



# SOUTHEASTERN NEUROSURGICAL SPECIALISTS

SOUTHEASTERN NEUROSURGICAL SPECIALISTS:  
Pre & Post op Instructions for **POSTERIOR CERVICAL SURGERY/FUSION**

## **PRE-OPERATIVE INSTRUCTIONS:**

Your admission will be registered with the hospital by our office. We will contact your insurance company for pre-certification requirements. You will be responsible for inquiring whether a second surgical opinion is required by your insurance. If you have any questions regarding insurance pre-certification, please contact our office.

You will be given Hibiclens solution to use to wash the skin where we plan to make your incision. For your particular surgery this will be the back of your neck from the base of the skull to your shoulder blades.

Use the Hibiclens solution on a washrag or scrubby and wash the area gently for about 5 minutes. Then rinse thoroughly. If you are not given this at the preadmission testing area, it can be purchased at most any pharmacy.

The evening before your surgery, **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT**. This includes gum, mints and your morning coffee. The anesthesiologist will not administer anesthesia if you have had anything by mouth after midnight, and your surgery will have to be postponed.

If you are on any medications, please check with the anesthesiologist to see whether or not you should take them on the morning of surgery. In general, you will be able to take all medications except diabetes medicines, some blood pressure medicines and blood thinners. If you are on any blood thinners or steroids, please contact our office. Unless otherwise instructed, you should stop using any anti-inflammatory medications such as NSAIDS (ibuprofen, Motrin, Advil, Naprosyn, Celebrex, Meloxicam, Diclofenac, etc.), any product containing aspirin, and any herbal supplements (such as: St. John's Wort, fish oil or other sources of Omega -3 fats, Vitamin E, etc.), 7 days before your surgery. These substances can cause bleeding problems and serious anesthetic reactions. Steroids must be discontinued in tapering doses. If your cardiologist or neurologist requires you to take aspirin this can, in most cases, be resumed immediately after surgery.

You should consider stocking up on groceries, including easy-to-prepare meals before you are admitted, so that your return home will be as smooth as possible.

**PLEASE REMEMBER:** It is important for you to be prepared for your discharge so that non-medical issues (like a ride home or someone at home to care for you) do not delay your discharge from the hospital. You will be discharged when the doctor feels you are stable, not when it may be convenient. Plan ahead to avoid any problems!

### **Canton / Marietta**

**Tariq Javed, MD, FACS | Steven M Spitz, MD**  
631 Campbell Hill Street, Suite 100, Marietta, GA 30060  
P: 770-422-0444 F: 770-422-4412

### **SANDY SPRINGS**

**Kaveh Khajavi, MD, FACS | Jim Robinson, MD | Kumar Vesudevan, MD**  
980 Johnson Ferry Road, Suite 490, Atlanta, GA 30342  
P: 404-254-3160 F: 404-254-3270

## **THE DAY OF SURGERY:**

Please bring the following items with you to the hospital:

- your insurance card or information
- a list of your medications and dosages
- a list of allergies
- any paperwork given to you by the hospital
- a living will, if you have one prepared (you may prepare one at the hospital if you wish)
- Photo ID
- Comfortable clothes to wear home
- Any discs containing X-rays, CT's, or MRI's that you have not turned into the office

Upon admission, you will be given a hospital gown to change into. Do not wear or bring jewelry. Do not wear make-up. Do not wear dark fingernail polish. You will be asked to remove dentures and contact lenses before surgery. You will be discharged from the hospital when you are medically stable to go home or to a rehabilitation facility. It is important for you to be prepared for your discharge so that non-medical issues (like a ride home or someone at home to care for you) do not delay your discharge from the hospital. Please note during the Covid-19 pandemic, family members will be allowed to be with you before surgery and can see you briefly right after surgery (in the recovery room), but they will NOT be allowed to visit you once you IF you are admitted to the hospital (inpatient cases only).

## **Therapy/Rehab:**

While in the hospital you will be evaluated by physical therapy and/or occupational therapy. They will make recommendations on assistive devices such as walkers, canes and bedside commodes. They will also make recommendations on rehabilitation requirements if needed such as inpatient rehabilitation, home rehabilitation or outpatient rehabilitation.

## **POST-OPERATIVE INSTRUCTIONS:**

**You will likely receive general discharge instructions from the hospital when you are discharged. If there is any discrepancy between those instructions and our instructions below, please default to our instructions.**

After you are discharged from the hospital you will need to call our office to set up your first post-op appointment, if this was not already done pre-op. This will typically be 10-14 days after surgery.

## **MEDICATIONS:**

You will be given a prescription for a narcotic pain medication (like Norco or Percocet). You may also receive a muscle relaxer (like Robaxin or Tizanidine), and a nerve pain medication like Neurontin (gabapentin) or Lyrica (pregabalin), prior to discharge. If you are taking medications other than those prescribed by Dr. Khajavi, you should discuss possible drug interactions with your pharmacist or primary care physician.

Pain medication and muscle relaxers should only be taken when you have pain. Nerve pain medication should be taken exactly as directed (usually 2 or 3x/day), and should never be abruptly stopped, but rather should be weaned off slowly based on Dr. Khajavi's recommendations.

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Prescriptions are called in and refilled during office hours only, and you can expect a 24-48 hour turn-around time for prescription refills. Do not wait until the last minute to request medications. It is your responsibility to keep up with your medication needs. Due to FDA/DEA regulations, we are unable to call in any narcotics and most other controlled substances. Narcotics require a signed script from a physician and will have to be picked up from our office in person, although the process of being able to electronically prescribe them has just started and should be an option soon.

You should begin tapering off these medications within 2-3 weeks of your discharge. As soon as you are comfortable, take a nonprescription pain medication (i.e. Tylenol) for pain relief. Do not take any anti-inflammatories (such as Ibuprofen, Motrin, Advil, Naprosyn, Meloxicam, Diclofenac, Celebrex, etc.) for 6 months, as these can interfere with the fusion process. Resume medications you were taking for other pre-existing medical conditions before you came into the hospital, unless otherwise advised by Dr. Khajavi. Do not resume blood thinners until cleared by Dr. Khajavi, usually 7-14 days after surgery.

Constipation is a common side effect of narcotic pain medication. You should use an over-the-counter stool softener to avoid this problem. If you do become constipated, you should try Milk of Magnesia, an enema, a rectal suppository, or if necessary Magnesium Citrate. These are all available over the counter. Please notify the office if this problem becomes severe.

### **DRESSING/WOUND CARE:**

Your incision may or may not be covered by a dressing. We often use a liquid surgical adhesive to seal the wound after closure instead of sutures or staples. If your incision(s) were closed with a liquid surgical adhesive you may shower immediately after surgery. If there is a dressing over this you may remove it after 1 day.

If you have staples and a gauze dressing(s) instead of a liquid surgical adhesive, the dressing(s) may be removed 2 days after surgery. There is no need to reapply another dressing(s) or use any special ointment. If you are wearing a collar, you may want to apply a loose 4x4 gauze dressing with 1-2 pieces of tape, just to keep the neck brace from irritating the incision. Wait another 2 days before you get the wound wet in the shower. Staples will be removed in about 10-15 days post op at your first postoperative appointment.

When showering, you can use whatever products you normally use. There are no special requirements, except you cannot take a bath or go in a pool for 1 month after surgery.

### **PREVENTION OF PNEUMONIA AND BLOOD CLOTS IN THE LEGS:**

Pneumonia can occur after surgery when patients do not take big, deep breaths, and from inactivity (sitting too long or even worse, laying down too much). Blood clots can also occur after surgery and inactivity plays a big role in their formation. A blood clot in your leg can cause one leg to swell, be painful, and if its breaks off, can travel to your lungs and be fatal. Using the incentive spirometer you received in the hospital frequently helps prevent pneumonia but walking as much as possible helps prevent both.

### **WHAT TO EXPECT AFTER SURGERY:**

It is normal for your incision to be sensitive for a few days and for a little redness to occur. If you notice any excessive redness, swelling, drainage, warmth or discharge from the incision, call the office.

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It is normal to run a low grade fever after surgery and is usually due to atelectasis. This is when very small areas of the lung are not fully inflated, which causes the temperature. Reasons for atelectasis include not taking enough deep breaths and not walking enough. This can be prevented by performing the deep breathing exercises using the incentive spirometer you were given in the hospital and increasing your activity. You should use the incentive spirometer 15-20 times/hour while you are awake. Several (4-6) short walks a day are encouraged. If you have a fever over 102 or chills, please call the office.

Neck pain is expected after this type of procedure. It can extend across the shoulders. Treat your pain with pain medication and muscle relaxers. You can also use ice or heat (do not place directly on the incision) for 10 minutes four times a day. **DO NOT SLEEP ON A HEATING PAD.** In general, most of your pain should improve over a period of 4-6 weeks

Although the nerve or spinal cord compression has been corrected with surgery, it will take time for the nerves, muscle and tissues around the area of the incision to heal. Therefore, you may experience symptoms very similar to your pre-operative conditions. These symptoms can sometimes worsen temporarily and occasionally symptoms do not improve at all due to permanent damage to the spinal nerves.

As discussed prior to surgery, the purpose of the operation is often to prevent worsening of neurologic symptoms. If you had arm pain before surgery, this generally improves after surgery, but not always. Arm pain may persist after surgery due to the nerve damage done to the previously compressed nerve roots. If your upper extremity pain improves after surgery, it is not uncommon to occasionally feel a little reminder of the pain from time to time. This too is nothing to be too worried about, as this also often occurs without serious clinical meaning. Again, if symptoms persist, call the office and we will make an appointment to see you prior to your scheduled follow up visit.

If you had myelopathy (symptoms caused by damage to the spinal cord), these symptoms may worsen after surgery. This is usually temporary but in some cases may be permanent.

In some cases, you may be given a hard collar and instructed to wear it for anywhere from a few days to 3 months or more after surgery. The hard collar helps the surgical area fuse. The hard collar should be worn at all times, including when showering. When temporarily removing the hard collar, remember to avoid moving your neck as much as possible. Try to turn with your body, not with your neck. You must also wear the hard collar when sleeping. The nurses or therapists will review putting on and off your hard collar before discharge so that you are comfortable doing it and to assure that the fit is comfortable. The fit should be snug to prevent movement of your head. If a rash develops under the collar, dry the area and place a cloth between the collar and the skin). If you have any concerns with the fit of the hard collar, or if irritation of the skin develops, call our office.

## **RETURN TO DAILY ACTIVITIES:**

For about the first week following surgery, you will need to rest and do as little activity as possible, other than walking as much as possible. As previously mentioned you may feel sore and stiff. By the second week, however, you should begin to feel less pain and stiffness. During your second post op week, you should be able to take more walks, go out to eat, or go shopping. Do not do any strenuous activities including bending at the waist, lifting, & twisting (“no BLT’s”), pushing or pulling. Gradually, over the next couple of weeks you will be able to progressively increase your activities. Use the following as a guideline:

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1. **Driving.** You should not drive for 1-2 weeks after surgery, but this may vary. You may drive sooner if you are not taking narcotic pain medication. You may ride in a car on short trips. If you must ride over 30 miles, get out and walk every thirty minutes. It can be more comfortable for you to recline your seat back when traveling long distances. You should not plan to travel for long distances for at least a month after surgery.
2. **Working.** If you have a manual labor type job, you should not plan to return to work for 12 weeks or more following surgery if you had a fusion. If you have a predominantly sedentary job, you can plan to return to work in a part-time capacity after 2-4 weeks. At your one month return office visit, Dr. Khajavi will assess you and determine at what point you may return to work. If you had a minor posterior cervical procedure like a laminoforaminotomy, and have a manual labor type job, you should not plan to return to work for 8 weeks or more following surgery. If you have a predominantly sedentary job, you can plan to return to work in a part-time capacity after 2-4 weeks. Caution and common sense should be used to determine whether or not you should engage in any activity.
3. **Activity.** No lifting, pulling, or pushing objects over than 15 pounds. (Examples: infants, grocery bags, vacuum cleaners, lawn mowers, etc.). Avoid neck-strengthening exercises during this 12 week recovery period. The worst position for your neck is extension (looking up to the sky) and flexion (chin on chest). You may climb stairs at any time but use the handrails. It may be advisable to have someone with you the first few times. Remember to maintain good posture. Rest between activities, as you may find that you tire more easily after surgery. This is to be expected, and it may take some time before your energy level returns to normal. You should abstain from sexual activity for at least 2-4 weeks following surgery. Sexual relations are permissible after this period but should not be too vigorous. Use your judgment. Remember: the above lengths of time for sitting and walking will vary with each patient.
1. **Exercising.** Resuming exercise should be done carefully. Walking is one of the best exercises to improve your overall fitness and endurance level. Start with a few small trips a day and gradually increase the distance according to your tolerance. Don't try to do too much too soon! Do not participate in any aerobic type activity (including tennis and golf) or contact sports for three months following surgery. Formal physical therapy will not begin until 12 weeks after surgery.
4. **Your first follow up appointment is generally the only appointment you will have without x-rays.** All subsequent follow up appointments will require x-rays: 4-6 weeks, 12 weeks, 6 months (for some), and 1 year post op. Please make sure your x-rays have been ordered PRIOR to your follow up appointment.

Do not smoke! Remember, smoking is the enemy of fusion!

**The following is for those patients that had a posterior cervical fusion:**

**Recovery Phase: First 3 months post op**

By the time the first month has passed, the surgical or incisional pain for most patients has diminished significantly. Since the majority of the fusion is taking place during these first few months, it's imperative to avoid bending or twisting the neck, or doing strenuous activity, which are activities that can cause the hardware to come loose or break. During this time you will be wearing a neck brace. Lack of normal activity and wearing the brace can all lead to some stiffness, neck muscle tightness, and weakness or deconditioning of the neck muscles. This is why patients often complain that although their pre-op arm

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and neck pain are getting better, they have a different kind of neck pain, which they describe as “achy”, “sore”, and “tired”. Patients often say they are stiff when they first get up in the morning, get better after an hour or so, but by the end of the day, or after too much activity, their necks are sore and they need to lay down. This is quite typical.

To some extent this is the price to pay to keep the spine immobile and promote fusion, and post op physical therapy prescribed at the end of 3-4 month will help rehabilitate those muscles. To reduce the amount of pain, stiffness, and soreness during this time, periodically remove the brace when you are sitting still in a good chair. Remember the brace is meant to keep you from twisting or bending your neck, but if you’re sitting still, then you don’t really need the brace. Doing this will allow your neck muscles to be activated. But remember you must be still during these times.

### **Rehabilitation Phase: 3-6 months post op**

At the end of the first 3 months, we will get some x-rays to confirm that you are fused. You will continue to fuse (lay down more bone) for 2 years, but more than half the fusion is completed by now, so the brace is no longer needed, nor are all the restrictions you had during those first 3 months. But you can’t go from lots of restrictions to doing any activity you want in one day. This is what the next 3 months is for, the rehabilitation phase. At this time we will ask you to:

1. Wean the brace off gradually over about 7-10 days. Given there is some muscle deconditioning, taking the brace off too fast may result in some neck pain or spasm. By wearing it less and less each day, you give your muscles some time to accommodate.
2. We will get you started in post op physical therapy. This is extremely important and is very different from the therapy you may have had before surgery. They will work with you to get the nerves sliding or gliding (reduce risk of scar formation on the nerves), work to reduce your stiffness, strengthen your neck muscles, teach you about proper body mechanics and posture, and much more. During the initial 2-3 weeks of rehab you may experience a slight increase in the achiness or soreness of your neck, but as your muscles get stronger, that should subside. When you are done with physical therapy, you must make sure to get a home exercise program for your neck, to do every day. This will help reduce the risk of needed additional spine surgery in the future.
3. After a month of therapy, you can begin to gradually return to the activities you enjoy, but go slowly, using pain as your guide, and seeking the advice of your physical therapist.

Your next follow up with us is usually at the 1 year anniversary of your surgery, with a final set of x-rays, although for some patients with more complex surgeries, a visit 6 months post op is recommended.

**\*\*PLEASE NOTE\*\*:** CONDITIONS WILL VARY BETWEEN INDIVIDUAL PATIENTS. IT IS VERY IMPORTANT TO DISCUSS YOUR PARTICULAR SYMPTOMS WITH DR KHAJAVI OR HIS MEDICAL STAFF. THIS INFORMATION SHOULD BE USED AS A GENERAL INFORMATION SHEET ONLY AND SHOULD NOT BE USED IN LIEU OF MEDICAL TREATMENT. THE POST-OPERATIVE INSTRUCTIONS LISTED ABOVE ARE GUIDELINES. DR. KHAJAVI MAY HAVE SPECIFIC DO’S AND DON’TS IN YOUR CASE.

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