



Neurosurgery
2040 Ogden Avenue, Suite 300
Aurora, IL 60504
630-978-6770

Patient Name: _____

Spine Surgery: _____

Surgery Date: _____

Preparing for your surgery

- You will need to set up an appointment with your Primary Care Provider, 2 to 3 weeks prior to surgery to have them evaluate you. Please contact our office with this date. They will need to complete a History and Physical. Dr. Kelly or Dr. Ruban will send a letter to them explaining the surgery you are scheduled to have. In addition, we will send a request for certain tests and lab work that are required for surgery.

All lab work, tests and History and Physicals are due to our office at least two days prior to surgery. Failure to receive these results may lead to cancellation of surgery. Please follow up with your providers to ensure that these arrive to our office within this time frame.

- ***One week prior and one week after*** surgery, you **MUST discontinue** the use of Non-steroidal Anti-inflammatory Medication (ie. Ibuprofen / Advil / Motrin, Naprosyn / Aleve, Relafen, or other medications in this group), Aspirin and Aspirin-containing products (is. Percodan, Darvon, Excedrin, etc), and all herbal medications. Please refer to page 4-5 for further details.
 - There are medications, vitamins and herbal products that may cause increased bleeding during surgery and/or increased risk of infection postoperatively. Surgery will be post-poned if these medications are not held due to the risk of bleeding associated with them.
 - *If you are requesting to be considered for an earlier surgery date you should discontinue them immediately. If you have any questions about the medications you are taking, please call and speak with one of our nurses.*
 - If you are having mild pain, you may take Tylenol (Acetaminophen). Otherwise, you will need to contact your primary care physician to prescribe other pain medication until surgery.
- If you are taking Prednisone, Coumadin, Plavix or Heparin you will need to contact your primary care physician at least 2 weeks prior to surgery to discuss this matter. These medications need to be discontinued ***one week prior*** to surgery and for ***one week following*** surgery. If you are taking Xarelto, Pradaxa or Eliquis, you will need to discontinue this medication **48 hours** prior to surgery and ***one week following*** surgery. If you have any questions about the medications you are taking, it is best to discuss it with both your primary provider as well as the neurosurgery staff. Failure to discontinue above medications may cancel or postpone your surgery.
- If you are taking any routine medication for your heart, lungs or diabetes, please contact your primary care physician. Certain medications may be necessary to take the morning of surgery. These medications can be taken with one small sip of water. This should be discussed with your doctor at the time of your pre-operative physical prior to surgery.

- For most surgeries, you will need to have a Type & Screen done for blood typing. This has to be done at Rush-Copley in the Outpatient Lab (Monday-Friday 7am-9pm, Saturday 7am-3pm) located in the main hospital and will be done 1-3 days prior to surgery. You do not need an appointment. Type and Hold will be done the day of surgery for some surgeries.
- Be sure to arrive at the hospital at the pre-arranged time, which the hospital Pre-Admissions Department will call you with 1-3 days prior to surgery. Our office will also contact you prior to surgery to answer any last-minute questions and review the surgery.
- If you have a cold, cough, sore throat or any other new illnesses within a few days before your surgery, please contact your primary care provider and our office to obtain clearance to proceed with anesthesia and surgery.
- Do not eat or drink anything after midnight the night before your surgery. (NO gum, hard candies and NO smoking). Surgeries that are scheduled in the late morning may be moved up last minute, so we still require nothing to eat or drink beginning at 12:00am the day of surgery.
- If you have an HMO (require referrals), it is your responsibility to notify your primary care physician that you have been scheduled for surgery and will need a referral for surgery. Our office will then provide them with further information such as surgery and diagnosis codes.
- If you have a PPO/EPO we will obtain pre-authorization. Please be aware that this is not a guarantee of payment. To discuss this matter further, contact your insurance company.
- For **All** insurances please call your insurance company and verify your doctor and hospital are in network.

Day of your surgery

- You will check in to the Day Surgery area of the hospital, located near the Emergency Room.
- Do not bring any valuables or medications from home to the hospital. You should bring a current list of medications you are taking, as well as a list of any medication allergies. When you come to the hospital the day of surgery, wear loose, comfortable clothing.
- If you wear glasses, dentures or hearing aids, bring them with you as well as a case to place them in.

After your surgery

- When you awaken after surgery, you will have an IV line taped to your arm and special stockings on your legs. You will also have plastic sleeves over your legs that will inflate and deflate intermittently to promote circulation and help prevent blood clots. In some cases, you may also have a catheter in your bladder so that you will not have to get up out of bed to urinate. The tube is usually removed the day after your surgery and then you will be able to ambulate to the bathroom.
- You will go from the recovery room to day surgery if you are going home the same day. If you will be staying overnight, you will go to the recovery room and then transferred to the inpatient unit about 30-60 minutes after surgery.
- Somatosensory Evoked Potentials: You may notice small needle-stick bruises on your arms, legs and scalp after your operation. These are from needles placed during surgery to monitor your nerves for any abnormal activity. These bruises typically resolve within one or two days of surgery.

Pain Control

- It is expected to have some pain after surgery. The pain medication prescribed is to help keep pain at a tolerable level, although it is usually not possible to completely take the pain away. We will prescribe oral pain medications to help alleviate some of the discomfort.
- For more extensive spine surgeries, Dr. Kelly or Dr. Ruban may choose a Patient Controlled Analgesia (PCA) Infusion device for pain medication. This allows you to push a button that will safely administer accurate doses of pain medication through your IV. The IV medication begins to work in less than 5 minutes, but does not last as long as oral medications. You will be able to receive a dose of medication every 6-10 minutes with the PCA. Once you begin eating, we transition you to oral pain medication to allow the medications to last longer.

Post Operative Activities

- It is important that you actively participate in your care after surgery. You may need assistance to wash yourself until you can go in to the bathroom and stand or sit at the sink to do your morning/evening care.
- To prevent complications of immobility, you will be encouraged to get out of bed and to complete as much of your own personal care as possible. You will be out of bed the *day of* your surgery, unless the doctor indicates otherwise. As mentioned, you will have pain that we will prescribe medications for you to assist with this. Activity does initially increase your pain, but with time and increased activity you will progress and pain should ease.
- If the doctor feels it is necessary, a Physical Therapist or Occupational Therapist will assess your abilities and work with you to increase strength and mobility following surgery. After most of our spinal surgeries, we do not start active physical therapy until about **6 weeks after** surgery to strengthen and stretch the area that was surgically operated on.
- You may shower, but you will need to keep your incision covered and dry until you are seen at your first follow up visit after surgery. No baths, pools or hot tubs for at least **4 weeks** after surgery.
- You will be restricted from lifting more than 10 pounds and any strenuous activities for **6 weeks**. We can individually discuss certain activities you typically enjoy, to determine if these will need to be restricted. At each follow up visit, we will provide you with your current activity restrictions and address slowly increasing your activities.
- Work: You will remain off of work for the first **2 weeks**. The length of time you will be off work will vary depending on the type of work you do. At your follow up visits, we will discuss releasing you to work (full-time, part-time, light duty).
- No driving until cleared to do so. In most cases, we request no driving for **1- 2 weeks** and will then discuss this in more detail following your first post-operative visit.
- During your hospitalization, we will reinforce the instructions and restrictions we would like you to follow. We will also review your restrictions and instructions with you at each follow up visit.

Discharge Planning

- You will be discharged from the hospital when it is medically safe to do so, and you are able to do things such as walk to the bathroom, urinate and eat. Your pain must be controlled with oral pain medication prior to discharge.

- If you have any concerns or needs regarding discharge planning, please let the Neurosurgical team or your nurses know well in advance.
- At the time of discharge, you will receive a prescription for medication(s) that you can take to your pharmacy to be filled.
- Discharge instructions, including activity restrictions, will be written out for you.
- If you have sutures or staples, these will need to be removed **2 weeks** after surgery. You will follow up in our office to have this done.
- Follow up Imaging: Depending on the type of surgery, we may order additional testing after surgery. We will discuss this with you throughout your follow up period.

Medications that Should be Discontinued Prior to Surgery

Special Considerations for Stroke or Blood Clotting prevention medications:

- Warfarin (Coumadin®), Heparin, Enoxaparin (Lovenox®), Clopidogrel (Plavix®), Ticlopidine (Ticlid®), Dalteparin (Fragmin®), Tinzaparin (Innohep®), Fondaparinux (Arixtra®), Danaparoid (Orgaran®)
Please let the surgeon know and call your physician who prescribed this medication to you, as you will need to be tapered off accordingly.

Prescription & Over the Counter Medications

- **Aspirin & Aspirin containing products** *discontinue 7 days prior* to surgery unless otherwise directed by your surgeon (ie. Aggrenox®, Bayer®, Darvon® Compound, Fiorinal®, Ecotrin®, Excedrin®, Percodan® are a few examples)
- **Cold or Migraine Medications:** Check with a Pharmacist if you are unsure.
- **Non-Steroidal Anti-Inflammatories (NSAIDs)** *discontinue 7 days* prior to surgery unless otherwise directed by your surgeon)
- **Monoamine Oxidase Inhibitors:** Isocarboxazid (Marplan®), Phenelzine (Nardil®), Selegiline (Eldepryl®, Carboxin®), Tranylcypromine (Parnate®), Furazolidine (Furoxone®), Linezolid (Zyvox®), Procarbazine (Matulane®) These medications should be *discontinued 2 weeks* prior to your surgery. Please let the surgeon know and call your physician who prescribed this medication to you, as you may need to be tapered off accordingly.
- **Diabetic medications:** Metformin (Glucophage®) needs to be *discontinued 2 days before* admission for surgery. Please notify your physician who prescribes this to you, as you may need to have your other diabetes medications adjusted or be placed on Insulin while you are off this medication.
- **Vitamins:** Taking a multi-vitamin with 100% of the daily recommended doses of the following vitamins would be fine, but limit the daily dose to the recommended daily dose. **Do not take megadoses** of Vitamin E and Vitamin C.
- **Herbal Preparations:** All herbal preparations should be *discontinued 1 week prior* to surgery. (This pertains to herbal preparations and not the use of fresh herbs used in cooking)

Medication List

- Please bring a list of your medications to the hospital with you. The list should include the following:

- Pharmacy name and phone number
- Name, Dosage strength and Directions for use of the medications

Questions: If you are in doubt if the drugs you are taking may have blood-thinning properties or are contraindicated before surgery, please contact our office. Failure to stop certain medications may result in delaying the surgery date.

Whom to contact: For any questions please call the office at (630) 978-6770.
Our fax number is (630) 978-6773.