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## Inpatient Pre-Operative Information Packet

Physical, mental, and emotional preparation for spine surgery will enhance success and speed your recovery. As you assess your goals and expectations, remember that you have a significant role in the recovery process. We've put together some information to help you mentally and physically prepare for your surgery. Please read through this packet prior to surgery and remember, Dr. Johnson and the Huntington Orthopedics team are here to support you in every way possible.

### **Planning before Surgery**

#### What to Bring (and What Not to Bring):

Please wear loose fitting, comfortably clothing on the day of surgery. You will be provided a gown once you arrive. Please do not bring jewelry, expensive watches or credit cards with you. You should wear glasses instead of contacts on the day of surgery.

#### Smoking/Nicotine:

If you are a smoker or smokeless tobacco user, you must discontinue smoking at least 30 days prior to your surgery and throughout your recovery. Stopping tobacco products will significantly increase your body's ability to heal from surgery as well as reduce your risk of bronchitis and pneumonia. If you are having a fusion surgery, nicotine in any form decreases the chances that your bones will fuse together and thereby decreases your chances of a successful outcome. It is better to postpone your surgery than risk a failure because you are still using tobacco or nicotine products.



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## After surgery

When the procedure is complete, you will be taken to the PACU (Post Anesthesia Care Unit). There you will awaken from anesthesia and be monitored. Your pain will be treated and any post-operative orders carried out. This usually takes 1-2 hours however with some surgeries, like anterior neck surgery, you may be monitored for 4 hours or more. Once the nurse has determined you are stable and safe to go home, the person taking you home will be asked to bring their car into the patient pick-up spot. You are escorted to the car by one of the PACU staff.

Feeling sleepy and/or dizzy is normal after anesthesia. Some nausea is also normal. Even with treatment, these symptoms may not be completely resolved before discharge. It is important to remember that, in general, the PACU is where you recover from anesthesia; home is where you recover from surgery.

## Home Incision Care:

After surgery you will have a dressing placed over your incision. It is normal to have some blood staining, but it should not be excessive or soaking the bandage. Your caregiver may change the bandage as needed, usually after the first 2-3 days. Simply replace it with a fresh, dry gauze dressing and secure with tape. Do not use creams or ointments in the incision during the first 4 weeks. You will be given an instruction sheet in the PACU with more specifics.

## Ice

After back surgery, use ice on your back every 2 hours as needed for the first 48 hours after surgery. Ice is not as useful after neck surgery, but can be used if desired.



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## Pre-Operative Checklists

There are many important matters which you may need to attend to before you are admitted to the hospital. Allowing yourself ample time to accomplish these tasks will reduce the stress and worry which are common before surgery.

1. The following personal matters in my life are in order:

- Bills/correspondence
- Banking
- Insurance Responsibilities
- Help at home after surgery
- Childcare
- Hair care
- Pet care
- Meals (planned/prepared/frozen)
- Instructions to my family/ house sitter
- Transportation arranged to and from hospital
- Home arranged for maximum ease after surgery

2. Medical Matters: (Ensure you are able to check all of these items. If you have questions or concerns about anything on the list, please contact our office.)

- I have read the one-page *Patient Pre-Op Instructions* sheet. If you do you not have this sheet, please contact the office or download a copy by going to [JohnsonSpine.com/resources](http://JohnsonSpine.com/resources) and selecting *Patient Pre-Op Instructions* in the Documents section.
- I am not to eat or drink anything after midnight the night prior to surgery.
- I have read and understand the "Informed Consent" form.
- I am not aware of any new illnesses since my last appointment.
- I have stopped using tobacco/nicotine products for at least 30 days prior to surgery.
- I have stopped anticoagulants (blood thinners) for at least 5 days prior to surgery.



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## **Frequently Asked Questions**

Will I have pain after surgery?

Dr. Johnson uses an advanced “multimodal analgesia” pain regimen, meaning several different pain medications before and after your surgery. This regimen has been shown to significantly reduce the amount of pain you feel during your recovery. That said, you will almost certainly have some pain after surgery, but you should be reasonably comfortable by using your pain medications and good body mechanics. As you heal, the pain will improve but pain medications will not eliminate your pain entirely. Occasionally, pain can be significant but does not always mean there is a problem with the surgery. As you become more physically active, your pain may increase. You will need to increase activity slowly and rest as needed.

If my pain is not controlled by oral medication, can it be changed or increased?

Yes. However, you should contact the office before increasing your pain medications beyond the instructions on the prescription.

Will I need a back brace?

Braces are not usually necessary as they are cumbersome and have not been shown to help with the modern instrumentation used at surgery, which is very strong.

When will my first visit be after surgery?

It depends upon the type of surgery you had, but most often between 2 and 4 weeks after the operation.



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When will I have my sutures taken out?

Dr. Johnson rarely uses visible skin sutures. The skin is usually held together by a hidden layer of dissolving sutures covered by skin glue. Skin glue will fall off on its own 1-2 weeks following the operation. If the glue edges begins to peel up, you may trim the edges with small scissors.

How do I know if I have an infection?

Spine surgery infections are rare. All patients receive antibiotics at the time of surgery and procedures are conducted with rigorous sterile technique. Unfortunately, a small percentage of patients will still develop infections despite these precautions. The most common symptoms of an infection include a dramatic increase in pain, swelling, redness or drainage from your surgery incision. If you have any concerns that your incision may be infected, contact the office immediately.

How long will it take to heal from surgery involving the removal of a herniated disc?

The incision is usually closed by 2 weeks and healed by 4 weeks. The muscles may be swollen, stiff, and painful for 8-12 weeks. The disc herniation leaves a small opening in the annulus (outer layer of the disc) through which the herniated portion of the disc travelled. Loose disc fragments will be removed through this opening during surgery. This disc opening will seal itself with scar tissue and will gradually strengthen over 3-6 months.

How long will it take for my fusion to heal?

Lumbar (low back) fusions take an average of six to twelve months to become solid. Cervical (neck) fusions are usually healed by 6 months. Younger, healthier patients often heal their fusions more quickly than older individuals or those with medical problems.



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How do we know the fusion is complete?

Dr. Johnson will determine the fusion status by assessing your x-rays, but occasionally you may need a CT scan. Please remember, we are most concerned with how you feel, not the status of your fusion. Some patients never achieve a solid fusion but they feel well.

What should I know about post-operative constipation?

Constipation early on after surgery is very common and quite frustrating for patients and their caregivers. Bowels are sluggish due to general anesthesia and narcotic pain medications. You will be given medication for constipation, however reducing narcotic intake and frequent walking are the best ways to improve bowel function. After you get home, you may treat constipation with stool softeners, fiber supplements, and fruit juices.

I've heard that I have to stay flat in bed after surgery. Is this true?

Dr. Johnson recommends remaining flat in bed only if there is a leak of spinal fluid during surgery. Fortunately, spinal fluid leaks are uncommon and studies show they are very unlikely to result in any long term problems. Laying flat allows for the leak to seal before getting you out of bed. If a spinal fluid leak occurs, you may be kept overnight even if you were planning to go home.

When can I resume exercises?

Frequent short walks are encouraged after surgery. Please avoid walking alone until you are confident that you will not fall and avoid any activity that causes significant pain. Do not resume moderate to heavy exercise until you have your follow-up visit with Dr. Johnson, unless he has instructed you otherwise.



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When can I resume driving?

Most surgeons recommend avoiding car travel for 2-4 weeks after surgery unless it is essential, such as travel from the hospital or to a doctor's appointment. You may not return to driving until you are no longer taking opioid pain medication, your strength has returned, and your reaction time has returned to its pre-operative level. Most patients do not return to driving prior to their first post-operative visit.

When can I have sex?

Let pain be your guide and try to limit spinal motion. While there is no exact timeframe, we find most patients do not feel comfortable attempting sexual activity for a few weeks after low back surgery and some take longer.

When can I return to work?

Depending on the individual, some patients can return to light work in about two weeks with a gradual increase as tolerated. Those with more strenuous jobs (including prolonged sitting) may require more time.