



The following instructions will give you information on how to prepare for your procedure. A successful outcome starts with good preparation. Your preparation will affect the outcome and results of your surgery. Please read and follow these instructions very carefully. **Your surgery may be cancelled if you fail to follow these instructions.**

Preparing for Surgery

Pre-operative testing (i.e. blood work, x-rays, EKG's, and stress tests) will be required 2-4 weeks prior to surgery. Medical and/or Cardiac clearance may be required prior to surgery. If medical or cardiac clearance is required it will be your responsibility to make these arrangements.

You will need to discontinue any aspirin products, anti-inflammatories and herbal supplements 2 weeks prior to your surgery. These medications may cause increased bleeding and/or post-operative complications. If you are taking any blood thinners (i.e. Coumadin or Heparin) you will need to contact the physician who prescribed these for instructions on discontinuing these. If you are having a fusion you will NOT be able to take medications containing Aspirin or anti-inflammatories for about 3 months or until your surgeon tells you to do so as these medications can cause post operative bleeding and may inhibit bony healing.

Prepare lists of all medications you are currently taking including over the counter or illegal substances for review of the physician and anesthesiologist.

Your deductible is due before your surgery is performed. If you are unable to pay your deductible in full, please call our office and make payment arrangements prior to your surgery. Check with your health plan regarding costs and coverages of your procedure. You can obtain this information by calling the benefits department for your health plan.

If any x-rays or MRI's were taken from our office, you will need to return them prior to surgery. Radiographs are used by the surgeon while in the operating room.

If you smoke cigarettes, it is strongly advised that you decrease the amount you smoke or stop smoking completely. Research indicates that smoking adversely affects bone healing and will impede on your full recovery following surgery.

Fitness and nutrition prior to surgery should be maintained to the best of your ability. Continue with any fitness activities that do not cause pain unless otherwise instructed by your surgeon. Maintain a healthy balanced diet.

Any errands (i.e. house cleaning and grocery shopping) should be completed prior to surgery. The fewer concerns you have upon discharge, the easier your transition home will be for you. If you have young children or a family member or whom you care for, arrange for alternative care for them after your surgery as will allow for a restful recuperation period.

The Day before Surgery

Mercy Medical Center will call the day before to inform you of what time to report for your surgery. If you are scheduled at Park West Surgery Center, we will notify you in advance of your arrival time.

Do not eat or drink anything after midnight. You may not smoke or have tobacco of any form after midnight.

The Day of Surgery

If you are scheduled at Mercy Medical Center, you will need to report to Mercy Medical Center Surgery Center, which is located on 13th Street. This is the glass building (Ireland Cancer Center). You will enter on the ground floor, please take the elevator up to the 1st floor and check in.

If you are scheduled at Park West Surgery Center, you will need to report to One Park West Blvd and take the elevator to the 2nd floor.

Wear simple, loose fitting clothing. All jewelry and valuables should be left at home. If you wear contact lenses, these must be removed prior to surgery.

You may take blood pressure medication and/or heart medication with a sip of water the morning of your surgery.

Please bring any medications that you take on a regular basis with you to the hospital.

You will not be allowed to drive yourself home after surgery. You must have a responsible adult who will drive you home from surgery.

Post-operative instructions will be given to you upon discharge from the hospital. Please read these carefully.

Cancellations

Patients will be charged a \$500.00 cancellation fee if surgery is not canceled with 72 hours notice.

My signature below certifies that I have read, understand, and agree to abide by the preop instructions as they have been given to me. If I have further questions, I can call The Northeast Ohio Spine Center at 330-865-6956.

Signature _____ Date _____

