



PRE-SURGERY INSTRUCTIONS

COVID symptoms. If you arrive to the surgery center with symptoms and do not have proof of a **NEGATIVE (-) test result, your surgery will be cancelled. _____ Initial**

Prior to your surgery, please be sure to complete the following:

- CASS** Pre-Procedure Medical History and Medication Reconciliation Forms
- Current Medications/Vitamins:** Review list provided on Pages 2 & 3 and follow all guidelines.
- Bloodwork** must be completed within 30 days of your surgery.
These include: Complete Blood Count (**CBC**), Basic Metabolic Panel (**BMP**) and Prothrombin Time (**PT/INR**) which will measure how long it takes your blood to clot.
We will provide you with the order for the bloodwork at your Pre-Operative Appointment.
- EKG** – **If you are over the age of 70 OR have had any heart related issues in the past**, you will be required to have an EKG. We recommend contacting your Primary Care Physician to see if they can perform this test in their office. This test is required to have been completed within 90 days of your surgery.
- Medications:** Dr. Prada may prescribe medications for pre- & post- surgery:
 - **Mobic or Celebrex** which is an anti-inflammatory – TAKE FOR 30 DAYS
The morning the day before surgery: Take 1 tablet in the morning.
The day of surgery: Take as prescribed following surgery.
 - **Gabapentin** is used to reduce nerve pain.
The night before surgery: Take 1 tablet before bed.
The day of surgery: Take as prescribed following surgery.
 - **Prescription Pain Medication: Percocet/Tramadol** Take as needed following your surgery as prescribed.
- Cervical OR Lumbar brace: We will provide you with the necessary brace following your procedure.

DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT ON THE NIGHT BEFORE YOUR SURGERY

AND

PLEASE ARRIVE ON TIME TO THE SURGERY CENTER.

My signature is proof that I have read and understand that failing to follow the above guidelines will cause a delay in my treatment due to surgery cancellation.

PATIENT/GUARDIAN SIGNATURE _____ DATE: _____



SEVEN-DAY MEDICATION HOLD LIST

Please keep a copy for your records and reference

**DISCONTINUE THE BELOW MEDICATIONS 7 DAYS PRIOR TO SURGERY
OR AS DIRECTED BY YOUR ORDERING PHYSICIAN**

Advil	Daypro	Ketoprofen	Ponstel
Aggrenox	Diclofenac	Ketorolac	Prevacid NapraPAC
Aleve	Disalcid	Lodine	Relafen
Alka-Seltzer	Doan's	Lovaza	Robaxisal
Amigesic	Dolobid	Magan	Roxipirin
Anacin (All Products)	Easprin	Magnaprin	Salflex
Anaflex	Ecotrin 81	Marthritic	Salsalate
Anaprox	Empirin	Meclofenamate	Sine-Aid IB
Ansaid	Endodan	Maclomen	Sodium Salicylate
Apo-ASEN	Entrophen	Medipren	Soma Compound
Arco Pain Tablet	Equagesic	Mefenamic acid	St. Joseph Aspirin
Argeric	Es Anacin	Midol	Sulindac
Arthropan	Etodolac	Mobiflex	Suprofen
Arthrotec	Excedrin (All Products)	Momentum	Suprol
Ascriptin	Feldene	Mono-Gesic	Surgam
Aspergum	Fenoprofen	Motrin	Synalgos-DC
Aspirin (All Products)	Fiorinal	Nabumetone	Tandearil
Aspir-Low	Flector Patch	Nalfon	Talwin Compound
Aspirtab	Floctafenine	Naprelan	Tenoxicam
Bayer (All Products)	Flurbiprofen	Naprosyn	Tiaprofenic acid
Buffex	Glucosamine	Naproxen	Tolectin
Bufferin (All Products)	Goody's	Norgesic Forte	Tolmetin
Butalbital Compound	Halfprin	Nuprin Ocuville	Toradol
Butazolidin	Helidac	Oruvall Orudis	Tricosal
Cama Arthritis	Ibuprofen	Oxaprozin	Trillisate
Carisoprodol Compound	Indocin	Pamperin-IB	Vanquish
Cataflam	Indomethacin	Pepto-Bismol	Vicoprofen
Clinoril	Instantine		Voltaren
Combunox	Kaopectate		Zorpin
Cope	Kava		Vitamins & Supplements

****ALL VITAMINS & SUPPLEMENTS MUST BE STOPPED 7 DAYS PRIOR TO SURGERY****

My signature is proof that I understand that continuing to take any of the medications listed may result in postponement of my surgery and agree that I will not take any of these medications, vitamins or supplements for the time specified.

PATIENT/GUARDIAN SIGNATURE _____ DATE: _____



PLEASE SEE THE ORDERING PHYSICIAN IF YOU HAVE BEEN PRESCRIBED ANY OF THE FOLLOWING MEDICATIONS

DO NOT DISCONTINUE THESE MEDICATIONS WITHOUT APPROVAL FROM YOUR PRESCRIBING PHYSICIAN:

Aggrenox	Innohep (Tinzaparin)
Arixtra (Fondaparinux)	Lovenox (Enoxaparin)
Aspirin (When Prescribed by Physician)	Plavix (Clopidogrel)
Brilinta (Ticagrelor)	Pletal (Cilostazol)
Coumadin (Warfarin)	Pradexa (Dabigatran Etexilate)
Eliquis (Apixaban)	Xarelto (Rivaroxaban)
Fragmin (Dalteparin)	

The above medications are blood thinners and should not be stopped without the direct approval from your prescribing physician. 360 Ortho and Spine will require a copy of the authorization from your doctor, as well as cardiac clearance to proceed.

IF YOU ARE DIABETIC:

Prior to surgery, you should contact the physician who is currently treating your diabetes. As a result of steroid medications used during surgery, as well as the stress of surgery itself, it is common for patients to experience an elevated blood sugar level. If you are on insulin, you should discuss how to treat the rise in blood sugar, should this occur, with your physician. It is possible that you may need to check your blood sugar more frequently and administer additional insulin as needed. Upon release from 360 Ortho and Spine, we recommend that you follow your physician’s regular instructions. It is always a good idea to monitor your dietary intake to maintain healthy blood sugar levels.

Upon receiving written authorization(s) from your treating physicians, for any health-related issue, 360 Ortho and Spine will advise you of your exact surgery date.

My signature is proof that I have read and understand that I am required to receive clearance from my prescribing physicians before stopping any medications and that my surgery may be postponed if I do not follow the instructions provided.

PATIENT/GUARDIAN SIGNATURE _____ DATE: _____



Care Partner and Distance Agreement

Please keep a copy for your records and reference

CARE PARTNER:

360 Ortho and Spine requires you to have a Care Partner in attendance upon arrival to the facility for any surgical procedure(s). Your Care Partner must be a minimum age of 18 years old and have the ability to accompany and assist you, the patient, throughout the surgery and post-operatively.

Your Care Partner must have the ability and strength to assist you with the following:

- ❖ Transportation post-surgery: You will not be allowed to drive for 48 hours after surgery or while taking narcotic pain medication.
- ❖ Physically support you when walking, or standing from a sitting or lying position
- ❖ Administering medications
- ❖ Assisting with meals

If you are unable to have someone accompany you for surgery, we will be happy to provide you with a list of companies that provides fee-for-service licensed nurses for care services such as these, or upon request, we will contact the service on your behalf. The expense for this service is separate from the surgical procedure and you will be responsible for payment of services provided.

DISTANCE AGREEMENT:

For safety purposes, if you are traveling from out of state OR farther than 1 hour away from our office, 360 Ortho and Spine requires that you stay within 15 miles of the surgical center for a period no less than 24 hours or greater than 48 hours post-surgery. We will be happy to provide you with a list of preferred hotels within designated area.

The expense for your hotel accommodations is separate from the surgical procedure and you will be responsible for payment of services provided. We recommend making and confirming your reservations 2 weeks prior to traveling to the facility.

My signature is proof that I have read and understand that I am required to have a Care Partner accompany me to my appointments, and that I will be responsible for payment to a nursing service if I am unable to have someone that I know personally. I also acknowledge and agree to stay within 15 miles of the facility for 24-48 hours after my surgery.

PATIENT/GUARDIAN SIGNATURE _____ DATE: _____



Post-Operative Instructions

360 Ortho and Spine is committed to your full recovery and exceeding any expectations you may have. To ensure that you have everything you need at your fingertips, we're providing you with a step-by-step guide that will let you know you are on the right path in your recovery.

Dr. Prada will be seeing you, in our office OR by video, at your 2-week and 8-week post-operative appointments.

MEDICATIONS

- ❖ Take your medications as directed.
- ❖ Drink plenty of water: Pain medication can cause constipation. Prune juice may help.
- ❖ To avoid constipation, use an over-the-counter laxative such as Dulcolax or Colace if no bowel movement within 48 hours after surgery.
- ❖ **DO NOT DRIVE** while taking prescribed pain medication.
- ❖ **DO NOT** consume alcohol while taking pain medication.
- ❖ **DO NOT** combine or take more medication than prescribed.

BODY MECHANICS

- ❖ **LIMIT activities** such as: Bending, Carrying, Lifting, Twisting
- ❖ Avoid staying in one position for a long period of time. Change positions frequently, except when sleeping.
- ❖ Attempt to take a 5-minute walk INDOORS every hour, as tolerated. Do not build up a sweat.

CERVICAL

- ❖ **DO NOT** lift more than 8-10 pounds in the first 6-8 weeks after surgery.
- ❖ **LIMIT** turning your head right, left, up or down. Avoid doing so if at all possible.
- ❖ **DO NOT** push or pull beyond the advised weight limits.
- ❖ **DO NOT** participate in sustained or repetitive reaching or overhead movements.

LUMBAR

- ❖ **DO NOT** lift more than 10 pounds in the first 6-8 weeks after surgery. Lift only as tolerated.
- ❖ **DO NOT** bend from your spine. Bend from your hips and knees only.

ICE

- ❖ **DO NOT** ice when sleeping
- ❖ It is important for you to ice the area treated using an ice/cold pack as it will reduce inflammation and help the healing process. For 2 weeks, during awake hours only, you should ice a minimum of 30 minutes ON – 30 minutes OFF, every hour.
- ❖ Be sure that there is a t-shirt or cloth to serve as a barrier between the ice pack and your skin to prevent cold injury.



SURGICAL DRESSING

- ❖ **IF waterproof dressing DOES NOT get wet, please leave the original dressing on until your Post-Operative appointment.**
- ❖ **DRESSING CHANGE:** Clean area with Alcohol Only - allow to dry. Apply waterproof dressing provided by the surgery center. Keep it covered for 14 days.
- ❖ **DO NOT remove your Steri-Strips** – Dr. Prada will remove them at your 2-week post-op appointment.
- ❖ **The incision site MUST BE KEPT CLEAN & DRY at all times.**
- ❖ **DO NOT soak or swim for the first 2 weeks after surgery OR** until the incision has completely healed.
- ❖ **DO NOT** apply creams or oils to incision at any time until healed.
- ❖ **DO NOT** pull on the suture material if it is sticking out of your incision. In some individuals the body reacts to the suture and tries to rid itself of it. Call us if this occurs.
- ❖ **DO NOT** rub, scratch, or pick at the skin adhesive on your incision.
- ❖ Ensure clean bedding and clothing are used after surgery.
- ❖ **If there is any redness, warmth or excessive drainage that saturates the dressing, please call 360 Ortho and Spine immediately.**

BRACE USE

- Cervical or Lumbar Laser Facet Thermal Ablation: Use Neck/Back brace for 2 weeks to hold ice pack.
- Cervical Laminotomy, Foraminotomy: Wear neck collar for the first 2 weeks, except when sleeping - unless you are more comfortable when it is worn.
- Lumbar Laminotomy, Foraminotomy, Discectomy and/or disc decompression:
 - ❖ Wear your back brace for 8 weeks. **DO NOT** sleep in the back brace.
 - ❖ If the brace causes any discomfort when worn for long periods of time, please remove it.

TRAVEL

- ❖ If you were provided compression stockings, please wear them while traveling. Pump your feet up and down periodically while seated.
- ❖ If flying, avoid sitting for prolonged periods of time. Stand or walk one time per hour for 5 minutes if possible.
- ❖ If traveling by car, stop one time per hour to take a 5-minute walk.
- ❖ **DO NOT** carry or pull your luggage. Allow your Care Partner to help you.



What to Expect After Surgery

You may experience some pain related to the incision site and some lingering nerve pain and tingling. This is normal and the pain will dissipate over time. It may take up to 6 months for your body to be completely healed.

Pay attention to your body. If an activity or exercise hurts at all, stop performing it immediately or avoid it completely.

CERVICAL SURGERY:

- Some intermittent arm pain as well as numbness or tingling of arm/hand.
- Mild swelling or redness at incision site.
- Occasional muscle tightness or spasm of the neck OR shoulder.
- Pain when moving from bed, chair, standing position, deskwork or watching tv.

LUMBAR SURGERY:

- Some intermittent leg pain as well as numbness or tingling of leg/foot.
- Mild swelling or redness at incision site.
- Occasional muscle tightness or spasm of the back OR leg
- Pain when moving from bed, chair, standing position, deskwork or watching tv.

**AFTER LEAVING THE SURGERY CENTER, IF ANYTHING ARISES,
PLEASE CALL OUR OFFICE @ (833) 367- 4968
OR CALL MICHELLE YOUNG @ (813) 334-6077**

**IF ANY RARE PROBLEMS OCCUR, SUCH AS CHEST PAIN, DIFFICULTY
BREATHING OR ANY OTHER EMERGENCY, CALL 911.**



Patient/Guardian Signature _____

Date _____

Nurse _____