

Preparing For Surgery

Basics

1. If you need a “pre-operative clearance” by your medical physicians (primary care provider, cardiologist, etc), our office staff will let you know. Please try to schedule this at least 2-3 weeks before your surgery date.
2. Try to stop smoking for as long as possible before surgery in order to minimize the risks of pulmonary problems (bronchitis, pneumonia), non-union and other issues
3. Stop taking aspirin products and NSAIDs (non-steroidal anti-inflammatory drugs) like ibuprofen or naprosyn 5 days prior to surgery. These can impair blood clotting. If you are on “baby aspirin” (81 mg aspirin) or Plavix for cardiac issues, please stop taking these 24 hours before surgery
4. If you take Coumadin or any other blood thinner, you should meet with your primary care or vascular medicine physician at least 14 days before your surgery so that a plan is in place to take you off the medicine before surgery (and restart it after surgery). Most of the time, we use Lovenox as a “bridge” from the time you come off the Coumadin before surgery and restart it after surgery. If you are temporarily placed on Lovenox, you need to be OFF it for 24 hours before spinal surgery
5. We generally recommend that you stop taking natural supplements 7 days before surgery as some of them are not well described in Western medicine and their side-effects are not always well-known.
6. FOOD INTAKE RULES- do NOT eat anything 8 hours before surgery. Try not to drink anything, but if you must, only a couple of small sips of WATER are acceptable up until 2 hours prior to check-in for surgery.
7. If you need to take medication/pills, the ones to take and the ones to avoid will be discussed with you during the anesthesia preoperative meeting. Medications/pills can be taken only with a small sip of water and at least 2 hours prior to surgery.

More Details

1. Try to exercise and be in the best shape possible before surgery as this will allow for an easier recovery
2. If possible, try to reduce the amount of pain medication you take prior to surgery. This will post-operative pain control easier.
3. Neck surgery (cervical spine surgery): as most do NOT require any special equipment upon your discharge from the hospital, the occupational therapist in the hospital will make recommendations if there is anything that you will need
4. Back surgery (thoracic and/or lumbar spine surgery): the occupational/physical therapist in the hospital will make recommendations if there is any special equipment that you may need after surgery. They will also help you acquire the equipment so that you have it upon your discharge from the hospital. However, if you like to be prepared before surgery, a raised toilet seat and a shower chair are generally recommended after lumbar fusion surgery. My recommendation is to wait until after your surgery and let our team of professionals help you acquire only the equipment you need via your insurance carrier.
5. I typically do mostly minimally invasive surgery and you do NOT need to donate blood before surgery. If this is necessary, we will let you know at the time of the pre-operative office visit
6. Diet: I generally recommend a good, well-balanced diet consisting of fiber, lean meats and fruits/vegetables both before and after surgery. This will preclude the need for any “supplements.” However, if there are supplements that you take per the recommendation of your other physicians (Vitamin D, calcium, etc), we ask that you continue those after surgery.