

SPINAL FUSION

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NAME OF PROCEDURE: Posterior Spinal Fusion (Cervical / Thoracic / Lumbar), Anterior Lumbar Fusion, Transforaminal Interbody Fusion, with or without Laminectomy (for Spinal Stenosis, Tumor Resection, Cyst Resection, or other reasons)

DESCRIPTION OF THE PROCEDURE: During this surgery, an incision is made on the back (usually in the middle) to access the bones of the back around the spinal cord and nerve roots. In some cases, the bones of the spine are accessed from the front. Parts of the bone may be drilled away to provide access to the cord/nerves and relieve pressure or do other delicate work. Screws are placed into the bones of the spine at various levels and are connected with metal rods to keep the spine stable in place. The vertebral disc between the bones may also be removed and replaced with an implant to keep the spine stable. The placement of hardware is often done with the help of an intraoperative navigation system. Morselized bone (your own) or bone growth products are then placed to encourage your body to fuse the bones together for long-term stability. The incision is then closed with sutures or staples. **The most important goal of the procedure is to keep you safe.** Dr. Vasudevan will discuss the other specific goals of surgery with you. In all cases, we will prioritize your health and safety above all else.

RISKS OF THE PROCEDURE: Bleeding, infection, damage to the spinal cord or nerve roots, cerebrospinal fluid leak, failure to relieve symptoms, meningitis, and the need for more surgery or treatment in the future. Any hardware placed into the spine may have a risk of failure in the future, and this may require more surgery to correct. If hardware becomes infected, this may also require more surgery to correct. Surgery on some areas of the spinal cord can be associated with particular risks to gait, movement, or sensation, and we can discuss these with you. Some spinal surgery may also place you at slightly higher risk of needing spine surgery in the future. If you have any questions about any of these risks, please feel free to reach out to us!

PRE-OP LABS/APPOINTMENT: Go to Suite 350 at 980 Johnson Ferry Road NE (same building as our office). You will be given a copy of your orders to take with you if they have not already been faxed. You will need these labs drawn at least one week prior to your surgery, preferably two weeks.

7-10 DAYS PRIOR TO SURGERY: Do not take any type of medication that could thin your blood, including ibuprofen, Motrin, Aleve, Aspirin. If you are taking prescription blood thinners such as Warfarin (Coumadin), Eliquis, Xarelto, or Pradaxa, these generally need to be stopped 4 days prior to surgery; please double check this with our staff when you schedule your surgery.

NIGHT BEFORE SURGERY: Nothing to eat or drink after midnight. Please take your normal medications the morning of surgery with a tiny sip of water (except if specifically instructed not to do so).

THINGS TO EXPECT ON THE DAY OF SURGERY: Your surgery will take place at Northside Atlanta Hospital. At your preoperative visit, you will be advised of your arrival time for the morning.

The nurses will check you in. You will see Dr. Vasudevan and meet your anesthesiology team.

You will receive IV antibiotics before, during, and after surgery to help prevent infection.

Surgery can take several hours, and this can vary depending on the nature of what is being treated. However, it may be even longer until your family can see you due to the time needed for preparation, anesthesia, surgery, and recovery. Dr. Vasudevan will do the procedure as patiently and safely as possible. Our nurses may update your family periodically throughout the procedure. Everyone in operating room is working their hardest for your safety. Your family should not be concerned if surgery takes a little longer than expected or if updates are delayed; it just means we are doing our best for you! Dr. Vasudevan will speak to your family at the conclusion of the procedure.

WHAT TO EXPECT FOR YOUR HOSPITAL STAY:

Once admitted, you will be on our dedicated neuroscience floor for the first night, where our nurses and staff are experienced in taking care of neurosurgery patients. Rarely, our spine surgery patients may be admitted to the intensive care unit if Dr. Vasudevan or your anesthesiologist feel that there is need for a higher level of monitoring post-operatively. You may also have a Foley catheter (bladder catheter) the first night for safety and will typically be removed the next morning. You will receive X-rays, and sometimes other imaging studies, prior to discharge so we can compare this to future X-rays during your recovery.

Dr. Vasudevan firmly believes the best place to recover from surgery is at home. We aim for you to return home as soon as it is safe to do so. On the day after surgery, we expect you to be up and walking and eating a normal diet. The sooner you start to resume normal activities, the sooner you will start to feel better!

Most patients stay in the hospital for 2-3 days, but we will only recommend discharge when you are safe to leave the hospital. Dr. Vasudevan may have you on a muscle relaxant and pain medication to take as needed, and prescriptions for these will be sent to your pharmacy or home with you. You will have specific discharge instructions provided for you that include details about wound care and your follow-up appointments.

After surgery, you will be unable to take aspirin or ibuprofen-containing products (Advil, Motrin, Aleve, Excedrin, Goody powder) for several weeks. In some cases, we will allow low-dose aspirin if your other doctors feel it is necessary.