surgery.

Showering the evening before and again the morning of surgery is the best way to remove germs and prepare your skin for surgery. Your showers will use both regular soap and a 4% Chlorhexidine Gluconate soap (called CHG for short). CHG kills germs on your skin to help prevent infection.

What you will need for your shower:

- Regular soap and shampoo
- CHG soap
- Clean towels, clean pajamas, clean bedding for evening shower

It is easiest to clean while showering, but if you are unable to use a shower, a good sponge bath can be done.

Surgical Area: Part of your shower will focus the CHG soap directly on your surgery area. Your care provider will give you direction on what area to pay special attention to.

Do not shave near your surgical area for at least 3 days before surgery. Even a slight nick or cut could cause your surgery to be postponed. If needed, the hospital staff will clip any hair right before surgery.

Evening before surgery shower:

1. Shower as you normally would, using regular soap and shampoo. Wash from head to toe and shampoo your hair. Rinse completely.
2. Next, pour a large amount of CHG soap onto a clean washcloth.
3. Turn off the water so you do not rinse the CHG soap off too soon.
4. For 5 minutes: Rub your body from the neck down (avoid head/face, genitals, rectum and open wounds) with the washcloth in a circular motion. Use medium pressure and more CHG soap as needed. The soap will not lather much.
5. Apply more CHG soap onto washcloth.
6. For 2 minutes: Rub in a circular motion over the area where you will be having surgery.
7. Turn the water on and rinse off your entire body well. Dry yourself with a clean towel.
8. After you shower, do not use any lotion, deodorant, powder or perfume.
9. Sleep in clean pajamas and sheets that have just been washed.

Pets: Avoid sleeping with pets the night before surgery (and until your surgical site is completely healed).

Morning of surgery shower:

1. You will need to shower again, repeating the steps of the evening shower, using CHG soap.
2. Dress in clothes that have just been washed.
3. Leave all jewelry (necklaces, rings, watches, earrings, etc.) at home.

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INPATIENT CARE SURGERY INSTRUCTIONS

What happens the day of my surgery?

On the day of your surgery, you will report to Day Surgery. You will have an IV placed and you may have additional testing completed. In order to prevent infection, a preoperative antibiotic will be given. Compression devices (i.e. white elastic stockings, sequential compression devices) used to prevent blood clots may be applied to your legs. Managing your pain/discomfort is important. The "Managing Your Pain" handout will be reviewed with you. Your active participation in rating your pain will allow staff to provide you with optimum pain relief. You may also be instructed on the use of an incentive spirometer. This is a breathing device that helps you to expand your lungs following surgery to prevent pneumonia.

In Day Surgery you will meet your operating room nurse, surgeon and anesthesiologist. This is a good time for any last minute questions.

Following your surgery, you will be taken to the PACU (Post Anesthesia Care Unit). Your surgeon will come out to the surgery waiting area to update your family on the outcome of your surgery. In the PACU, your nurse will assess your blood pressure, heart rate, monitor your incision and control your pain. This is where you will begin using the pain scale you were taught in Day Surgery. An x-ray of the surgical area will be done at this time. You will recover in the PACU for at least one hour before being transferred to the room where you will stay for the remainder of your hospitalization.

Once settled, your vital signs will continue to be monitored, as well as your incision. You will be asked to rate your pain. Pain medication will be given if needed and other pain modalities will be used (i.e. ice, warm blankets and/or repositioning). You will be given ice chips and/or water if you have no nausea. A bladder scan will be performed. This is an ultrasonic scan that is able to show the amount of urine in your bladder. Patients who have undergone spine surgery may initially have difficulty emptying their bladders due to anesthesia and pain medication. Once the medication and anesthesia wears off, your body typically returns to its normal pattern.

Activity at this time will be dependent on your specific surgery. All spine surgery patients will be taught "log rolling" and back precautions. These precautions include no bending, twisting or heavy lifting. In addition, your surgeon will have specific instructions that relate to your individual activity. This may include bed rest, your ability to sit at the edge of the bed or walking the halls. You may also be required to wear a brace. This should be discussed with your surgeon prior to surgery.

After surgery?

The day after your surgery, your activity level will increase because limited activity can increase the risk of complications, such as pneumonia and blood clots. If assistive devices, such as a walker or cane, are needed, your surgeon may order physical therapy. When you are able to tolerate a regular diet, intravenous medications will be stopped and oral pain pills will be given. The decision to go home or to a rehabilitation facility will be made jointly by you, the discharge planner, your surgeon and your insurance company.

When will I be able to go home?

- Your pain is controlled with oral pain medication.
- You are tolerating food.
- You are able to empty your bladder completely and passing gas
- You are able to walk without the assistance of hospital staff
- You understand and can demonstrate proper back precautions (no bending, twisting, or lifting)
- You have stable vital signs and no signs of infection

If you are being discharged to home or a rehabilitation facility you will need a responsible person to drive you. If you do not have anyone to drive you, inform your nurse or discharge planner so alternative transportation can be arranged for you. Upon discharge you will receive written discharge instructions concerning diet, activity, incision care, medication and when to call your doctor with concerns.

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SURGERY INSTRUCTIONS

Facts About the Spine and Cigarette Smoking

Smokers who stop smoking at least six weeks before a surgery have fewer complications after surgery than patients who continue to smoke, according to a new study. Also, studies have shown that smokers have more severe disc degeneration than non-smokers.
Source: John Hopkins Medical Center

Cigarette smoking reduces the amount of oxygen in the blood and increases the level of harmful substances, such as carbon monoxide. The long-term success of many types of spinal surgery is dependent upon successful spine fusion. In fact, if the fusion does not heal, spinal surgery may have to be repeated. There is growing evidence that cigarette smoking adversely affects fusion. Smoking disrupts the normal function of basic body systems that contribute to bone formation and growth. Research has demonstrated that habitual cigarette smoking leads to the breakdown of the spine to such a degree that fusion is often less successful when compared to similar procedures performed on nonsmokers. Another study evaluated tobacco use in patients who underwent lumbar (low back) fusion. The patients who smoked had failed fusion in up to 40% of cases, compared to only 8% among nonsmokers. Two similar findings have been reported in other studies as well.

Clearly, cigarette smoking is detrimental to spinal fusion. People who are facing fusion or any spinal surgery should make every effort to stop smoking. Quitting the habit beforehand will decrease the associated risks and increase the likelihood of a successful spinal fusion surgery.
Source: Spineuniverse.com

In a study on spinal fusion in the lower back, the success rate was 80 to 85% for patients who never smoked or who quit smoking after their surgery. The success rate dropped to under less than 73% for smokers. More than 70% of nonsmokers and previous smokers were able to return to work, but only about half of the smokers were able to resume working. Another study on spinal fusions in the neck showed successful fusion in 81% of nonsmokers, but in only 62% of smokers.

Source: Orthoinfo.org

It has been known for many years among orthopedic surgeons who do spinal surgery that smoking can significantly alter healing following lumbar spinal fusion surgery. The correlation between slow bone healing of fractures and bone grafts is so compelling that many orthopedic surgeons who do spinal surgery have decided that they would no longer do spinal fusion surgery on patients who continue to smoke.
Source: Othopodsurgeon.com