UCSF Neurospine Patient Education Packet

You are receiving this packet because you have been scheduled for surgery with our clinic. Please review the contents of this packet carefully as it contains useful information and instructions regarding your surgery and how to best prepare for the upcoming procedure. It will also help you to understand what to expect while in the hospital as well as when recovering at home after surgery.

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UCSF Medical Center

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Understanding Spine Surgery

Spinal Fusion – surgical procedure used to correct problems with the bones of the spine (or vertebrae). A fusion essentially "welds" or joins two or more vertebrae of your spine together. During the procedure, your surgeon places bone or a bone-like material within the space between two spinal vertebrae. Metal plates, screws, and rods may be used to hold the vertebrae together, helping them to heal into one solid unit.

Spinal fusions are done for various reasons, but are most commonly done to treat:

- Spinal stenosis (narrowing of the spinal canal) causing pain
- Abnormal curvatures of the spine
- Weak or unstable spine
- Injury or fracture to the spine

Types of Fusions:

- **Anterior Cervical Discectomy and Fusion (ACDF)** – your surgeon will remove a herniated or degenerative disc in the neck area of the spine. The incision is made in the front (anterior) of the spine through the throat area. After the disc is removed, a bone graft is inserted to fuse together the bones above and below the disc space.
- **Lumbar Interbody Fusion** – your surgeon will first remove an intervertebral disc (disc between two connecting vertebrae) of the spine, and in that space, an implant (such as a spacer or cage) is inserted to help maintain normal alignment of the spine. Additionally, a bone graft (real pieces of bone used to stimulate bone growth) or a bone graft substitute (natural or synthetic) will be placed in the space made between neighboring vertebrae to help them fuse together. Your surgeon will choose the best way in which to access your lumbar spine:
  - **Anterior** Lumbar Interbody Fusion or from the **front** (ALIF)
  - **Transforaminal** Lumbar Interbody Fusion or from the **back** (TLIF)
  - **Oblique** Lumbar Interbody Fusion or **from the front, at an angle** (OLIF)
  - **Lateral** Lumbar Interbody Fusion or **directly from the side** (XLIF)
- **Posterior Spinal Fusion (PSF)** – your surgeon makes an incision in the middle of your back (posterior). The spinal surgeon will protect the nerve roots and safely remove the material (bone spur, cysts, etc) pressing on the nerve. After the pressure is relieved from the nerve, a bone graft is placed along the back of the spine, allowing the two vertebrae to grow together as one solid unit (fusion).

Minimally Invasive procedures - Some spinal procedures, including spinal fusions can be done using a minimally invasive approach. With minimally invasive procedures, a few small incisions are made instead of one large incision.

Other Spine Surgeries:

Osteotomy – surgical procedure in which a portion of the spinal bone is cut and removed. Spinal osteotomies are usually needed for the correction of rigid deformities or scoliosis (abnormal curving of the spine), where bone is cut, the spine is realigned, and then hardware is used to keep the spine in proper alignment.

Laminectomy – Also known as decompression surgery, a laminectomy involves removing the lamina, the back part (or "roof") of the vertebra that covers your spinal canal. By removing the lamina, the procedure increases the space for your spinal canal and relieves pressure on the spinal cord and/or nerves. While a Laminectomy is the complete removal of the lamina, a **Laminotomy** involves only **partial** removal.

Kyphoplasty – surgical procedure in which cement is injected into a fractured or collapsed vertebrae. This surgery helps to restore the original shape, height, and configuration of the spine, relieving pain caused by spinal compression.

Discectomy - surgical removal of herniated disc material that presses on a nerve root or spinal cord. The procedure involves removing the central portion of an intervertebral disc, the nucleus pulposus, which causes pain by pressing on the spinal cord or surrounding nerves.

Foraminotomy - operation used to relieve pressure on nerves that are being compressed by the intervertebral foramina (the passageway between two vertebrae through which nerve bundles exit from the spinal cord to the body).

Corpectomy - surgical procedure that involves removing all or part of the vertebral body (the large, front part of the vertebrae), usually as a way to decompress the spinal cord and nerves. A corpectomy is often performed in association with some form of decompression.

Expected Length of Stay in the Hospital

This table illustrates the length of stay in the hospital that you may expect after undergoing the spinal surgeries indicated below. Please be advised that the numbers of days indicated below are only estimations, as your actual length of stay in the hospital may vary based on many factors, including your rate of recovery, activity level after surgery, pain control, etc.

Type of Surgery	Expected Length of Stay in the Hospital
1-2 Leve l Cervical Fusion	1-2 days
3-5 Level Cervical Fusion	3 days
1-2 Level Thoracic/Lumbar Fusion	2-4 days
3-5 Level Thoracic/Lumbar Fusion	3-5 days
6-11 Level Fusion	5-7 days
12+ Level Fusion	6-8 days
Laminectomy/Laminotomy	1-2 days
Laminoplasty	1-2 days
Kyphoplasty	1-2 days
Discectomy	1-2 days

*Some patients who undergo minimally invasive surgeries should expect to be discharged home on the same day. Your surgeon will identify if you are one of these patients.

*Note: The day of surgery is considered post-operative day 0, while the day AFTER surgery is considered post-operative day 1 (your first day in the hospital). For example, if your laminectomy was completed on Monday, you should expect to be discharged from the hospital on Tuesday or Wednesday (1-2 days).

Medications that should be discontinued prior to surgery

There are medications, vitamins, and herbal supplements that may cause increased bleeding during surgery, have a negative effect on bone healing after spinal fusions, and/or increase risk of infection after surgery. If you are taking any of the following you **should discontinue them 7 days prior to your surgery**, or as otherwise directed. *If you are requesting consideration for an earlier surgery date you should discontinue them immediately.* Always consult your prescribing doctor prior to discontinuing these medications. Specific instructions will be provided to you during your appointment with our PREPARE (pre-op) department.

Prescription & Over the Counter Medications:

Aspirin & Aspirin containing products - *discontinue 7 days prior to surgery unless otherwise directed by your surgeon.* If your doctor has prescribed aspirin for you, please check with the prescribing MD first.

Examples: Aggrenox®, Bayer®, Fiorinal®, Ecotrin®, Excedrin®, Percodan®, etc.

Cold or Migraine Medications: Check with a Pharmacist if you are unsure whether they contain aspirin or other medications that should not be taken 7 days before surgery.

You may take Acetaminophen (Tylenol) or medications containing Acetaminophen* **(DO NOT take more than 4000mg of Tylenol per 24 hours, as exceeding this amount could cause Liver damage). Please avoid taking supplemental Tylenol or acetaminophen simultaneously with medications already containing acetaminophen such as: hydrocodone/acetaminophen (Norco, Vicodin), acetaminophen with codeine (Tylenol #3), or oxycodone/acetaminophen (Percocet).

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)
Please discontinue these medications 7 days prior to surgery unless otherwise directed by your surgeon. Stop Glucosamine/Chondroitin, and other joint health supplements at least 7 days before surgery.

If you are having a spinal fusion surgery, you should NOT restart NSAIDs or drugs like Fosamax until cleared by your surgeon (between 3-6 months after surgery). These medications have a negative impact on bone healing, and can inhibit fusion growth, possibly leading to fusion failure.

Generic Name	Examples of Brand Names
Celecoxib	Celebrex®
Choline Salicylate	Arthropan®
Choline Magnesium Trisalicylate	Trilisate, Tricosal®
Diclofenac	Arthrotec, Cataflam, Voltaren®
Diclofenac patch	Flector®
Diflunisal	Dolobid®
Etodolac	Lodine®
Fenoprofen	Nalfon Pulvules®
Ibuprofen	Advil®, Motrin®, Midol®, Nuprin®, Vicoprofen®, others
Indomethacin	Indocin®
Ketoprofen	Orudis KT®, Oruvail®, Actron®
Ketorolac	Toradol®
Magnesium Salicylate	Doans Backache Pain Relief®, Mobidin®, others
Mefanamic Acid	Ponstel®
Meclofenamate Sodium	Meclomen® or same as generic name
Meloxicam	Mobic®
Nabumetone	Relafen®
Naproxen	Aleve®, Anaprox®, Naprelan®, Naprosyn®
Oxaprozin	Daypro®
Piroxicam	Feldene®
Salsalate	Amigesic®, Argesic®, Salflex®, Salsitab®
Sulindac	Clinoril®
Tolmetin	Tolectin®

Osteoporosis medications:

Most osteoporosis medications (such as Fosamax or Boniva) should be stopped 30 days before surgery if possible or as soon as possible (if surgery is less than 30 days away). Forteo (teriparatide) is an exception and should be continued up until surgery.

*Stroke or Blood Clot prevention medications *Generic (Brand):*

If you are currently taking any stroke or blood clot prevention medications, please let your surgeon know and call the physician who prescribed this medication to you, as you **WILL** need to be directed on how to taper off before surgery.

Generic Name	Brand Name
Coumadin	Warfarin®
Heparin	N/A
Danaparoid	Orgaran®
Dalteparin	Fragmin®
Enoxaparin	Lovenox®
Fondaparinux	Arixtra®
Tinzaparin	Innohep®
Aspirin & Dipyridamole	Aggrenox®
Dipyridamole	Persantine®
Clopidogrel	Plavix®
Ticlopidine	Ticlid®
Apixaban	Eliquis®
Dabigatran	Pradaxa®
Rivaroxaban	Xarelto®

Immunomodulators:

Please discontinue these medications 7 days prior to surgery unless otherwise directed by your surgeon. If you are having a spinal fusion surgery, you should NOT restart these medications until cleared by your surgeon (between 3-6 months after surgery). These medications have a negative impact on bone healing, and can inhibit fusion growth, possibly leading to fusion failure.

Generic Name	Brand Name
Methotrexate	Rheumatrex®, Trexall®
Hydroxychloroquine	Plaquenil®
Leflunomide	Arava®
Sulfasalazine	Azulfidine®
Abatacept	Orencia®
Adalimumab	Humira®
Anakinra	Kineret®
Certolizumab Pegol	Cimzia®
Entaercept	Enbrel®
Infliximab	Remicade® (should stop 4-8 weeks before surgery)
Golimumab	Simponi®
Tocilizumab	Actemra®
Tofacitinib	Xeljanz®

Medications & Vitamins/Herbal Supplements requiring Special Consideration:

If you are currently taking any of the following medications listed below, please call the physician who prescribed this medication to you, as you may need to be directed on how to taper off before surgery. ***The vitamins, and/or herbal supplements highlighted in bold should be stopped at least 7 days before surgery.***

- **Monoamine Oxidase Inhibitors:**

Generic Name	Brand Name
Isocarboxazid	Marplan®
Phenelzine	Nardil®
Selegiline	Eldepryl®, Carbex®
Tranylcypromine	Parnate®
Rasagiline	Azilect
Furazolidine	Furoxone®
Linezolid	Zyvox®
Procarbazine	Matulane®

- **Vitamins:**
  Taking a multi-vitamin with 100% of the daily recommended doses of vitamins is fine but please limit your daily intake of vitamins to the recommended daily dose (avoid "Mega dose" vitamin and/or multi-vitamin supplements). **Vitamin E over 100 units is an anticoagulant (blood thinner) and should be stopped at least 7 days before surgery.**

- **Herbal Preparations:**
  All herbal supplements, & many over the counter (OTC) supplements, should be discontinued at least 7 days prior to surgery. Examples: **Ginkgo Biloba, Fish Oil, Tumeric**, etc in concentrated capsule form (This pertains to herbal preparations and not the use of fresh herbs in cooking). For fusion patients, you may be asked to hold these medications for at least 3 months after surgery if they could inhibit fusion growth. If you are unsure, please check with your surgeon's office.

Nicotine:

If you use **any form of nicotine containing products** (which include chewing tobacco, vaporizers/vape pens, e-cigarettes, nicotine patches, etc.) **you will need to be completely nicotine-free at LEAST 4 weeks before surgery**. Patients who smoke have a significantly higher rate of failure of the surgery and especially fusion failure. If you are trying to quit smoking, please note that all nicotine replacement systems (as mentioned above) all have the same effects on your surgery as smoking – **you cannot not utilize these smoking cessation methods prior to your surgery or during your rehabilitation period. Please note, you will need get a urine nicotine test a few weeks before surgery and again the morning of. Surgery may be cancelled if your nicotine test is positive.**

Please make sure the hospital has an updated list of the medications you are taking. This list should include: your current medications including supplements (with correct name, dose, & directions), allergies (with reactions), your pharmacy name & phone number. If you are not sure, or this information has changed, please bring a current list to the hospital with you.

Questions? If you have any questions regarding this list or whether medications or supplement you are taking must be stopped, please contact your surgeon's patient navigator (see attached contact list on page 23 for phone number).

Preventing Infection After Spine Surgery

An infection that occurs in any part of the body where surgery takes place is called a "surgical site infection" or SSI. SSIs can happen on your body where you had the surgery. You can get an SSI on your skin or deeper in the muscle and bone. SSIs can also include the metal or plastic parts (also known as implants) that you may get when you have your surgery.

SSIs happen because germs that are on the skin can get into the surgical area. Some factors can raise your risk for SSI such as: older age, being overweight, having diabetes or other health problems that affect your immune system, the length of your surgery, and being a smoker.

Only 1 out of every 100 patients having spine surgery will get an SSI. This may seem like a low number but we want to make it even lower. SSIs can make it harder to heal after surgery. SSIs may also cause more pain, stress, the need for more medications, and SSIs raise the costs of care. SSIs can make you go back to the hospital or have more surgery. Our goal is to prevent an SSI from happening to you whenever possible.

Your doctors, nurses and others caring for you will do many things to prevent SSI, such as:

- Wear hair covers, masks, gowns, and gloves during surgery to keep the surgery area clean
- Clean their hands and arms with a special soap just before surgery
- Clean your skin at the surgery site with a special soap that kills germs
- Give you antibiotics (drugs that kill germs) at the start of your surgery and sometimes during the surgery

To prevent SSIs, here is what you can do:

- Talk to your doctor about any health problems (such as diabetes) before your surgery.
- If you smoke, quit. Your doctor can help.
- Shower or clean your skin with a special soap/rinse you will get from your doctor before your surgery.
- Use a special nose cream before your surgery, only if your doctor gives it to you.

Shower with Chlorhexidine (CHG) soap to prevent infection

Instructions:

You should shower with CHG soap a minimum of three times before your surgery, or more often as directed by your surgeon. In the event that your surgery date is moved to an earlier date, complete as many showers as you can manage. Emergency cases are excluded from these bathing instructions.

Showering several times before surgery blocks germ growth and provides the best protection when used **at least 3 times in a row.**

3 = + +

At least 3 showers before surgery

two nights before surgery — **Date:**

the night before surgery — **Date:**

the morning of admission to surgery — **Date:**

How to shower with CHG soap:

1. Rinse your body with warm water.
2. Wash your hair with regular shampoo. Rinse your hair with water. If you are having neck surgery, use CHG soap instead of your regular shampoo to wash your hair. Rinse your hair with water.
3. Wet a clean sponge. Turn off the water. Apply CHG liberally.
4. Firmly massage all areas: neck, arms, chest, *back, abdomen, hips, groin, genitals* (external only) and buttocks. Clean your legs and feet and between your fingers and toes. Pay special attention to the site of your surgery and all surrounding skin. Ask for help to clean your back if you have a spinal surgery.
5. Lather again before rinsing.
6. Turn on the water and rinse CHG off your body.
7. Dry off with a clean towel.
8. Don't apply lotions or powders.
9. Use clean clothes and freshly laundered bed linens.

Repeat steps 1-9 each time you shower.

Caution: When using CHG soap, avoid contact with eyes, nose, ear canals and mouth.

Important reminders:

- Do not use any other soaps or body wash when using CHG. Other soaps can block the CHG benefits.
- After showering, do not apply lotion, cream, powder, deodorant, or hair conditioner.
- Do not shave or remove body hair. Facial shaving is permitted. If you are having head surgery, ask your doctor whether you can shave.
- CHG is safe to use on minor wounds, rashes, burns, and over staples and stitches.
- Allergic reactions are rare but may occur. If you have an allergic reaction, stop using CHG and call your doctor if you have a skin irritation.
- If you are allergic to CHG, please follow the bathing instructions above using an over-the-counter regular soap instead of CHG.

Things to Consider when Planning for Recovery at Home

- In order to minimize delays, please identify who will help you to get home from the hospital after surgery. Most patients are discharged between 11am and 12pm, so please plan accordingly when arranging your transportation home.
- Most patients are able to be discharged to go directly home. If so, you should not plan to be alone more than an hour or two at a time for one week after your surgery, and for at least two weeks after complex spine surgery.
- It will be determined during your in-patient stay, whether you will need to be transferred from the hospital to a Continuing Care Facility (such as a Nursing Home, Skilled Nursing Facility, etc). Many factors will determine if this is necessary, including your rate of recovery, mobility, pain control after surgery, etc. A Case Manager while you are in the hospital will work closely with you to ensure your transition from the hospital to your home is as smooth as possible.
- Any home equipment needed will be recommended by physical therapy and occupational therapy and ordered by our discharge coordinator before discharge. This may include a 3:1 commode for low or long spine fusions. It is very rare that a hospital bed is required at home.
- Please be advised that insurances do not cover equipment and some may need to be purchased. Please contact your insurance company if you have specific questions or concerns.
- Examples of home equipment typically not covered by insurance: showerchairs, raised/elevated toilet seats, shower grab bars, reachers, sock-aids, etc.
- If home care is recommended by the health care team, it will be arranged before discharge by our Discharge Coordinator or Case Manager. This will be determined by physical therapy & occupation therapy as they assist you with activities after surgery.
- The hospital staff will encourage you to be out of bed walking as soon as possible after surgery, in hopes of expediting your recovery and rehabilitation. Because of these efforts, home physical therapy is usually not needed.
- Almost all of our patients are walking at least 50 feet, transferring in and out of bed independently, and are cleared on any stairs they need to use at home before discharge.
- If your surgeon determines that you need out-patient Physical Therapy, you will most likely be cleared to start after your 6 week follow-up visit. Patients who have undergone spinal fusion will be asked to refrain from out-patient Physical Therapy or independent exercises (other than walking) until cleared by their surgeon (typically at 6 weeks post-operatively but patients with large fusions or complex spine surgery, they may be asked to wait 3 months after surgery).
- If you should want a personal attendant to assist you at home for bathing, laundry, cleaning, etc. you will likely need to arrange this yourself (it is very unlikely that medical insurance will pay for this).

What to Expect in the Hospital

You will wake up after surgery with:

- An intravenous (IV) in your hand or arm in order for medication to be administered.
- Oxygen tubing in your nose
- Drain from your incision and a chest tube if you have had anterior chest wall surgery
- Patient controlled analgesia (PCA), which is a computerized pump containing a syringe of pain medication connected to your IV. The pump will have a button you can press, giving you the power to control your pain.
- (Foley) Urinary catheter to collect urine
- Sequential Compression Devices (SCDs), which are plastic sleeves on your legs that pump up and down to improve blood flow and prevent blood clots.

Diet & Nutrition:

- When you have sounds in your tummy and it "wakes up" from anesthesia, you can start clear liquids. When you pass gas you can advance your diet as tolerated.
- Constipation is a common problem after surgery. You will receive medications daily (such as stool softeners, laxatives, and possibly suppositories, or enemas) to prevent you from being constipated or until your bowel movements return to normal.

Pain Management:

- Our clinical pharmacy team will see you daily and assist with pain control
- As your tummy wakes up, you will start oral pain medication & wean off the PCA.
- Most patients are off the PCA by 24 hours after surgery.
- Please keep in mind that medications given through the PCA & IV are typically stronger than oral medications, therefore it will be important for you to closely monitor your pain when making this transition.
- You will most likely experience an increase in pain when you become more active after surgery, especially during Physical & Occupational Therapy sessions. You may benefit from taking your pain medications prior to therapy sessions and/or when you anticipate being more active.

Drains, Tubes, & other equipment:

- The catheter can be removed when deemed appropriate by your surgeon.
- Your drain & chest tube can usually be removed 48 to 72 hours after surgery
- Oxygen will be removed when you are awake and oxygen levels are stable
- SCD pumps can be left off your legs when you are out of bed walking regularly. It is best to wear your SCDs while in bed until you are walking frequently.

Activities:

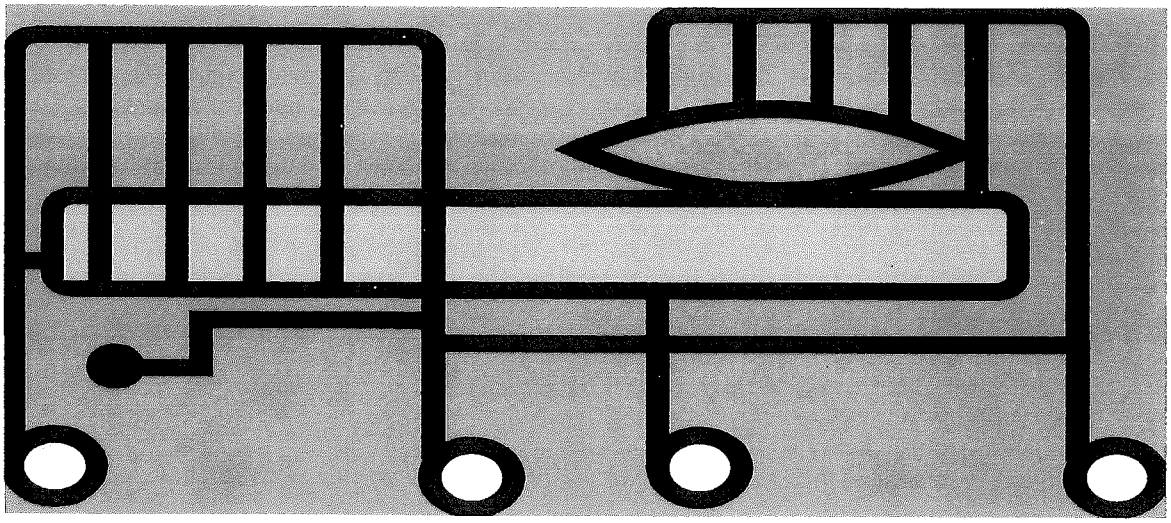
- You will be encouraged to get out bed as soon as possible, usually beginning the night of or morning after surgery. This will help to speed up your recovery from surgery.
- You may get out of bed & up in your room without your brace on. Once you have your brace, wear it as instructed by your doctor. Your surgeon will specify and individualize when you need to wear your brace.
- Neck braces should be worn at all times. LSO/Cybertek braces should be worn out of bed for comfort only.

The Spine Surgery team:

- A spine resident or fellow will see you daily and report to your surgeon.

Family members:

- While a private room cannot be guaranteed, your caregiver can have one requested by speaking to the Charge Nurse on the day of your surgery. If you are assigned a semi-private room, we will try our best to move you to a private room when one becomes available.

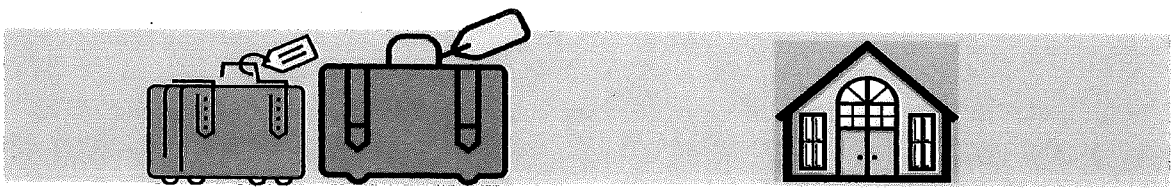


Spine: Am I ready to go home?

Target discharge Date: _____

- ☐ **My pain is managed on pain pills.**
- ☐ **I am getting out of bed independently.**
- ☐ **I am walking more than 50ft (with a walker if needed).**
- ☐ **I can climb the stairs (if there are stairs at home).**
- ☐ **I can remove the brace (with help if needed).**
- ☐ **I have had my discharge X-ray.**

I am ready to go home!



What to Expect After Surgery

Restrictions:

Depending on the type of surgery, you will need to follow these precautions after spine surgery for approximately **6 weeks to 3 months.**

Reposition frequently from sitting to standing to walking during the day.

- Walk as much as possible increasing distance and/or time slowly but surely.
- Remember, No **BLT!**
    - **B**ending - Avoid bending. No squatting if you had surgery that extends to the low back
    - **L**ifting - No lifting over 5-10 pounds.
    - **T**wisting – Avoid twisting motions. Always turn your entire body in the same direction.

Pain Management:

- It is normal for you to feel some level of back soreness and/or stiffness after surgery, especially if you had a spinal fusion. Applying icepacks, warm compresses, & taking muscle relaxants such as Baclofen & Flexeril (as ordered) can offer pain relief.
- Your nerves can get irritated from being moved around during your spinal procedure, so it is not uncommon to feel numbness and tingling after surgery. These symptoms should improve over time.
- Stay ahead of your pain. Do not wait until your pain is severe. Take your pain medications when you need them. It may be helpful to take them prior to Physical therapy sessions or when you anticipate being more active.
- Take your pain medications only as directed. Please contact your surgeon's office if your pain is not adequately controlled.
- Do not discontinue pain medications abruptly. Always taper off them slowly.

Managing constipation:

- If you are taking pain medications, be sure to take your ordered medications to prevent constipation (such as Colace, Dulcolax Miralax). These medications are available over the counter at most pharmacies/drug stores.
- Be sure to drink 6-8 glasses of water per day to stay well hydrated and prevent constipation. Limit caffeinated drinks to 1-2 cups per day.
- Eat plenty of fresh fruits & vegetables to prevent constipation. Brown rice, legumes/beans, high fiber cereal, oatmeal, granola, and whole grain bread are also good options.
- If you have not had a bowel movement in 3 or more days, please call your surgeons office right away. You may need to use a fleets enema or suppository (which are available over the counter) so that you can have a bowel movement.

Planning ahead:

- Be sure to arrange help at home for a week or two after surgery.
- Frequent short walks are okay. Remember to rest in between activities.
- Have supplies and food in easy reach, have slip-on shoes, and loose clothing available (Zipper and/or button closings are best).
- Clear your home of trip hazards to prevent falls and/or injury (electrical cords, loose rugs, cluttered walkways, etc).
- Wear your brace as instructed. You can loosen the brace straps if you are sitting in a chair/recliner or stationary.

Discharge Instructions for Wound Care

Caring for your Incision (Site of your surgery)

- Check the incision daily for signs of infection. Contact your doctor's office immediately if you have any of the symptoms below:
  - Fever over 101° F
  - Redness and/or swelling at the incision area or opening of incision area
  - Pus, bad smelling drainage, or pain at or around the incision area
  - Flu-like symptoms (chills, body ache, etc)

Dressings:

- Keep the dressing on your incision clean and dry.
- Change the dressing if your surgeon told you to, or if it gets wet or soiled.
- If you do change the dressings:
  - Wash your hands well with soap and water before touching the dressings.
  - Remove the dressing carefully. If you need to, soak some of the dressing with sterile water or saline to help loosen it. Do not use tap water.
  - Apply a new dressing the way your doctor or nurse showed you.

If you have Staples or Sutures in your Incision:

- Depending on your surgery type and how quickly your wounds heal, staples/sutures may be removed between 10-21 days after the date of surgery depending on your physician's recommendation.
- Please refer to your discharge summary for the exact time period when your wound check, staple/suture removal should take place.
- Keep the incision dry while staples/sutures are in place and 24 hours after they are taken out.
- Do not use cream, lotions, or ointments (including antibiotic ointment or cream) on the incision while sutures or staples are in.
- Do not clean the incision with anything unless your doctor told you to do so.
- Your primary care provider or home physical therapist/nurse may remove the sutures/staples if appropriate, or you may have them removed at the UC clinic.
- Steri-strips or butterfly strips may be placed after the removal of your staples or sutures. These should remain on until they fall off by themselves.

If you have Steri-strips:

- Steri-strips are small pieces of paper stitches that cover the incision and protect it. Under the steri-strips, the incision has been closed by dissolving sutures which do not need to be removed.
- If the steri-strip edges curl up over time, you can trim the edges off; otherwise they will fall off on their own. If the steri-strips are still on after 14 days, gently remove them.
- You may cover the Steri-strips with gauze and secure with medical tape. After the steri-strips have fallen off or are removed, you may leave the incision uncovered.

Skin Glue

- Skin glue appears white, dry, and crumbly. Sometimes it is brown and crumbly.
- The skin glue will gently break down and crumble off your skin, leaving it healed underneath.
- Cover the dressing with gauze and tape for 1 week after surgery. After 1 week, you may remove the dressing and leave the incision uncovered.
- Avoid getting skin glue wet for 7 days (unless instructed otherwise by your surgeon).
- Do not scrub off the skin glue.

Showering

- If you have staples or sutures:
  - Cover the dressing with Saran wrap or freezer bag.
  - Use medical tape to tightly secure the edges to prevent water entry. Medical tape can be purchased at any local drugstore (Walgreens, RiteAid, etc.).
  - Change the dressing immediately if it becomes wet.
  - You may get the incision wet 24 hours after the staples/sutures are removed.
- If you have Steri-strips, the incision can get wet 14 days after surgery.
- If you have skin glue, avoid getting it wet for 7 days by covering the site with the above Saran wrap or freezer bag method. After waiting the number of days instructed, you can shower and get the area wet.

Pets

- Do not allow pets to sleep with you until your wound is completely healed and the stitches/staples are removed.
- Do not allow pets to lick you or your wounds.
- Cover sofas or chairs with a clean sheet before sitting or lying on them.
- Wash your hands immediately with soap after touching your pet.

Contact your doctor immediately if any of the following happens

- Develop signs and symptoms of infection as indicated at the top of the previous page
  - Fever over 101° F
  - Redness and/or swelling at the incision area or opening of incision area
  - Pus, bad smelling drainage, or pain at or around the incision area
  - Flu-like symptoms (shaking, chills, body ache, etc)
- Incision opens
- Fluid drains from pin sites, drain site, or incision
- Severe or increasing pain that does not get better with rest
- New or increased numbness or weakness in arms, legs, or torso
- Difficulty speaking or swallowing, arm weakness, facial droop (Go to Emergency Room)
- Difficulty emptying your bladder or controlling your bowels
- Burning or pain on urination
- New shortness of breath/chest pain (Go to Emergency Room)

Pain

- It is normal to have some discomfort or pain at the surgical site during activity and at night for a few weeks after surgery.
- Using an icepack for 10 to 15 minutes may relieve pain at the surgical site.
- Take your pain medication as instructed by your doctor.
- Call your doctor's office if the pain gets worse or does not go away as expected.

Neurosurgery Pain Medication Policy

- We encourage and expect every patient who has been scheduled for surgery to have recently seen their primary care physician within 3 months of the surgery date.
- We will only prescribe pain medications and refills for our post-operative patients up to 3 months from the surgery date.
- We do not prescribe narcotic pain medications to patients who have not undergone surgery with us.
- Narcotic pain medications prior to surgery should be prescribed by either the patient's primary care physician or by a pain management doctor. Patients are to take these medications as ordered by the original prescriber.
- Patients are responsible to inform their physician about our pain management policy before the surgery is done. All other medications should be managed by the original prescriber.
- If a patient currently has a pain management physician, they will be referred back to them after surgery to optimize the post-operative pain management protocol.
- Pain medications cannot be ordered by multiple prescribers. This is not only our policy but also a Food & Drug Administration rule.
- For most pain medications (including Norco/Vicodin) U.S. law requires that a hard copy of the prescription is submitted to your pharmacy in order to be filled. Therefore, please call 7 days in advance for refills to ensure the script will arrive through the mail on time.

How Do I Contact my Health Care Team?

For any of these questions:

- Diagnostic test/scan results
- Appointment requests
- Medication refills
- Treatment questions
- Changes in insurance
- Non-urgent issues (please note MyChart is the fastest and easiest way to have all your questions answered).

During Business Hours	*After Hours*
Monday-Friday 8 a.m.-5 p.m	Nights 5 p.m.-8 a.m. Weekends, Holidays
Use MyChart OR call 415-353-2739	

For these concerns:

- Operative incision or closure site
- Medications or side effects/reactions
- Increased pain or discomfort
- Abnormal symptoms: Fever over 101° F, nausea/vomiting, diarrhea, constipation
- Redness, pain, swelling, and/or tenderness to calf, behind the knee, groin, or ankle
- If unsure about urgency of issue or request please call, rather than MyChart
- CALL 911 for any emergent symptoms

During Business Hours	*After Hours*
Monday-Friday 8 a.m.-5 p.m	Nights 5 p.m.-8 a.m. Weekends, Holidays
Call your surgeon's Patient Navigator (See atached contact list on page 23 for phone number) (You will be able to speak to OR expect a call back from an RN, Nurse Practitioner, or Physician Assistant within 24 hrs for non-urgent matters)	*Call the AFTER HRS LINE @* 1-(415)-353-7500 (You will be able to speak to an on-call physician) If you can't get through you can always call the main hospital number. 1-415-476-1000.

CALL 911 for any EMERGENT SYMPTOMS (for example: Shortness of breath, Chest pain, acute neurologic changes such as limb weakness, loss of bowel/bladder function)

Web Resources For Spine Patients

www.ucsfhealth.org/spine

www.spine-health.com

www.spineuniverse.com

www.spineuniversity.com

www.WebMD.com

Recordings on relaxation techniques before surgery are available @
www.healthjourneys.com

Patient Navigator Contact List

The contact number to your Surgeon's Patient Navigator can be found from the list below. Please contact them if you have any medical-related questions and/or concerns and they will forward your message to a clinical team member to assist you. You can also contact them if you have any questions regarding surgery and/or appointment scheduling. Our office is open from 8am-5pm. For non-urgent requests, please allow 24-48 hours for our office to respond. For a more convenient method of communication, you can log into your mychart account using this link: https://www.ucsfhealth.org/ucsfmychart/ to send us a message.

Dr. Christopher Ames	415-353-9360
Dr. Dean Chou	415-353-2365
Dr. Aaron Clark	415-353-3191
Dr. Sanjay Dhall	415-353-2874
Dr. Praveen Mummaneni	415-353-2547
Dr. Philip Weinstein	415-353-3191