

Michigan Orthopedic Specialists
Dr. Nilesh Patel MD

Surgery Date : _____

Apx Time: They will call you the night before with arrival time

Review and share all of the enclosed information regarding your diagnosis and surgical procedure with your family members who will be caring for you.

You must **STOP** smoking for 2 weeks before and 6 months after a fusion

Your surgery location:

- o Surgeons Choice Medical Center - Southfield (248-423-5117)
- o Surgical Institute of Michigan- Westland (734-729-7960)
- o Beaumont- Dearborn (313-593-7411)

Pre-Procedure Instructions:

Cervical ** STOP taking medications below prior to surgery - see below

- **Stop 5 days prior**
 - o NSAIDS (aleve, advil, motrin, naproxen, Mobic, Celebrex, voltaren)
 - o Blood Thinners (Coumadin, Plavix, aspirin, pradaxa)
- Lovenox stop 12 hours prior to surgery
- Eliquis and Xarelto stop 48 hours prior to surgery

Lumbar ** STOP taking medications below prior to surgery - see below

- **Stop 5 days prior**
 - o Blood Thinners (Coumadin, Plavix, pradaxa) * ASA 325mg switch to ASA 81mg
 - o Lovenox stop 12 hours prior to surgery
 - o Eliquis and Xarelto stop 48 hours prior to surgery
- NSAIDS are ok to take up to the day of surgery as well as a baby aspirin 81mg

** **DO NOT** smoke, drink, eat from midnight, of the night before surgery (unless directed otherwise by anesthesia) this include cigarettes, water, gum, candy, and coffee

-Continue to take all blood pressure and diabetic medication BUT ask anesthesia for specific instruction for medication to take the morning of surgery.

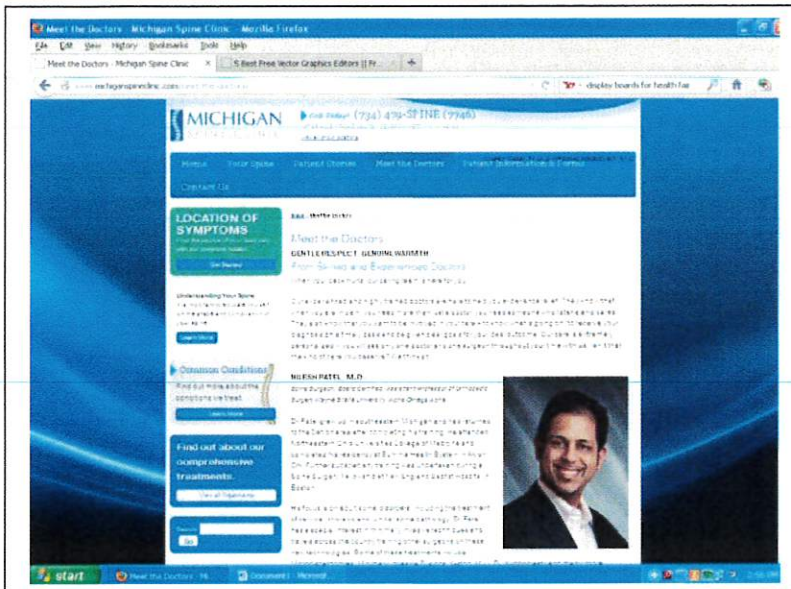
After Surgery:

**Pain medication will be prescribed to you for a Maximum of 8 weeks after surgery. Anything longer will need to be provided by your family doctor or pain management. If refills are need in the first 8 weeks contact out office, a 5 day notice is needed for all prescriptions and no prescriptions are called in out managed on weekends or after 12 noon on Fridays.

**DR. PATEL'S
DR. RAMAKRISHAN
WEBSITE**

Please take a few moments to visit Dr. Patel's website www.michiganspineclinic.com

Here, you will find easy to understand explanations, illustrations and videos about your specific condition and The available surgical, and non-surgical treatment options.



As always, if you have questions about your care, do not hesitate to contact the Dearborn Office at 313-277-6700.

Your Team Of Healthcare Providers:

Dr. Patel

Brian Vosko PA-C

Amanda F RMA

Emily MA

Dr. Patel office Contact Information :

Emily Phone: 313-277-6700 ext 317

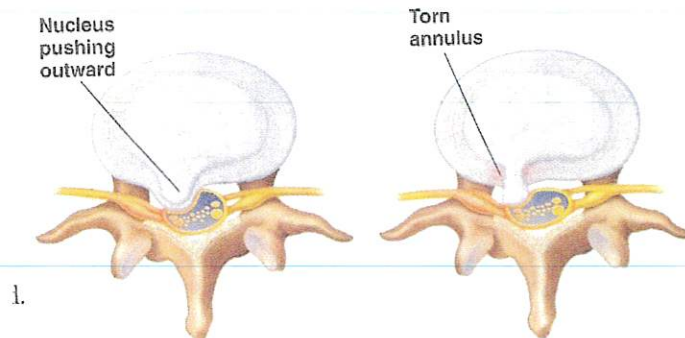
Email: Emily.miller@miortho.com

TEXT ONLY LINE ACTIVE FOR 3 MONTHS AFTER SURGERY 313-774-2274

- Surgical Procedures
 - Cervical/Neck Surgery
 - Anterior Cervical Discectomy and Fusion (ACDF)
 - Cervical Corpectomy and Fusion
 - Cervical Laminectomy and Fusion
 - Posterior Cervical Foraminotomy (Laminotomy)
 - Cervical Arthroplasty
 - Corpectomy
 - ➔ Lumbar and Thoracic Surgery
 - Anterior Lumbar Interbody Fusion (ALIF)
 - Foraminotomy
 - Kyphoplasty (Thoracic and Lumbar Spine)
 - ➔ Laminectomy
 - Lateral Interbody Fusion (DLIF or XLIF)
 - ➔ Microdiscectomy
 - Minimally Invasive Instrumentation
 - Minimally Invasive Lumbar Fusion (Percutaneous Fusion)
 - Sacroiliac Fusion
 - Scoliosis Surgery
 - Transforaminal Lumbar Interbody Fusion (TLIF)

Surgical Treatment for Lumbar Disc Herniation

Lumbar Disc Microsurgery



WHO NEEDS SURGERY?

- **A small percentage of patients with lumbar disc herniations require surgery (5-10%).**
- Patients with worsening neurological deficits (weakness or numbness).
- Patients that are not improved with a 6-12 week course of non-surgical care (NSAIDS, phys therapy)
- Timing: Best to be done within 6 months of onset of leg pain. If after 6 months or so you elect to have surgery, the final outcome may not be as good as if you had elected surgery earlier.
- Patients with significant sciatica who have surgery often have **better and more rapid pain relief** with surgery than non-surgical tx.
- Surgery resolves symptoms faster for those with motor weakness or numbness, as well.

Microdiscectomy: The most common surgical procedure for a herniated disc in the lower back. This involves removing the herniated part of the disc and any fragments that are putting pressure on the spinal nerve.

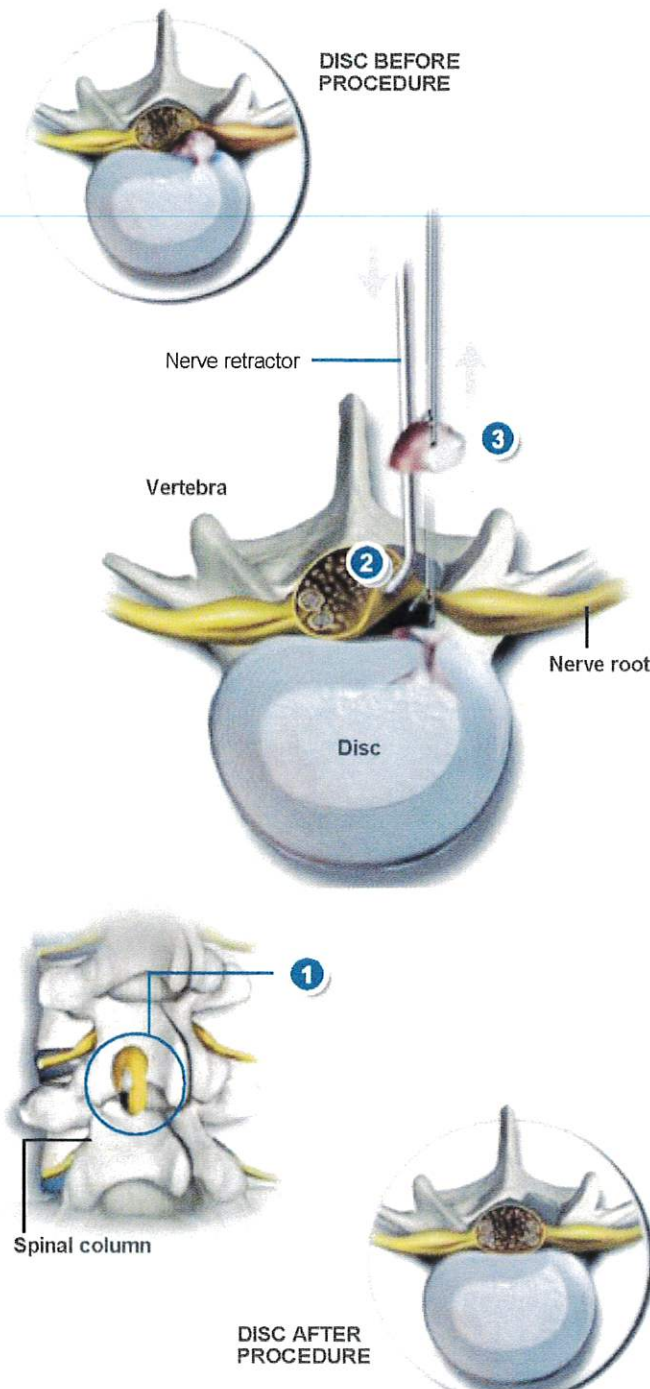
Where : Most are performed in a surgery center and takes about 45 minutes to perform

Recovery: usually outpatient (home the same day). You will be discharged from the surgery center when you are comfortable, walking and eating. Restriction will be for about 6 weeks (no lifting >20 lbs). Desk work can start within 10-14 days.

Rehabilitation. Most patients do not require formal physical therapy after surgery. A simple walking program 30 minutes each day, along with flexibility exercises for the back and legs, can be done as a home program.

Lumbar Disc Microsurgery

Overview: This minimally invasive technique is used to remove the herniated portion of a vertebral disc. It is 90-95% effective in eliminating leg pain (sciatica) caused by nerve root compression. The procedure is performed through a small incision on the back.



Lamina Opened

A small incision (1 inch) is made in the middle of the low back the surgeon creates a small window in the lamina (the bone covering the spinal canal). The pinched nerve root and the herniated disc can be seen through this opening

Excision: The herniated portion of the disc and any excess ligament or bone spurs are removed. This relieves the pressure on the compressed nerve and helps your leg pain. The majority of the disc is left to maintain a cushion for your back.

Closure: dissolving suture and skin glue is used to close the wound.

After: The nerve root and muscle returns to its normal position.

Lumbar Disc Microsurgery



Healing/Stabilization:

- Patients usually notice rapid relief of leg pain
- numbness and weakness may occasionally persist and can slowly improve up to 12 months
- Patients should take care to avoid heavy lifting and strenuous exercise for at least 6 weeks following the procedure.
- Continuing with a core strengthening program can help to prevent future herniations.

Success Rate: Success rate with surgical decompression is a 95% improvement and satisfaction with the sciatica pain. The risk of surgical complications is exceptionally low (usually less than 5 % risk)

What to expect Post op Lumbar Discectomy/Laminectomy and Instructions

Dr. Nilesh Patel

mispineclinic.com

You have just had a spinal surgery and although minor you need to give yourself time to heal.

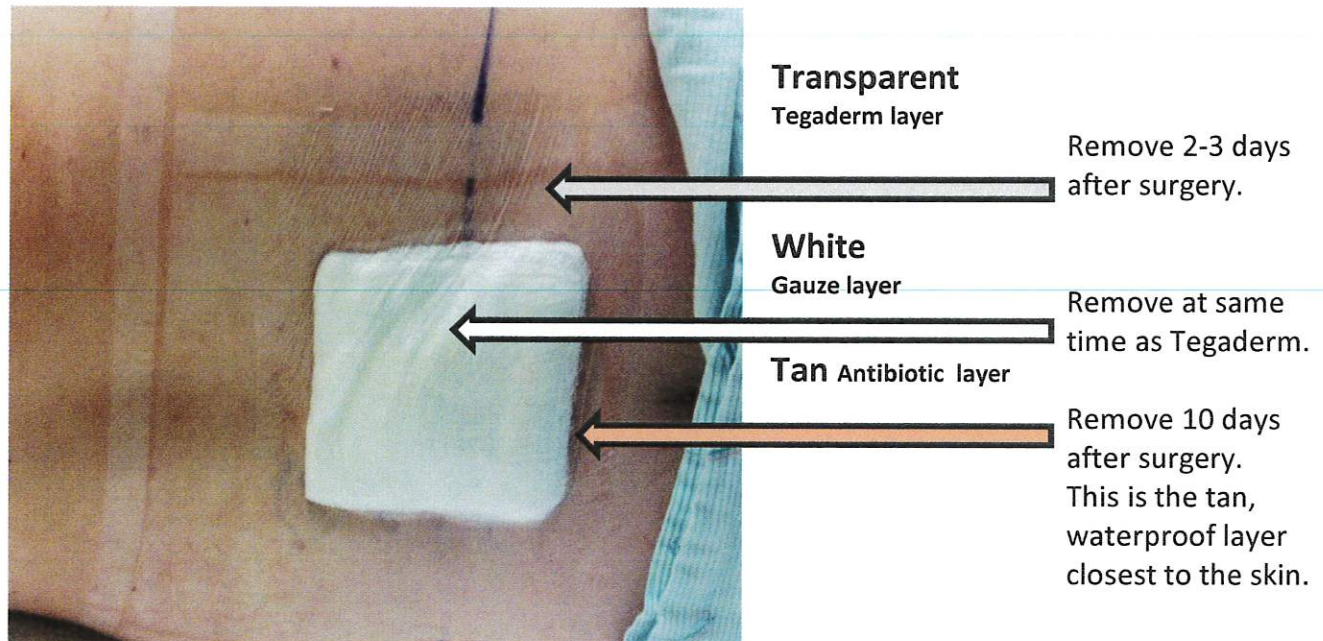
Expectations:

- Remember the **GOAL of the nerve decompression surgery** is to alleviate pressure on the nerve, therefore leg and buttock pain improvement is more consistent than back pain improvement. Your back pain is expected to be worse than pre-op for the first 6 weeks and then will subside and your leg pain may take a few weeks for you to start to notice improvement.
- Pain fluctuates up and down for the first 2-3 months. Leg pain can come back but if it is not as constant or severe as it was prior to surgery there is no need to worry this can happen.
- Back pain improvement plateaus at six months, leg pain improvement plateaus at three months.
- As far as nerve injury, (numbness and tingling down the leg) this can take up to one year for the nerve to fully regrow. Most rapid improvement is seen within the first 6 months, but you can have slow improvement up to 1 year
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- No lifting greater than 20 lbs for the first six weeks, use appropriate lifting techniques. Ok to climb stairs, sit in a car, walk. Avoid repetitive bending and twisting for 6 weeks.
- To help with pain use ice to the back for the first 3-4 weeks, after that you can alternate bw heat and ice. Typical ice for up to 20 minutes at a time every 1-2 hrs.
- After six weeks slowly increase activities with no restrictions at 3 months.
- Begin/continue sciatic nerve stretches and isometric core strengthening exercises (Planks) (Handouts will be provided to you). More aggressive exercises like running and high impact aerobics or heavy weight lifting can start at 3 months post op.
- The key to recovery is home exercises consistently.
- Medications:
 - a. Resume your standard home medications
 - b. Take pain medications as needed only; use stool softeners to avoid constipation
 - c. For additional pain relief **use ice over** the bandage for 20 minutes every 1-2 hours
- Avoid smoking is the key to avoid disc degeneration.
- Risk of recurrent disc herniation is 10 percent. First time recurrence can be treated with repeat discectomy or epidurals and PT. If there are three recurrent disc herniation's you may require a fusion (no longer able to do a repeat discectomy).

IF YOU EXPERIENCE RECURRENCE OF PAIN, PLEASE CALL THE OFFICE 313-277-6700

Lumbar Post-Surgical Wound Care

The purpose of the 3-Layer dressing surrounding your incision is to expedite the healing process and to reduce the risk of infection. You may shower with the dressings in place, and they may be removed in the following sequence.



Showering

- You may take a shower and dap your dressing dry
- NO TUB BATH OR SOAKING YOUR WOUND OF ANY SORT UNTIL APPROVED BY THE DOCTOR

Signs of Infection

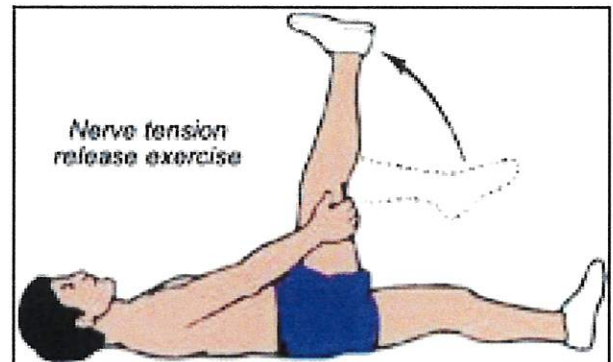
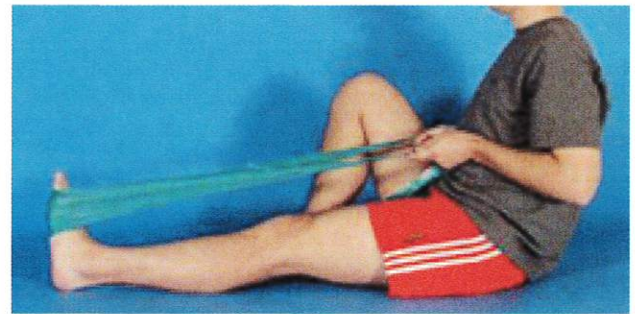
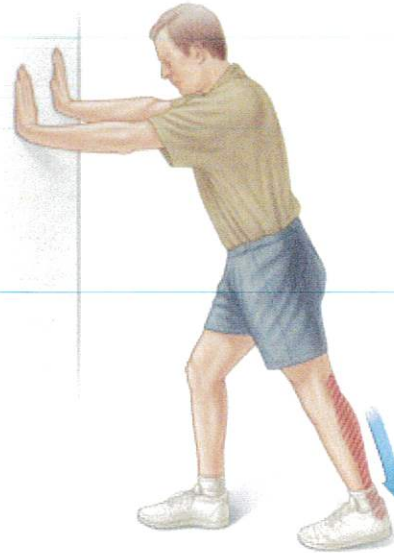
- Fever Greater than 101 F
- Unusual drainage, redness, or heat at incision site
- Pain, tenderness or increased swelling in your calf

Evidence of a CSF leak (Spinal Cord Leak) after lower back surgery

- Drainage of clear Fluid from incision with headaches when sitting and walking and improves when lying down

Sciatic Nerve Stretches

These are stretches to help keep your sciatic nerve free and mobile
These are calf, buttock and hamstring stretches



Michigan Orthopedic Specialists
21031 Michigan Ave.
Dearborn, MI 48124
313-277-6700 Fax: 313-216-0172

Medical Clearance / Cardiac Assessment / Pulmonary Assessment for:

Name: _____ D.O.B.: _____

Surgery Date: _____ Surgeon: Dr. Nilesh Patel

Procedure: _____

Dear Doctor _____, Please obtain any lab/testing that you feel is necessary to optimize the patient's medical condition. We at least recommend the following EKG within 90 days, CBC, Chem-7, PTT, PT.

Is the patient stable for Proposed Surgery _____ YES _____ NO

Recommendations:

X

Physician Name

X

Physician signature

X

Date

Please fax to: 313-216-0176 Michigan Orthopedic Specialists

AND

Beaumont-Dearborn: 313-593-8843

Surgeon's Choice Med. Ctr. 248-423-5195