

NEUROSURGICAL ASSOCIATES OF SAN ANTONIO, P.A.

Robert G. Johnson, M.D.

SPINAL SURGERY

The goal of your spinal surgery is to relieve the pressure on your spinal cord or the nerves that run from your spinal cord through openings between the lumbar vertebrae. These nerves travel through openings between the lumbar vertebrae. The nerves also travel to your legs and feet and control the way you move and feel sensations. Between your vertebrae are intervertebral discs. These are like shock absorbers or cushions. They let you bend and twist your spine. A disc is made of a tough outer ring and a spongy center.

Back and leg pain can be due to a spinal nerve being pinched by: a herniated (“slipped”) disc or changes in the shape of vertebrae (osteoarthritis or spinal stenosis.) A herniated disc means the center of a disc has bulged or “slipped” through the disc’s outer layer and is pressing against a nerve. The pain can be severe. It can spread to your buttocks and legs and keep you from working and/or doing things you enjoy. Over time, bones may become rough and wear down. This is called osteoarthritis. It can change the size and shape of vertebrae. It may cause the openings of the spinal nerves to narrow and the nerve roots may be pinched. This can cause pain in the back, hips or legs.

Surgery may be needed to relieve the pressure on the nerves by removing bone, and/or damaged disc material. If the disc is badly damaged it may need to be removed. If that happens, Dr. Johnson will recommend a spinal fusion.

This involves removing the damaged disc, and using some of your bone to act as “cement” that fuses your vertebrae together. The small amount of soft bone is taken from the surface of the back of your pelvic bone, usually through the same incision. Over time this bone hardens just like cement and will hold the vertebrae in place. This area can feel sore and bruised until it heals. The bone is usually packed along the back sides of the vertebrae that need to be fused. Because the bone graft may take a number of months to become solid, extra support is needed during that time. Dr. Johnson will use a system of titanium screws, plates and/or rods to support your spine until your fusion is solid. Sometimes cages (“spacers”) are placed in between the vertebrae to add extra support.

Your fusion can take 12 to 15 months to become solid depending on how many discs are damaged. Once the bone graft is solid, it is stronger than the metal, but Dr. Johnson usually recommends that the metal not be removed.

One vertical incision will be made in the middle of your back. Dr. Johnson will lift the muscles that run along the side of your spine, so that he can perform the operation. This area can feel sore and weak after your surgery, and you may experience muscle spasms. Because these muscles will be weak, Dr. Johnson does not want you to bend, stoop or twist. You should not lift anything heavier than a full gallon of milk until he tells you otherwise. He will use x-rays to see how well the fusion is healing. He will see you every 2 to 3 months after the surgery to examine you and obtain x-rays.

This surgery is performed to “open up” the area that is pinching the nerves, and to stabilize your spine. This will allow the nerves to heal. The surgeons cannot “fix” the nerves. It is up to your body to heal itself. The surgery can not make your back “better than new.” If the nerves have been pinched and trapped for a long time, the nerves may take a very long time to heal (up to 18 months), and they may not heal completely. There is no way of knowing how well your nerves will heal, we just have to wait and see. You should however, have a significant decrease in the pain and numbness that you had before surgery as the nerves begin to heal. Anything that decreases the blood supply to your nerves and the graft site can delay and/or prevent healing. This may necessitate further surgery. Smoking, diabetes, heart and lung disease, and obesity can decrease the blood supply to the fusion.

As the bone graft begins to fuse, Dr. Johnson will let you increase your activity slowly. He usually recommends a course of physical therapy to begin after your first x-ray. The therapy is used to increase muscle strength, and to teach you how to stretch and keep your back muscles strong for the rest of your life. Because the vertebrae that are fused will not be flexible, the discs around it will be used more and are at greater risk for injury. It is important for you to take care of your back and to not bend and lift anything heavy, for the rest of your life. Keeping your weight down will also help. The heavier you are, the more your back has to carry. Metal detectors are sensitive to the titanium and the instrumentation may cause them to go off at airports and government buildings. We will give you a card to carry in your wallet that states what and where the metal is implanted.

If you have any questions, please do not hesitate to call our office.

**Neurosurgical Associates of San Antonio PA
Dr. Robert Johnson**

PREPARING FOR SURGERY

- 1. Arrive to the Hospital 2-3 hours before your surgical time. If your surgery is at 7:30am you need to report to hospital at 4:30 am. Report to the Admitting office.**

*You may also pre-register with the hospital. (Southwest Texas Methodist Hospital 7700 Floyd Curl Drive *575-4000)*

- 2. Nothing to eat or drink after midnight the night before surgery (NPO) or 8hr.**

Remember to wash with the Hibiclens soap or Dial antibacterial soap the night before and the morning of your surgery.

However if you take medication for other medical conditions please take your medication that morning with a small sip of water. Please discuss this with your surgeon or nurse before taking any medication.

- 3. Two weeks before surgery you need to have a pre-surgical evaluation. This includes: blood analysis, urine sample, EKG and chest x-ray. *You will need medical clearance from your family physician or one will be assigned.***
- 4. You may need to donate your own blood if so please contact South Texas Blood and Tissue Center Ph: 210-731-5555 or 1-800-345-4967 and arrange a time to donate 7-10 days before your surgery date.**
- 5. Any further questions please contact the nurse (RN) 614-2453 or 477-5714.**

**NEUROSURGICAL ASSOCIATES OF
SAN ANTONIO, P.A.
Robert G. Johnson, M.D.**

PREPARING FOR SPINAL SURGERY

CLEARANCE FOR SURGERY:

Your blood work, chest x-ray, and EKG will be ordered before you enter the hospital. We will arrange for you to have this done either in this building or depending on where your surgery will be scheduled. We may request that you return to your primary care physician for the testing and to receive a pre-operative clearance prior to surgery.

MEDICATION BEFORE SURGERY:

You will need to be off all "blood thinning" medicines prior to surgery (Plavix, Coumadin, Ibuprofen, Aspirin, Vitamin E.) Please let us know if you are taking any of these medications. We also advise that you stop all dietary supplements such as Ginkoba, etc.

BLOOD DONATION:

You may opt to donate your own blood to have on hand during your surgery. If this is something you wish to do, we will arrange it for you. We do ask that you begin taking a multiple vitamin with iron as soon as possible if you are not already.

SHOWER BEFORE SURGERY:

We ask that you shower the night before and the morning of your surgery with an antibacterial soap. Hibiclens is a very good over the counter skin cleanser. You can purchase a 4 oz. bottle at your drug store. Dial antibacterial soap is another option. These products are to be used to gently cleanse the surgical area for about 3-5 minutes. No heavy scrubbing is necessary.

DAY BEFORE SURGERY:

DO NOT EAT OR DRINK ANYTHING FOR 8 HOURS PRIOR TO SURGERY~

If you have any questions about which routine medicines you should or should not take, please call to speak to the nurse.

Be sure to list all of the medications you are currently taking for the admitting nurse. Do not bring your medicines to the hospital. . .they will be sent home.

If your surgery is scheduled at Methodist Hospital, you will report to the Same day Surgery unit on the floor approximately 2-3 hours before surgery. The nurses will admit you, and prepare you for your surgery. Approximately one hour prior to your surgery, you will be taken by stretcher to the Surgery Holding Area. Usually 2 family members can accompany you. Dr. Johnson and the anesthesiologist will review the procedure, discuss anesthesia and answer any questions. An IV will be started at this time for dispensing fluids, antibiotics, or any other medications needed.

Once you are taken to the surgical area, your family will be directed to a family waiting room near the area. They will be notified when the surgery is complete.

AFTER- SURGERY:

You will be in the recovery room for approximately 1 1/2 to 2 hours. The nurses will be monitoring your vital signs, and checking dressings for any bleeding. The nurses will give you pain medication as ordered by Dr. Johnson. When the nurses feel you are ready, you will be transferred to your room.

Once in your room, the nurses will continue to monitor your vital signs, strengths and motor functions, and check your dressings or wounds for bleeding or swelling.

After surgery it is not unusual have mild throat irritation. You may request throat lozenges to help decrease discomfort.

Following spinal surgery, your incision will be tender, but most of your pain will be felt in your low back, buttocks, legs and feet. The pain may be in a different place than it was before surgery, and often times your “bad” leg will feel fine, and it is your “good” leg that hurts when you wake up. This is very common.

At first, the pain medication that Dr. Johnson orders will be given by IV or injection. Most patients are given medication through a PCA machine (Patient Controlled Analgesia.) With PCA, the medication is sent through an IV line at the push of a button, which the patient controls. To provide a steady level of pain relief, only you should push the button. For your safety, the pumps have special features to limit the amount of medication you receive. Once you are taking liquids, you will begin taking pain pills and taken off the PCA.

Dr. Johnson will instruct the Nurses and Physical Therapists to begin assisting you to walk very soon after surgery. This process begins slowly and they will increase the amount you walk as you gain strength. This reduces some risks of surgery, such as blood clots and pneumonia. **BE SURE TO CALL FOR ASSISTANCE WHEN GETTING OUT OF BED.**

You may shower 2-3 days after surgery. The nurses will assist you. Your incision will be covered with waterproof dressings.

Dr. Johnson will order a back brace for you. Most patients find the brace fairly comfortable and it helps to support your back muscles, especially when walking or for exercises. You do not need to wear it to sleep or just to go to the bathroom.

You will be discharged from the hospital approximately 4-6 days after surgery, depending on the procedure. Some patients are transferred to an in-patient rehabilitation facility depending on their needs. RIOSA and Warm Springs Hospital very good rehab facilities in the Medical Center area. It is well documented that smoking significantly delays the healing of the fusion, and also increases your risk of wound infection. It is in your best interest to quit. If you have difficulty, please let us know. We will be happy to discuss this with you and possibly prescribe treatments that are very helpful.

RECOVERY AT HOME:

PAIN MANAGEMENT:

Dr. Johnson (or the Doctor covering for him) will prescribe pain pills for you to take once you leave the hospital. Sometimes, a muscle relaxer and sleeping pills are also prescribed if needed. We feel that that by taking the pain pills on a regular basis, (rather than when the pain gets bad,) you will be more comfortable.

You can set your alarm to take the pills every 4-6 hours for the first couple of weeks. In order for you to heal, you have to walk, sleep and eat well. If you are hurting, you unable to do one or more of these activities, and it actually takes you longer to heal.

PLEASE CALL YOUR PHARMACY AHEAD OF TIME FOR REFILLS do not wait until you are out. Your pharmacy will call us for a refill approval. Allow at least 24 hours for processing. **No medications will be refilled on the weekends or after hours.**

Our hope is that you will eventually be weaned off all pain medications, but everybody does this at their own speed. The nurses monitor the amount of medication each patient takes. Our concern is for your comfort, health and safety. If we feel that we are unable to manage your pain effectively, or if you need to be treated for chronic (long term) pain, we will refer you to a Pain Management Specialist who handles these issues.

WOUND CARE:

Before your surgery day, you should purchase: 4x4 gauze pads (they don't have to be sterile); paper tape, waterproof adhesive tape. Once you are home, you will need to change the dressing every day at least once, preferably after you shower, or more often if the incision is draining. It is best to keep the area

as dry as possible. The light gauze dressing allows air to get to the incision which helps with healing.

Please cover the incision when showering for the first week. You can cut a rectangular piece of plastic from a "zip-loc" bag, place over the incision and seal the edges with waterproof adhesive tape. If the incision gets a little wet, just pat it dry and cover with the gauze dressing. After 1 week, you may shower without any covering, letting the soapy water run over the incision. Pat it dry, and cover with the gauze. **Call the office to report any redness, swelling, bleeding or pus from your wound, or for a fever.**

NUTRITION:

Be sure to eat a well balanced diet. Protein promotes wound healing. Pain medication and decreased activity can cause constipation. Drink 8-10 glasses of water a day, eat fresh fruits and vegetables, and add prunes, raisins and bran cereals to your diet if you do become constipated. A stool softener taken 1-2 times a day is helpful. You can use over-the-counter laxatives, such as Senekot, or Milk of Magnesia. Dulcolax suppositories or Fleets enemas are also available without a prescription. Call our office if the problem continues.

ACTIVITY AND EXERCISE:

We recommend that you avoid riding in a car for the first two weeks until you come to the office to have your staples removed. Start taking short, frequent walks in the beginning. Shorter, more frequent walks throughout the day are more beneficial than one long walk each day. You may gradually increase the distance as tolerated. Your back brace will help give support to your muscles when you walk. If your pain increases, you may be walking too much or too far, so try backing off for a day or two and then resume slowly. No lifting greater than 5 lbs. No pushing, pulling or overhead work. No baths, swimming or hot tubs until you discuss this with Dr. Johnson or Lina.

Please call the office after you get home from the hospital to schedule your two-week appointment to have your staples removed. Feel free to call the office during office hours for any questions you may have.

DISCHARGE INSTRUCTIONS

ROBERT G. JOHNSON, M.D.

PAIN MANAGEMENT:

Dr. Johnson (or the Doctor covering for him) will prescribe pain pills for you to take once you leave the hospital. Sometimes, a muscle relaxer and sleeping pills are also prescribed if needed. We feel that by taking the pain pills on a regular basis, (rather than when the pain gets bad,) you will be more comfortable.

You can set you alarm to take the pills every 4-6 hours for the first couple of weeks. In order for you to heal, you have to walk, sleep and eat well. If you are hurting, you will be unable to do one or more of these activities, and it actually takes you longer to heal.

PLEASE CALL YOUR PHARMACY AHEAD OF TIME FOR REFILLS. Do not wait until you are out. Your pharmacy will call us for a refill approval. Allow at least 48 hours for processing. **No medications will be refilled on the weekends or after hours.**

Our hope is that you will eventually be weaned off all pain medications, but everybody does this at their own speed. The nurses monitor the amount of medication each patient takes. Our concern is for your comfort, health and safety. If we feel that we are unable to manage you pain effectively, or if you need to be treated for chronic (long term) pain, we will refer you to a Pain Management Specialist who handles these issues.

WOUND CARE:

Before you surgery date, you should purchase: 4x4 gauze pads (they don't have to be sterile); paper tape, and water proof adhesive tape. Once you are home, you will need to change the dressing every day at least once, preferably after you shower, or more often if the incision is draining. It is best to keep the area as dry as possible. The light gauze dressing allows air to get to the incision, which helps with healing.

Please cover the incision when showering for the first week after surgery. You can cut a rectangular piece of plastic from a "zip-lock" bag, place over the incision and seal the edges with waterproof adhesive tape. If the incision gets a little wet, just pat it dry and cover with the gauze dressing. After 1 week, you may shower without any covering, letting the soapy water run over the incision. Pat it dry, and cover with the gauze. **Call the office to report any redness, swelling, bleeding or pus from your wound, or for a fever.**

NUTRITION:

Most patients have little or no appetite when they come home from the hospital. This will improve with time. Initially, small, frequent meals are usually easier to tolerate. Try to eat a well balanced diet. Protein promotes wound healing. Gaining weight means there is more for your back to carry! Try to avoid foods high in fat and sugar to prevent weight gain.

Pain medication and decreased activity can cause constipation. Drink 8-10 glasses of water a day, eat fresh fruits and vegetables, and add prunes, raisins and bran cereals to your diet if you do become constipated. A stool softener taken 1-2 times a day is helpful. **You can use over-the-counter laxatives, such as Senekot, or Milk of Magnesia. Dulcolax suppositories or Fleets enemas are also available without a prescription. Call our office if the problem continues.**

ACTIVITY AND EXERCISE:

We recommend that you avoid riding in a car for the first two weeks until you come to the office to have your stapes removed. Start taking short, frequent walks in the beginning. Shorter, more frequent walks throughout the day are more beneficial than one long walk each day. You may gradually increase the distance as tolerated. If your pain increases, you may be walking too much or too far, so try backing off for a day or two and then resume slowly. Your back brace will help give support to your muscles when you walk, however it is not necessary to wear it when you are resting or just getting up to go to the

bathroom. No lifting greater than 5 lbs until you are told otherwise. No pushing, pulling or overhead work. Avoid bending, stooping or twisting. No baths, swimming or hot tubs until you discuss this with Dr. Johnson or Lina. Please call Lina after you get home from the hospital to schedule your two-week appointment to have your staples or sutures removed. Feel free to call the office during office hours for any questions you may have.