

High Mountain Brain and Spinal Surgery

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Planning for Spine Surgery with Dr. Miller- An overview

There are many types of problems that can occur in your spine and an equal number of possible surgeries to correct these problems. This information is a guide and supplement to better prepare you for your upcoming surgery. Remember that everyone heals differently and therefore this information is based on typical patient experiences.

How to prepare-

- Make life easy! Plan ahead by buying food that is easy to prepare, move furniture so that it is easy to get around/use, take care of any chores that require lifting more than 15 pounds (dog food, yard work, etc.).
- *Stop all NSAIDs* (nonsteroidal anti-inflammatory drugs) such as Aleve, Ibuprofen, Advil etc, as well as Aspirin for 1 week before surgery to prevent any bleeding problems.
- Plan ahead for leave at work- get necessary time off and/or doctor notes as needed.
- Ask a family member or friend to be available to drive you to the hospital the day of your surgery, and back home when you are discharged. If possible have this person stay with you once you are at home to aid in your post-operative recovery.
- Bring an updated list of all of your medicines with dosages as well as some comfy clothes, your toiletries, and small personal items (book, computer, etc.).

What to expect the day of surgery-

- After registering at one of the two locations (ER or near Starbucks) you will be directed to the day surgery center. Here you will be shown your pre-op room and asked to change into a hospital gown. You will be assigned a pre-op nurse who will insert an intravenous tube (IV) into your vein, typically in your arm. Through this IV tube you may be given fluids and medicines. If necessary, blood may be drawn for lab tests.
- An anesthesiologist will talk to you before surgery and will discuss your anesthesia, review their anesthesia plan and ask you to sign a consent form for their services. They may also give you medicine to make you sleepy, before going back to the operating room.
- When the operating room (OR) and OR team is ready, your family will be brought to the family waiting room and you will be brought to the OR. In the OR you will be connected to heart and lung monitors and will be administered general anesthesia. Once asleep, we will position you for surgery and thoroughly cleanse your skin and mark it for surgery. For some surgeries, devices to monitor your nerves will be applied at this time. IV antibiotics are administered to diminish the risk of infection.

Right after surgery-

- Typically you will not remember waking up in the OR after your surgery. Once awake, you are brought to the recovery room (PACU) where your recovery nurse will continue to monitor your heart, lungs and nervous system while providing pain medicine as you become fully awake from anesthesia. Anesthesia wears off in about an hour and once you are deemed stable to be transferred, you are brought to the 4th floor to either the Critical Care Unit (CCU) or the Acute Care Unit (ACU). Not until you are on the 4th floor is your family allowed to see you.
- Once on the 4th floor, regardless of site, your care will be transferred to your assigned nurse and care team. This team will regularly check your heart and lungs as well as test your strength and sensation, in addition to providing you with medicines and necessary assistance. You are given medicine in your IV or orally to help control pain after surgery in an effort to help you rest.

Usually the first night after surgery you do not feel like eating much or being very active as you are tired from surgery and anesthesia. It is important that you do not get out of bed until your nurse or care team authorizes you to do so, typically with their assistance at first.

What to expect during your hospital stay and the first few days after surgery-

- All surgery results in some amount of pain. How severe your pain is depends on the extent of your operation and how you deal with pain. Pain medicines are designed to reduce the pain but typically do not eliminate all of it. Pain is expected from the skin and the muscles beneath resulting from the surgical incision. Generally every day the pain will decrease following surgery.
- Occupational Therapists and/or Physical Therapists will see you following your operation, typically daily while you are in the hospital. Their job is to help you get up and around to become independent with your activities of daily living. For some patients, a brace is used after surgery for added support and protection and your therapists will teach you how to safely put on and remove your brace. Therapists will also teach you proper body mechanics as well as how to avoid problematic activities including bending, twisting and lifting. Education with a focus on safety is provided for sitting, walking and using stairs.
- As your postoperative pain decreases daily your activity increases. This transition is different for everyone depending on your operation, your general health, and how you heal. Typically once you are deemed safe by the therapy team, nursing staff is satisfied with your tolerance of diet and medications, and the discharge planning team has made the necessary arrangements you are discharged from the hospital either to home or to a skilled nursing facility.

Recovery after leaving the hospital

- Before hospital discharge you will be advised about acceptable activities particular to your operation. These guidelines and instructions will be written and reviewed upon discharge.
- Bed-rest after surgery can cause increased pain and decrease healing. Walking is an excellent post-operative exercise and should be done daily. Lifting over 20 pounds is discouraged. Excessive motion to your surgical site will likely cause some discomfort and may decrease healing and prolong your recovery- this will be discussed with you before leaving the hospital.
- Nutrition helps you heal. Proper nutrition combined with a multivitamin will help you heal from surgery. Although your level of activity will initially be quite a bit less than normal, nonetheless your body requires nutrients/calories/ energy to heal. The pain medicines can upset your stomach, especially if taken on an empty stomach.
- Narcotic pain medicines and muscle relaxants are typically used after surgery. For some patients and after some operations only Tylenol is needed. All efforts should be made to gradually decrease your prescription medicine requirement. Ice is an excellent pain reliever for incision pain. For some operations your doctor may advise you to avoid NSAIDs (anti-inflammatory medications- ibuprofen, Aleve, Motrin etc.) which can interfere with specific aspects of the healing process.
- Taking an over the counter stool softener or other anti constipation preparation is strongly recommended while taking narcotic pain medicine as they routinely cause constipation.
- All incisions are kept dry for 5-7 days after surgery. This will require you to sponge bathe while covering your incision with saran wrap. After 5-7 days you may get your incision wet in the shower however you may not immerse it in standing water for four weeks after surgery. This means no bath, hot tub, hot springs, pool or river.
- Follow up appointments are typically about a month after surgery. On your discharge paperwork it will indicate whether you will need X-rays at the time of your follow up appointment.