

# THE AMERICAN CENTER FOR SPINE & NEUROSURGERY

Excellence in Minimally Invasive Care



712 S. Milwaukee Avenue  
Libertyville, IL 60048  
P: 847.362.1848  
F: 847.362.3351

## **All Surgery Pre-Ops:**

Preoperatively patients should avoid eating or drinking from midnight the night before surgery until the time of surgery. Routine daily medications may be taken with a sip of water only for hypertension and diabetes. Any food or drinks of more than a sip and surgery will be cancelled. Patients should avoid taking Coumadin, Plavix, Aspirin or anti-inflammatories such as Motrin, Naprosyn, Relafen, Voltaren, Aleve, Daypro and Mobic for 7-10 days prior to surgery. These medications will be helpful after surgery, but should not be used for 6 weeks with a Cervical Fusion and 12 weeks with a Lumbar Fusion. They can be used immediately after other surgeries. Tylenol, Celebrex and Vicodin are all ok. Please remember to bring MRI films with you to surgery.

## **Laminectomy and Microdiscectomy:**

Risks and benefits of lumbar laminectomies, hemi-laminectomies and microdiscectomies include numbness, weakness, paralysis, paresthesias, bowel and bladder problems such as incontinence, hemorrhage requiring transfusion, or local hematoma requiring reoperation. There is also a chance of infection or cerebral spinal fluid leak. All of these complications are unlikely to happen and do so at a rate of less than 1%. The chance of being better after surgery is over 90%. The chance of being worse is less than 1%. The chance of being about the same is up to 5%. As we do not remove the entire disk, there is a chance of re-herniation that may occur soon after surgery or 10 years later. The chance of this occurring is 5% over 10 years. Most patients feel relief of leg pain immediately after surgery; however, in 10% of cases the pain may be worse for 2-3 weeks after surgery due to swelling and inflammation.

## **Lumbar Fusion:**

Risk and benefits are the same as above, as well as failure to fuse and hardware breakage. Patients having a lumbar fusion should wear the brace when up and walking more than ten yards. They do not need to wear the brace when driving in a car or sitting around. The brace is not needed to walk to the bathroom. Activity is encouraged and long walks with the brace are recommended. Stairmaster, treadmill, elliptical machine, bicycling and swimming are all good options. The brace should be worn when up and exercising with the exception of swimming. The chance of being better after surgery is over 90%. The chance of being worse is less than 1%. The chance of being about the same is up to 5%. Various studies suggest that the risk of adjacent level arthritis after a fusion is 10% greater than the average population over 10-20 years. Most people, however, do very well.

## **Cervical Surgery:**

For cervical discectomies and fusions the chance of numbness, weakness or paralysis is far less than 1%. The chance of hoarseness of voice is less than 5% and the chance of some difficulty swallowing in the short term is 20% and in the long term less than 1%. Most patients notice significant improvement in radicular arm pain immediately after surgery as well as resolution of weakness fairly quickly. Numbness and paresthesias tend to resolve more slowly over several months. The most common complaint patients have for the first several weeks after surgery is stiffness in the back of the neck, between the shoulder blades, and along the trapezius muscle. This tends to improve with anti-inflammatories and muscle relaxants and usually resolves over a few weeks. The chance of being better after surgery is over 90%. The chance of being worse is less than 1%. The chance of being about the same is up to 5%. Various studies suggest that the risk of adjacent level arthritis after a fusion is 10% greater than the average population over 10-20 years. Most people, however, do very well. Patients also may notice the sensation that something is in their throat when they swallow due to the mobilization of the esophagus during surgery and the position of the anterior cervical plate. This tends to improve over several weeks. Regular diet is usually fine.

## **All Surgery Post Ops:**

Postoperatively, patients may drive and walk up and down stairs immediately. The more active you are, the better it is for your recovery. The main limitation is no running, jumping or lifting more than 45-pounds for six weeks after most surgeries and for 3 months after lumbar fusions. Excessive bending and twisting as used in golf and tennis should be avoided during this time as well. Swimming is allowed after 5 days. The wound is closed in such a manner that it can be wet within 48-hours of the surgical procedure. Postoperative radicular pain tends to improve very quickly as does weakness. Numbness and paresthesias tend to linger for several months.