Patient Instructions for Procedures

Will I be "put out" for this procedure?

- You will receive local sedation and, in some cases, conscious or moderate sedation.
- You will not receive full / general anesthesia.
- Do not expect to go to sleep or stay asleep throughout the full length of the procedure.

What are the risks and side effects?

- Generally speaking, the procedure is safe and uneventful; however, any procedure has risks, side effects, and the possibility of complications.
- Please let us know your concerns beforehand so we can answer your questions.
- A post-procedural infection can be very serious, but you can prevent them by following the pre-op instructions that follow.

Who should not have this procedure?

- You should have a discussion with your pain provider about this procedure if you are on blood thinner medication (i.e. Ibuprofen, Aspirin, Coumadin, Plavix, Xarelto), antibiotics, or if you have severe cardiac or pulmonary disease.
- You should not have this procedure if you have any fevers, infections, or open wounds.

After scheduling the procedure:

- Discuss with your pain doctor if you are on blood thinners.
- If you have not spoken to them about this, then the procedure should not be scheduled.
- **Stop Smoking**. This decreases healing around your spine and greatly increases the chances of infection.
 - At the very least, stop smoking 1 week before surgery and 2 weeks after!
- **Minimize steroids** 2 weeks before surgery, with approval from prescribing physician.

Days Before Surgery:

- Hibiclens Shower Do this nightly, starting 3 nights before surgery and day of:
 - Wash your body with your regular soap and shampoo your hair.
 - Then rinse thoroughly and turn water off.
 - Cover your body from neck down using Hibiclens soap (chlorhexadine liquid).

- Pay special attention to the back of the neck, whole back and buttocks.
- Do not get on face, head, eyes, or mouth.
- You do not need a heavy lather.
- Wash your body gently but thoroughly for 5 minutes then rinse.
- o Do not use your regular soap after, it may bring bacteria to your body.
- Dry yourself with a clean towel and do not use powder, deodorant or lotions.
- Dress in clean clothes.
- Avoid shaving surgical area with a razor, especially on day of procedure; small cuts can harbor bacteria. You may use clippers if necessary

Day of Surgery:

- If you are having sedation, do not eat or drink anything (other than water) after midnight the day of your procedure:
 - Patients should NOT eat solid food for at least 8 hours before sedation.
 - Patients are however encouraged to drink water up to 4 hours before the procedure.
- Patients should take blood pressure medications with a sip of water on the day of procedure as usual.

What should I expect after the procedure?

- If your procedure requires an incision, a majority of the postoperative pain is decreased after 4 days.
- Please let us know your concerns so we may treat your post-procedural pain properly.

What should I do after the procedure?

- You should arrange for someone to drive you home after the surgery.
- We advise patients to take it easy until your first follow-up visit with the pain doctor, usually between 7 and 14 days after the surgery.
- Then activities can be performed as tolerated with limitations on bending and stretching until 6 weeks after.
- If you are having a spinal cord stimulator (SCS) or peripheral nerve stimulator (PNS) trial, you CANNOT shower or get the device wet!
- If you have a simple needle procedure with only band-aids applied, they may be removed once you arrive home and ice may be applied to the area.
- If you have questions on which activities are safe, please let us know.
- If you do not have a post-procedure follow up visit, please call our clinic and schedule one.

How do I take care of my incision?

- If you have an incision, you may take off the tape and gauze 2 days after the surgery.
- Do NOT remove the underlying Steri-Strips. Leave them on!
- Steri-strips are thinly rectangular in shape and will typically fall off on their own after 2-3 weeks.
- Do not touch the incision sites.
- Ice may be applied to the area unless there are electrical implantable devices underneath (e.g. spinal cord stimulator)
- You may shower after removing the tape and gauze two days after the procedure
 - Do not shower if there is bleeding, pus, increased warmth or redness to the area, the steri-strips have fallen off, or the wound has opened up.
- Do NOT soak in a bath, lake, pool, ocean, or any body of water until the wound fully closes, which typically takes 6 weeks
- If there are any signs/symptoms of infection such as fever, chills, night sweats, or any incisional issues noted above, notify the office immediately.

High-Risk Patients

Instructions for patients on blood thinners:

- Tell your medical provider immediately if you are on a blood thinner.
- You should have clearance from your PCP or cardiologist

<u>Instructions for patients with recent history of infections including MRSA:</u>

- Patients with history of infection associated with fever, like respiratory infections, sore throat from bacterial infection, urinary tract infections, etc. should be rescheduled until after the infection has resolved completely with or without antibiotic use.
- If you are put on antibiotics, you need to finish the course of antibiotics prior to the procedure and be without signs or symptoms of infection.
- If a patient catches an infection after the procedure, he or she should inform the medical team immediately.
- MRSA patients: Inform your pain doctor if you have a history of MRSA.
 - You will likely need a clearance from an infectious disease physician and will receive instructions to minimize future infection.
 - One week prior to surgery, wash whole body with Hibiclens (chlorhexidine) antideptic soap daily.
 - A big lather is not needed.
 - Please read "hibiclens shower" section in days before surgery
 - o Skin moisturizer may be applied for dry skin after bathing if needed.
 - o Remove all artificial nails and all fingernail polish.
 - o Scrub fingernails for 1 minute with nail brush twice daily

Instructions for diabetic patients:

- We will make every effort to schedule diabetic patients early in the morning.
- Ideal fasting blood glucose level should be 90-130 mg/dL.
- If the fasting blood glucose is more than 250 mg/dL then the procedure may be rescheduled.
- Oral anti-diabetic and non-insulin injectable medications should not be taken on the day of procedure until the normal diet is resumed.
- Long-acting insulin should be continued on the day before procedure unless patient has a history of hypoglycemia at night, in the morning, or with missed meals.