

# PATIENT GUIDELINES

## LUMBAR ANTERIOR DISC REPLACEMENT

### BEFORE YOUR SURGERY

**Q: Prior to surgery will I need to see a medical doctor for a check up?**

A: Yes, prior to surgery you will must see a medical doctor affiliated with the hospital for a pre-operative medical clearance. As needed, a medical doctor will be assigned to you that is affiliated with the hospital, so that they may follow you during the hospitalization.

It is important to mention all the medications you are taking to the doctor. This includes over-the-counter drugs like cold medicine and aspirin. Please bring all of your previous tests, such as cardiac stress test, echocardiogram, etc..

During the visit, they will:

- ♥ perform history and physical exam
- ♥ routine blood work, urine sample, EKG, and chest x-ray.

If you plan to see your own medical doctor, please have your own physician perform the following workups: Physical exam, CBC, CMP, EKG, Urine analysis, and chest x-rays. Bring these pertinent test results to the medical doctor affiliated with the hospital during your pre-operative medical clearance visit.

**Q: Prior to surgery do I need to see Dr. Kropf?**

A: Yes, you will see Dr. Kropf for a spine pre-operative visit. During this visit, an MD, nurse practitioner, nurse, or physician assistant will go over:

- ♥ all of your questions and concerns, so please bring a list of your questions.
- ♥ the surgical procedure in detailed
- ♥ the risks and benefits of the procedure
- ♥ consent form
- ♥ If you have it in your possession, please bring all of your recent scans pertinent to the surgery, such as X-ray, MRI, CT.

**Q: What are the possible risks of surgery?**

A: Although the risk of a complication occurring during or after surgery is

generally low, they do exist. We will go over the specific risks with you during your spine pre-operative visit.

**Q: Will I need to donate blood before surgery?**

A: Depending on how many levels, the doctor may ask you to donate blood before surgery. If needed, this blood can be given back to you during or after surgery.

**Q: Prior to surgery what medications should I avoid?**

A: You should discontinue any anti-inflammatory (i.e. Ibuprofen, Aleve, Celebrex, Mobic, Naprosyn, Voltaren, etc.) and Aspirin 10 days prior to surgery. You also need to discuss with the medical doctor stopping any blood thinners or anticoagulants (i.e. Coumadin, Plavix) prior to surgery. You should also avoid taking herbal medicine and vitamin E at least a week before surgery. You should go over all the medications that you are taking with the doctor prior to surgery. You can continue to take products containing Tylenol, such as, Vicodin, Norco, Tylenol with codeine, extra strength Tylenol, etc.

**Q: How long will I be in the hospital?**

A: Usually you can go home in 2-4 days.

**Q: What should I do the night before surgery?**

A: Unless told otherwise, do not eat or drink anything after midnight. This includes water, coffee, chewing gum, and mints. If you take a daily medication and have been told to continue it, take it with small sips of water. If necessary you can take your pain medication with a small sip of water as well. You can brush your teeth the morning of surgery.

**Q: Will I get a chance to talk to the anesthesiologist prior to the surgery?**

A: Yes, the anesthesiologist will call you the night before the surgery. This is a good time to ask them if you can take your medication with sips of water.

**Q: What if I am staying at a hotel the night before the surgery?**

A: Be sure to leave you cell phone number and other pertinent numbers with the office and the hospital. Please also provide us the hotel information including your room number if you have it available. The anesthesiologist, as mentioned above will call you the night before.

**Q: How can I prepare my home for returning home after surgery?**

A: You could put things that you think you'll need close to where you can get them without reaching or bending. It is also a good idea to pick up clutter, remove throw

rugs, and tape down electrical cords. You may also consider arranging for someone to help you with chores after surgery. You may want to stock up on easy to prepare foods- sandwiches, frozen dinners, etc. Ask the doctor, nurse practitioner, physician assistant, or physical therapist for further suggestions if needed. If your house has several stories, you may wish to set up living arrangements on the ground floor, to avoid stair climbing.

## **HOSPITALIZATION**

### **Q: What should I expect when I arrive at the hospital?**

A: Most likely, you will arrive to the hospital a few hours before surgery. Bring a book, some cases may run longer than scheduled and you may be sitting in the pre-op area longer than anticipated. If you have not pre-registered, you will be given forms to fill out. After you change into a gown, other tests may be done, including routine blood work. One or more IV (intravenous) lines may be started. These lines are needed to provide the fluids and medications you need during surgery.

### **Q: What should I expect in the recovery room after surgery?**

A: After waking up from surgery, you may feel groggy, thirsty, or cold. Your throat may feel sore. You may have tubes in your body to drain blood and fluid from your incision. You will also continue to have IV lines providing you with fluid and medications.

### **Q: How will my pain be managed at the hospital?**

A: In the recovery room, you will likely be connected to a PCA (patient controlled analgesia) device that will allow you to push a button every time you need a dose of pain medication. This device only allows the patient to receive a certain amount of the pain medication during a determined period of time, so there is little risk of getting too much medication. If indicated, a pain management doctor will manage your pain medication during your hospital stay. Prior to discharge, you will transition to oral medications.

### **Q: What should I expect immediately in my post-operative recovery phase?**

A: You may have a sore throat after surgery. This is usually a result of intubation during surgery. You may also experience pain and numbness and tingling in your legs and back that may or may not have been there prior to surgery. This can be normal and due to expected nerve irritation from surgery. You will have special stockings or boots on your legs that help to prevent blood clots from forming on your legs.

You will be given a breathing device called an Incentive Spirometer that when used will help to keep your lungs clear.

For outpatient, the nurse will start helping you walk around. They will also advance your diet and make sure you are tolerating solid food.

**Q: What happens in the days following surgery at the hospital?**

A: The day of surgery you will mostly be resting in bed. During the next few days you will be getting out of bed with help from physical therapy or nurses and encouraged to walk. You may need to use a walker at first to help with balance. The physical therapist will also teach you how to protect your spine when you move. Once you are more mobile, the catheter will be taken out of your bladder. Once you start to pass gas, you will be started on some ice chips and/or clear liquids first. If you tolerate eating this, your diet will be advanced to a regular diet. Please be sure to let the doctor or nurse know if you require a special diet (i.e. diabetic, cardiac, etc). You will be weaned off your pain pump and placed on medications by mouth. Prior to discharge, you need to be able to urinate without any problems, able to swallow pills without too much difficulty, and walk a certain distance (approximately 100 ft.)

**Q: What is the discharge procedure at the hospital?**

A: During your stay at the hospital, an interdisciplinary team will assess your needs. The team consists of: case manager, social worker, physical therapy, occupational therapy, and physician. They will determine the appropriate place for your discharge. Possible places include: rehab, skilled nursing facility, or home. They will also order the appropriate medical supplies needed. These may include: walker, hospital bed, raised toilet seats, nursing home care, physical therapy evaluation, etc.

They discharge time for the hospital is 10:00 A.M. Please make the appropriate arrangement the day before your discharge date.

## **AT HOME**

**Q: What activities will I be restricted from after surgery?**

A: No bending, lifting, or twisting of the back. You can walk as tolerated, as long as you are safe on your feet. You should ask the doctor when you can safely return to work and sexual activity.

**Q: After surgery, do I have to wear a back brace?**

A: Yes, you may be fitted for a brace in the hospital and expected to wear the brace at all times while out of bed, during your recovery phase.

**Q: How long do I wear the brace for?**

A: You need to wear the back brace about 6 weeks.

**Q: Can I shower once I'm home?**

A: You can shower if there is someone to assist you and if you can keep the incision sites dry. (For example, you can cover the sites and dressing with plastic wrap)

**Q: Do I wear the brace when I shower?**

A: No, you can take off the brace in the shower. (Just remember to avoid any bending, twisting, or lifting). It is recommended that you sit on a rubbermaid chair while showering

**Q: When should I come back to the office?**

A: You should make an appointment for a post-operative visit 10-14 days after surgery. At this visit your incision sites will be examined to make sure that proper healing is occurring. If you have staples, they will likely be removed at this time. The dressing should be left in place until you return for your post-op visit unless it becomes wet or soiled. After that appointment, you will be returning 6 weeks from the surgery date for your next follow up visit.

**Q: When can I drive?**

A: No driving until your first post-op visit. At that time, Dr. Kropf will instruct you when to resume driving. Please keep in mind that no driving while taking narcotics. Driving while sedated is considered as driving under the influence.

**Q: Can I travel post-operatively?**

A: Travel should be kept to short car rides with support in place and seatbelt securely fastened. If you need to take a longer journey to get to your destination, it is a good idea to travel with pillows and to get out of your vehicle every 30-45 minutes to stretch and walk around. Also it is a good idea to have pain medication with you for long rides.

**Q: Do I need physical therapy?**

A: The doctor will determine if you can safely go to physical therapy, usually around 6 weeks. At that time you can wean out of your brace. The physical therapist will work specifically to strengthen your back, legs, and surrounding musculature. Usually therapy is two to three times a week for six to eight weeks.

**Q: What medication will I take when I go home?**

A: You may be sent home with a prescription for one or all of the following medications

- ♥ Pain medication: such as darvocet, vicodin, norco
- ♥ Stool softener: Colace, over-the-counter senokot
- ♥ muscle relaxant: soma, flexeril, skelaxin
- ♥ Do not take anti-inflammatories (such as advil, ibuprofen) unless instructed by Dr. Kropf. In some cases, anti-inflammatories are known to hinder the rate of the spinal fusion.

## **IMPORTANT THINGS**

**Q: What are the side effects of the medication?**

A: Be aware that muscle relaxants and pain medications make you drowsy. Use of narcotic medications can slow bowel function. To avoid problems, you should take stool softener, which can be purchased over-the-counter.

Wean yourself from the pain medications as soon as you are able to. Pain medications can affect your body's natural ability to cope with pain and often increases depression associated with chronic pain syndrome.

**Q: What should concern me when I go home?**

A: You need to contact the office if you experience any

- ♥ fever > 101.5, chills
- ♥ unusual redness, swelling, or drainage from the incision sites
- ♥ any new weakness in your arms or legs.
- ♥ severe back pain you haven't experienced

Our regular office hours from Monday to Thursday 8-5 p.m. and on Friday 8-4 p.m. We are closed during Saturday and Sunday.

While the office is closed, an on-call person will be available for **only emergency calls**.

If you feel that your condition is a medical emergency, do not hesitate to go to your local emergency room department. **NO MEDICATION REFILLS WILL BE GRANTED WHEN THE OFFICE IS CLOSED.**