



Center for Spine Health

Pre-/Post-Op Spine Surgery Guidelines (Main Campus)

***Please note: These are general guidelines. Depending on your condition, your surgical team may modify these guidelines to best suit your needs.**

PREPARING FOR SURGERY

Assistance with Travel/Lodging

- Please contact the Medical Concierge for assistance with travel/lodging (**216-445-5580, or toll-free at 1.800.223.2273, extension 55580**).
- We are not permitted to have patients complete their pre-operative appointments outside the Cleveland Clinic Health System.

Medications to Discontinue

If you are taking any blood-thinning medications, such as Aspirin, Plavix, Coumadin, Eliquis, etc., **please discuss the discontinuation of these medications with your surgeon's office before your surgery.** Please check with your RN Coordinator about when to stop over the counter supplements before surgery.

Nasal Ointment

Your surgical team will be ordering Mupirocin (BACTROBAN) 2 % ointment for you five days prior to your surgery. This ointment is prescribed as a preventative measure to treat any existing bacteria, such as Staph, that may be living in your nose. To use ointment, apply 1/2 inch ointment with a cotton swab (Q-tip) in each nostril twice daily for five (5) days leading up to your date of surgery.

Surgery Scheduling

Your scheduled surgery date is based on the availability of the operating room and the surgeon. However, because of the nature of spine surgery, there may be occasions when an emergency case may need to replace a scheduled elective case. We apologize in advance for any difficulties this may cause. We will try our best to re-schedule your case as soon as possible.

THE DAY BEFORE SURGERY

Surgery Time

Please contact the surgery scheduling office after 2:30 p.m. the BUSINESS day before your surgery to learn what time you should arrive. (**Neurosurgery Scheduling Office: 216-444-9292, or toll-free at 1.800.223.2273, extension 49292**).

- Please report to **Desk P-20** in the Cleveland Clinic Surgical Center at the assigned arrival time.

Eating/Drinking

- **You should not eat anything after midnight the night before your surgery. Clear liquids/black coffee and tea are permitted for up to 2 hours before check-in at the surgery center.**
- If you are taking medications on the morning of surgery, please take them with small sips of water.

Skin Care

Preparing skin before surgery can reduce the risk of infection at the surgical site. Hibiclens liquid is a soap that we recommend using as directed the **night before** and the **morning of** if you were not given the wet wipes before your surgery. It is important **not to use** Hibiclens or the wet wipes on the head, face or in the genital area.

THE DAY OF SURGERY

Items to Bring or Leave at Home

- Please wear comfortable clothing. Bring toiletries that would help make your stay more comfortable.
- Please bring an updated medication list on the day of your surgery.
- Please **leave your home medications at home** unless otherwise instructed to do so by the surgical team in advance.
- Please leave valuables (jewelry, money, etc.) at home or give them to a friend or family member before you check in at the hospital.
- Please bring your inhalers for COPD if applicable and please bring your C-PAP machine for your sleep apnea if applicable.
- If applicable, please refer to your Surgical Guide Book for other recommendations.

AFTER SURGERY

Medication Refills

- Most patients will be discharged with a pain medication prescription and muscle relaxer prescription to help relieve post-surgical pain.
- If warranted, prescription refill authorizations are made by your surgery team. Please note that not all surgical teams refill pain medications.
- It is your responsibility to discuss pain medications and muscle relaxer refills and expectations with your surgical team before surgery.
- Refills will be sent electronically to your pharmacy.
- If your medications are not controlling your post-operative pain, please contact your surgeon's office to discuss treatment options. If there are issues managing your pain after your surgery, you may be asked to see a pain specialist.
- Your need for pain medication should decrease over time.

Please note: for those providers who refill pain medications, offices will require 3 business days to process prescription refills. No refills will be processed on Fridays.

Constipation

- Even if you have regular bowel movements prior to having surgery, you are likely to experience post-operative constipation. Exposure to anesthetics and narcotics, alterations in your diet and fluid intake and reduced physical activity contribute to this constipation.
- You will be discharged with a stool softener (docusate AKA Colace) and a laxative (senna AKA sennakot) which taken together help treat post-operative constipation
 - **Colace** is a stool-softener that makes stool easy to pass. Taking 100mg twice daily and may increase to a **maximum of 200mg** twice daily **as needed**.
 - Senna is a laxative to help produce a bowel movement. Take two 8.6mg pills twice daily as needed.
- If the prescribed Colace and senna alone do not help enough with constipation, Miralax is a gentle laxative you take with water that should produce a bowel movement within 24 hours. You would take this in addition to the senna and Colace, up to once dose a day of Miralax as until your BMs are normal for you or if they become too soft. Then you may decrease the Miralax to every few days or stop and just continue the Colace and senna
- If constipated and if the above medications are not producing regular soft bowel movements, please call your doctor's office

Suture Removal and Wound Care

- Your incision may be closed with absorbable sutures, staples, steri-strips, or skin glue.
- If you return home with sutures or staples, your surgical team will advise you on when to have them removed.
- Specific wound care instructions will be on your discharge summary.
- You may shower 2 days after surgery. If glue is on your incision, no need to cover the incision when showering and please do not scrub incision, let the soap run down the incision, then pat dry. If you have sutures or staples, please cover the incision area with Saran Wrap or something similar, and tape when showering.
- Please remember that it may take some time for numbness and pain to improve after cervical or lumbar spine surgery. Due to the healing process, it is not unusual to have some pain in the surgical area for weeks after surgery.
- If your post-op pain is worse than before surgery, please notify your surgeon's office.

***Call your surgeon's office immediately if any of the following occurs: increased redness, swelling, pain, drainage, opening of the incision area, or if you have fever/chills.**

POST-OP RESTRICTIONS: CERVICAL SURGERY

- Your discharge instructions will specify use of a collar if applicable.
- Most collars may be removed to take a shower or when you are eating. Your surgeon will tell you if you can remove your collar for these purposes.
- Please do not do any strenuous activities, including heavy lifting, pushing, or pulling.
- Climb stairs based on your comfort level.
- Take frequent short walks every day, gradually increasing your distance every day.
- If you have questions about post-op activities, please contact your surgical team.

POST-OP RESTRICTIONS: LUMBAR SURGERY

- Limit bending, lifting, and twisting for up to 6 weeks after surgery.
- Do not sit for a long period of time (no more than 30-40 minutes at a time).
- Take frequent short walks every day, gradually increasing your distance every day.
- Climb stairs based on your comfort level.

POST-OP RESTRICTIONS: KYPHOPLASTY/VERTEBROPLASTY

- Resume activities of daily living as tolerated
- You can drive and return to work when you are able and can tolerate it.
- Climb stairs based on your comfort level.
- Take frequent short walks every day, gradually increasing your distance every day.

POST-OP EXERCISE

- Walking is the best exercise you can do in the initial 6 weeks following surgery. It improves pain, circulation, constipation, mood, strength and can reduce common post op complications such as blood clots, pneumonia and deconditioning
- Start out slowly, walking as tolerated around your home, using an assistive device is advised/necessary
- Gradually increase your walking, as tolerated, up to 30 minutes at least twice daily

RETURNING TO DRIVING

- You will usually be permitted to drive **2-4 weeks** after surgery, and when you are no longer taking pain medications.
- Your surgery team will discuss in more detail.

RETURNING TO WORK

- You should contact your surgical team to discuss when you will be able to return to work.
- The surgical office will complete the Family Medical Leave Act/Short-Term Disability Paperwork. Please note there is a **5-7 day** turnaround time. Please provide specific directions as to where the paperwork should be sent.
- The surgical offices are responsible for short-term disability up to **12 weeks** after surgery. Any additional time off will need to be determined by your primary care physician or referring provider.

PHYSICAL THERAPY

- Recommendations regarding the need for physical therapy will be discussed at your 6-8 week post-operative appointment. If you feel inclined to start earlier, please call your doctor's office to discuss.

MISCELLANEOUS REMINDERS

- If you had a cervical or lumbar fusion surgery, you should not take non-steroidal medications such as Ibuprofen, Aleve, Naprosyn, Motrin, Advil, etc., until your surgeon tells you. In most cases, these medications can be resumed **8-12 weeks** after surgery. Please check with your surgeon's office.
- If you did not have a cervical or lumbar fusion, you may resume the above medications approximately **10 days** after surgery.