

PROCEDURE: _____

PROCEDURE DATE: _____

You have decided to have surgery with Dr. Joshua Herzog. If you have any questions regarding your surgery, please feel free to call Dr. Herzog's team at the number above.

Surgery FYI:

Your surgery will be at:

Johnston Willis Hospital

1401 Johnston Willis Drive, Richmond, VA 23235

- The hospital will call you to schedule a date and time for pre-admission testing. This testing includes pre-op physical, blood work, and other necessary labs.
- **Please call (804)483-6112 between 4:30 PM and 6:00 PM the business day before your surgery for arrival time to the hospital.** If your surgery is on a Monday, then you must call the Friday before your surgery.
- Our office will be contacting your insurance company to obtain any necessary pre-authorization.
- If you see a pain management physician, we will need their name and contact information so we can work with them to come up with the best plan for your post-op pain management.

Prior to Surgery:

1. Seven (7) days prior to surgery you must stop taking ALL anti-inflammatory medications and Aspirin containing products. This includes but is not limited to Coumadin, Advil, Motrin, Celebrex, Meloxicam, Diclofenac, Naprosyn, Ibuprofen and Aspirin. You may take Tylenol. You will be instructed otherwise if this is different for you.
2. Wear comfortable clothing and leave your valuables at home.
3. You will need someone to take you to and from the hospital.
4. If you are diabetic, your Hemoglobin A1C must be 8.0 or below.

****If at any time you would like us to speak to a friend or family member, you must ensure they are listed on your HIPAA form at our front desk****

Surgical Clearance:

- If you have a cardiac condition or cardiac history, you will require cardiac clearance prior to having surgery with Dr. Herzog. To do this, you will need to contact your Cardiologist and set an appointment requesting cardiac clearance for surgery. This includes but is not limited to one or all the following: chest pain, shortness of breath, shortness of breath with exertion, difficulty breathing at night, history of heart surgery, or any arrhythmias.
- If clearance is required and not obtained ONE WEEK prior to your surgery, your surgery will be cancelled or rescheduled.
- If you are getting your preoperative admissions testing done and the nurse or the physician tell you that you need additional clearance by cardiac/pulmonary/kidney etc. doctor, this MUST be done.
- If you take any blood thinners, you will have to stop them 7 days prior to surgery and may be required to remain off them for up to a week after your surgery. You will require a letter from the prescribing provider that states you may discontinue your blood thinners for this amount of time. If you take any blood thinners in the 7 days prior to surgery, your surgery WILL be rescheduled.
- Please fax any clearance received from an outside physician to (804)794-3528 and be sure to notify us that you have received the required clearance.

Post-Op:

- You will have a post-op appointment scheduled prior to your discharge from the hospital. The post-op appointment is scheduled for 2 weeks after surgery. The first post-op appointment is typically at our Johnston Willis office with William Bader, PA-C.
- You may require a refill of your pain medications prior to your scheduled post-op appointment. Please call the office before 3:00 PM so that we can respond prior to close of business. All pain medication prescriptions will be sent electronically to your pharmacy. We no longer provide hard copy prescriptions.
- It is rare that we order physical therapy in the initial post-op period. The need for therapy is assessed as you are seen during your post-op course at your office visits.

Spine Surgery Post-Op Guidelines:

Please review this diagnosis and treatment options at:

<https://orthoinfo.aaos.org/>

<http://knowyourback.org>

These are online sources provided by the American Academy of Orthopedic Surgery and the North American Spine Society. Dr. Herzog is an active member of both societies and they keep up to date patient information that is easily accessible to you.

Medications:

- You may be given a prescription for medication upon discharge from the hospital. Please follow the instructions for administration closely. If you are taking antibiotics, take them until the bottle is finished. **NO NARCOTIC REFILLS WILL BE GIVEN OVER THE WEEKEND OR AFTER CLOSE OF BUSINESS ON WEEKDAYS. IF YOU REQUIRE A REFILL FOR THE WEEKEND, YOU MUST CONTACT THE OFFICE BY NOON ON THURSDAY.**
- Remember, do not take aspirin or certain arthritis medications (NSAIDs) for at least three months after all fusion surgeries as these medications can delay the healing of bone. These include Motrin, Aleve, Ibuprofen, Advil, Naprosyn, Lodine, Relafen, Mobic and several others. If you take Celebrex, you may be able to resume it sooner if your surgeon clears you to do so. It is okay to take Tylenol unless your primary care provider or another physician does not allow you to do so.

Incision Care:

- Check your incision daily for the first two weeks for any signs of infection. These signs include increased warmth or redness to the area, swelling, drainage or unexplained increasing pain at the incision site. A small amount of reddish-brown drainage is not unusual for the first few days post-op. Please report any other type or amount of drainage to our office. You must keep the incision dry until 5 days post-operatively. Until then, cover the area while showering. After 5 days, gently wash the incision daily with warm water and mild soap. Please remove the dressing before showering.
- You may change the gauze dressing the day after you return home. The dressing may be discontinued 24 hours after the incision stops draining or spotting. If you have staples, they will be removed at your post-op appointment. If you have steri-strips, they should be kept on the incision until 14 days following surgery. If you have a clear, mesh tape over the incision, it will come off on its own about 2 weeks after surgery. Remember to gently dry the incision area after showering. It is common for the edges of the strips and clear mesh to loosen and curl. You may clip the frayed edges but leave the strips or clear mesh in place. Do not apply cream or ointment to the incision.

Pain Expectations:

After a lumbar (low back) fusion, you may continue to have some degree of occasional low back and/or leg pain for 3-6 months with gradual resolution. After cervical (neck) surgery, you will have predictable muscle pain for up to 6 weeks post-operatively. A sore throat and hoarseness often occur after intubation for anesthesia. Some may experience difficulty swallowing. After all surgeries, inflammation is a natural process. Please know that we can take the “edge” off your pain, but we may not be able to stop ALL your pain. You should be encouraged by the “good” days and by the “bad” days getting further apart.

Remember to Call if:

- You have increased drainage and/or odor from your wound.
- You have increased redness/swelling at the incision site or unexplained incisional pain.
- You have a fever greater than 101°F.
- You have new or unfamiliar pain or weakness in the arms or legs.
- You have difficulty with urination or bowel movements, pain, or numbness in the rectal, vaginal, or scrotal area.

If you are experiencing any of the above problems after 5:00 PM weeknights, or on weekends, call the OrthoVirginia On-Call Center at (804)915-1910. Please contact or come to Johnston Willis Emergency Department for urgent issues. All life-threatening emergencies, please call 911.

Pain Medications:

- Dr. Herzog will write for pain medication after the initial surgical procedure for the recovery phase of your surgery. Your primary care physician (PCP) will continue to prescribe your routine daily medications for your high blood pressure, diabetes, cholesterol and so forth.
- All narcotic pain medications have side effects which include: constipation, diarrhea, gastric distress, liver and kidney problems, urinary retention, drowsiness, tolerance, addiction, sleep changes, risk to unborn children, skin reactions, changes in appetite, difficulty with coordination and concentration, and may alter libido. Combination with other drugs, such as your routine daily medication or alcohol, can cause drug interactions leading to breathing and other serious problems. Thus, it is extremely important for us to know about all the medications you are taking (prescription, over the counter, vitamins, herbs, and supplements, recreational). We prescribe with your safety in mind.
- You must call the office in advance before you run out of pain medication. Please call before 3:00 PM Monday through Friday. Any narcotic pain medication refills needed for the weekend must be requested by noon on Friday. Timing is crucial-you must plan to receive your pain medication in a timely manner. Remember to ask for refills at your office visits.
- **No pain medication refills will be written over the weekends, holidays or after regular office hours.**
- Medications must be taken only as prescribed. For example, you should not take two tablets if one is ordered because first and foremost, it is unsafe to do so; and second, you may be denied refills if you exceed the recommended dose prescribed.
- After surgery, you will be given a supply of pain medication based on the type of surgery you had or per certain physician guidelines.
- If you require pain medication beyond the normal postoperative recovery period, which is typically 6-12 weeks, we may suggest you enroll in a pain center, or if you were on narcotic-type medications long-term pre-op, we will refer you back to the healthcare provider that was prescribing the medication.
- **Reminder: we are not able to write for any pain medication after the typical three-to four-month healing period.**
- Any altering of a prescription may be reported to all physicians caring for you because it is against the law and violates the relationship with your provider.
- Pain medication will only be prescribed by one physician's office. We received periodic reports from Controlled Substance Programs and pharmacies informing us about the number of providers prescribing the same or similar drugs to the same patient. Thus, we must know if other providers are prescribing pain medication for you because we prescribe with your safety in mind.
- Every patient is evaluated on an individual basis according to their disease, surgical procedure, overall treatment plan, degree of treatment side effects and pain tolerance.

General Information:

- For all patients, walking around your home is encouraged. You may walk up and down stairs. No special exercises are necessary for the first 6 weeks post-op, unless otherwise indicated. No prescriptions for physical therapy will be given during this time.
- Do not do heavy housework such as bed-making, vacuuming or laundry for the first 6 weeks. You may cook as long as you are not lifting more than 10 pounds.

- No bending, lifting, twisting, pulling, or pushing more than 10 pounds for the first 6 weeks post-op if you have had a discectomy or laminectomy. For lumbar spinal fusion patients, avoid extreme bending or twisting from the waist for 3 months after surgery.
- **Do not drive until after we have seen you at your first post-op visit, unless otherwise approved.** After this time, please refrain from driving if any of your medications impair your ability to drive. Riding in the car or taking public transportation is okay.
- Unless otherwise advised, you may sleep in any position you wish.
- With the use of narcotic/opiate pain medication, constipation is common. An increased intake of water, 6 to 8 glasses per day, will increase the ease of bowel movements. Increasing your intake of fiber with a daily supplement such as Metamucil is often helpful.

Spinal Fusion:

- If you have had spinal fusion, wait until after the first post-op visit or 6 weeks before having sexual intercourse. Otherwise, you may resume normal activity after 2 weeks.
- Spinal fusion patients cannot smoke for 6 months after surgery. This includes avoidance of smokeless tobacco, nicotine patches, nicotine gum and vapes with nicotine. Patients must also avoid exposure to smoke from other smokers. The chance of you fusion not healing is as high as 65% with exposure to nicotine. Please discuss smoking cessation with your primary care provider.

Discectomy:

- For lumbar (low back) discectomy/laminectomy patients, try to avoid sitting longer than 15-30 minutes during a 2-hour period and shorten those periods if soreness develops. (You will not cause damage if you sit for longer than 15-30 minutes-this recommendation is to help with comfort). This soreness is generally muscular in origin and can often be helped with alternating position or local application of heat or ice.

Follow Up Appointments:

- Unless otherwise indicated, your first post-op appointment will be approximately 2 weeks following your surgery. All initial post-op appointments are scheduled with William Bader, PA-C. Please call our office at (804)915-1910 if you have questions regarding your appointment.