

# SURGERY CHECKLIST

Dr. Chang has suggested surgery. In order to make sure things go as planned, there are a few steps that need to be taken before surgery.

1. Call your primary care physician to let him/her know that you are having surgery and that you will need a history and physical/medical clearance before surgery. If you have cardiac or pulmonary problems, we will need a clearance from those doctors as well.
2. You will need to be fit for a LSO brace prior to surgery. I fit patients with the brace in our office. You **MUST MUST** be fit prior to surgery. No appointment is necessary, however we ask that you come on Monday, Wednesday or Friday since we are not seeing patients. Some insurances require prior approval.
3. If you brought MRI films/CD to our office, Dr. Chang will need them for the surgical procedure. If you took the films/CD with you, please return them to the office at least one week before your surgery. **IF WE DO NOT HAVE THEM HE CANNOT PERFORM THE SURGERY.**
4. The hospital will call you to schedule an appointment for all pre-op testing approximately one week before surgery. The admissions office will also call you the night before surgery to let you know what time to be at the hospital the day of surgery, and give you your eating and drinking instructions as well as what medications you can take the morning of if any.
5. I suggest that all patients call their own insurance companies. You may have to notify them of admission prior to surgery. I also call to do any precertification that may need to be done.
6. If you are taking any blood thinning medications or anti-inflammatory meds (i.e. Aspirin, Advil, Ibuprofen, Aleve, Coumadin, Plavix). These medications need to be stopped 7 days prior to surgery. **TYLENOL IS OK TO TAKE UNTIL SURGERY.**

If you have any questions regarding your surgery, please do not hesitate to call.

JOANN, RN  
219-836-4955 ext 4  
F-219-865-2377

## Instructions after Micro-laminectomy and Discectomy

### First Night after Surgery:

1. Depending on your condition, some of you will be able to go home the day of surgery, and some will need to stay overnight. Also if you have problems with nausea or voiding (urinating) because of anesthesia, then you may need to stay overnight as well.
2. Regardless of where you are, the night of surgery will be roughest. You can take shortwalks and go to the bathroom. Limit going up and down stair to once a day.
3. The next day after surgery, I want you up and walking. It will be slow at first, and you will need assistance to get up. Remember, you can sit up on the side of bed to put on your back brace, then stand. The first time you may only walk for a few minutes, but each time I want you to increase your walking.

### First two weeks:

1. For the first two weeks at home, I want you to limit going up and down stairs to once a day. Climbing stairs will not effect the surgery but may aggravate the muscles.
2. Continue to do walking exercises. The more the better. Be sure to walk in safe, clean, and and dry surface.
3. You may walk 1/4 to 1/2 mile per day.
4. Have someone change the dressing on the second day after the surgery. The designated person should wash hands before and after the dressing change. Steri-strips, or zipline will be covering the wound. **DO NOT REMOVE THE STERI-STRIPS OR ZIPLINE.** Put a new sterile dressing over the steri-strips, make sure it is completely covered.
5. You can shower on the third day after surgery. Keep the old dressing in place. They are water tight. Take a quick shower (5 minutes) without bending back or legs too much. After Drying off, remove the old dressing and apply a new dressing. Wait two more days before next shower and repeat the dressing change. So you can shower every other day after the first one, and change dressing right after the shower. Keep this schedule until you return to see me in the office
6. Avoid sitting. You can sit for 30 minutes, up to four times a day. So you can sit for meals, toilet, and short rest periods throughout the day. The rest of the time, your body should be straight, such as standing/ walking or lying down. You do not need to be totally flat when lying down. You may have up to two pillows behind your head and one under your knees.
7. No driving a care unless it is an emergency. You can ride in a car, but recline the seat back halfway to decrease the angle of sitting and the pressure on the lower back.
8. Wear back brace when out of bed. You do not have to wear it if you are going to be up for a short period of time, such as making a quick trip to the bathroom.
9. No sexual relations.
10. No hottubs or tub baths
11. No bending, twisting or lifting objects over 10 pounds

Signs and Symptoms to Watch for:

1. Any increase in swelling or redness around the wound.
2. Any cloudy, foul-smelling, or reddish drainage from the wound.
3. Any new numbness, tingling, or weakness in the leg, foot, or toes.
4. Any temperature over 100 degrees F.

If any of these conditions occur or if you have any question, contact my office at:  
708-799-2911 or 219-836-4955 and ask for Joann.

Miscellaneous:

1. Some pain in the back and leg is expected. Usually the back pain is worse the first two days, and then it gradually goes down. The leg pain should be mild and usually is noticeably better than before surgery. Depending on your condition, some decreasing sensation may last since sensation nerve fibers are the most delicate and vulnerable to damage. Some occasional tinges of pain may occur in the back or leg which does not last long during the first three to six weeks after the surgery.
2. Do not do any exercise program right after surgery unless prescribed by me. Depending on your condition, you may or may not need physical therapy after the surgery.
3. As you heal and recover, your activity restrictions will gradually lessen. Do not try to do too much within the first few weeks of surgery. When appropriate, we will discuss your return to work and if restrictions are needed.
4. As the surgical pain decreases, I recommend you cut down the use of pain pills. These medications have side-effects and are meant only for short-term use. Usually the pain decreases enough by fifth day after surgery so that no narcotic pain medication is necessary.

If you have any question or problem, please call my office: **708-799-2911 or 219-836-4955 and ask for Joann.**