

INFORMATION FOR SURGERY
PRIOR TO THE DATE OF SURGERY YOU MUST

- Have your pre-operative testing completed **no more than 30 days prior to surgery. Do not schedule anything until you have spoken with our surgery schedulers.** You will need to contact your family physician & schedule an appointment for a pre-operative physical. **If you need to have a clearance by your Cardiologist or other specialist prior to scheduling surgery DO NOT contact your family physician or have your pre-operative testing done until you have a date for surgery.** (We suggest completing all pre-operative testing prior to seeing your doctor for clearance, however this is not required.) **If you do not see your family physician for medical clearance by one week prior to surgery, your surgery may be cancelled.**
- If you have a history of cardiac/heart issues, please inform one of our Nurses. Please make sure to contact your Cardiologist for cardiac clearance.
- If you are taking any anti-inflammatory (**ALEVE, ADVIL, MOTRIN, CELEBREX, NAPROSYN, DICLOFENAC, ETODOLAC, MOBIC, DAYPRO, RELAFEN**) or any medication containing **Aspirin, Ibuprofen, VITAMIN E** or **FISH OIL** you must discontinue this medication **10 days** prior to the day of surgery. (**Unless you are directed otherwise by your primary care physician's office**).
- If you are taking a **BLOOD THINNER** such as but not limited to, **COUMADIN, ELIQUIS, HEPARIN, LOVENOX, XARELTO**, you must discontinue these per your PCP or cardiologist's recommendation. Our office recommends stopping blood thinners at least 3 days prior to surgery. If you are taking **PLATELET INHIBITORS** such as but not limited to, **PLAVIX, PLETAL, TRENTAL**, you must discontinue these per your PCP or cardiologist's recommendation. Our office recommends stopping platelet inhibitors 7-10 days prior to surgery. **Please note: any recommendations by your PCP or cardiologist will be reviewed by our office.**
- As per UPMC Policy, all diabetic medications containing **Metformin** should be held **24 hours prior to surgery and also on the day of surgery.**
 - **Metformin has many names:**
 - Riomet, Glucophage, Fortamet, or Glumetza
 - **Combo drugs with Metformin:**
 - ACTOPLUS Met, Avandamet, Glucovance, Janumet or Metaglip.
- If you have RA (rheumatoid arthritis), Crohn's disease, ulcerative colitis, ankylosing spondylitis and are taking an **IMMUNOSUPPRESSOR** or any other **medication that increases your risk of infection**, you must discontinue these **2 weeks** prior to the date of surgery.
- All **WEIGHT LOSS SUPPLEMENTS**, including over-the-counter & prescription drugs, **must be discontinued 2-3 weeks prior to surgery.**
- **In general the following medication MAY BE TAKEN leading up to & on the morning of surgery UNLESS DIRECTED OTHERWISE:**
 - blood pressure medications (except diuretics), pain medication (**including Vicodin**), seizure medications, GERD medications, & Parkinson medications

ADMISSION & HOSPITAL INSTRUCTIONS

Our office is responsible for obtaining the surgical pre-certification and verification from your insurance company. This will be done a few days prior to your admission date. Our office has also provided you with directions to UPMC Passavant Hospital. The hospital's address is as follows:

**UPMC Passavant McCandless Campus
9100 Babcock Blvd.
Pittsburgh, PA 15237**

- Eat a good dinner, evening snack and drink lots of fluids the day prior to your surgery so that you are well hydrated and nourished on the day of surgery.
- Do not eat or drink anything after midnight the night before your surgery, unless your family doctor advises that you need to take a medication the morning of surgery.
- You will need someone to drive you home from the hospital upon discharge.
- A pre-op nurse from the hospital will contact you one or two days prior to surgery for pre-operative screening questions, and will also call you the day before your surgery (or on Friday if your surgery is on Monday) to tell you what time to report the morning of your surgery; this is generally two hours before your scheduled surgery time. **If no one has contacted you by 3:00pm the day before your surgery, please call 412-748-6725.**
- You may bring personal toiletries & loose clothing; we recommend you do not bring any valuables and only a minimal amount of cash.
- You should not wear any jewelry (including your wedding bands) or hair accessories; no makeup or nail polish; if you are wearing artificial nails, you must remove one nail from any index finger.
- Please bring a case for your glasses; contact lenses and your dentures.
- If you develop any cold or flu like symptoms please notify our office as soon as possible by calling 877-635-5234.

FOR 1 TO 2 WEEKS AFTER SURGERY

- LUMBAR SURGERY

- No Sitting for longer than 30 minutes at one time
- No lifting more than 5-10 pounds
- No bending or twisting
- No driving

- CERVICAL SURGERY

- No lifting more than 5-10 pounds
- No driving

- Your incision must be inspected daily and report any redness, swelling, or drainage to our office immediately.
- If you experience any fever greater than 100.5, chills, or night sweats, contact our office immediately.
- Your sutures or staples will be left in until your follow up appointment approximately 7-14 days post-operatively. If you are unable to attend your post-operative appointment for any reason, please contact our office and ask to speak to a nurse.
- You may shower, but the incision must be kept dry using plastic wrap and tape.
- A post-operative appointment will be made for you by our office and will be given to you prior to discharge from the hospital. You will also be given prescriptions for any follow up testing and medications, which may include pain medication, muscle relaxers, and antibiotics.
- The dressing should be changed daily with dry gauze and tape. You will be given supplies upon discharge from the hospital.

I verify that the doctor & one of his staff members have gone over the following instructions thoroughly and answered all of my questions. It is my responsibility to obtain my testing, clearances, & discontinue the medication listed.

Patient Signature _____ Date _____

Nurse's Initials _____

If you have any questions, please feel free to contact our office at 1-877-635-5234 or 724-720-4599 and someone can assist you.