

Rob Dickerman, D.O., PH.D., P.A.
Neurological and Spine Surgeon
972-238-0512

For All Patients

PREOPERATIVE INSTRUCTIONS

Please be certain to bring your films with you to the hospital on the day of surgery. They must be available in order for surgery to be done. **The absence of films will result in the postponement and rescheduling of your surgery. If you use a CPAP machine at home, please bring it with you for your hospital stay.**

You should stop all medications containing aspirin and all non-steroidal anti-inflammatory medications and/or other blood thinning components at least one week prior to your scheduled surgery, unless otherwise instructed by your physician.

If you are taking herbal medications, please be sure to inform the medical staff. It is recommended that these treatments be discontinued two weeks prior to surgery. It has been shown that they may alter blood clotting, heart rate, the immune system, and the effects of anesthesia.

We are interested in the best possible surgical outcome for you. Please be sure to address any questions or concerns you may have regarding your medical care with us.

DO NOT eat, drink, smoke, chew, or swallow ANYTHING after midnight the night before surgery except as directed by the hospital.

After surgery, Dr. Dickerman will meet with your family in the surgical waiting room unless otherwise arranged. Please have a representative available in the waiting room to gather the family upon completion of surgery.

If you have any questions concerning your postoperative management that need to be answered before your scheduled appointment, please call the office or email us from the website www.neurotexas.com

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POSTOPERATIVE INSTRUCTIONS

1. You should not bend over, lift, or twist (NO B-L-T) at the waist, raise your hands over your head, or lift more than four to five pounds for the first two weeks after surgery.
2. You should increase your walking, letting pain be your guide; the first couple of days should be limited to walking in your home, driveway, or local sidewalk, increasing your length of time, walking gradually. The walking activity will encourage blood flow to tissue that is healing.
3. You may not immerse your wound in water, i.e., no bathtub, hot tub, swimming pool, etc., until clearance from Dr Dickerman.
4. Please keep your incision **CLEAN** and **DRY** until you return to the office at your two week post operative appointment.
5. Physical therapy, if needed, is patient dependant and will depend on the type of surgery. Dr. Dickerman will discuss physical therapy with each patient depending on their health status and type of surgery.
6. Your collar or brace must be worn when you are up and walking around and can be removed while sleeping or sitting.
7. Xray and CT scans will be obtained at intervals as instructed by Dr. Dickerman.
8. All patients are not to take non-steroidal anti-inflammatory medications (ex. Advil) as they may delay or prevent adequate bone fusion.
9. You **may not drive a vehicle** until advised to do so by your physician.
- 10. Please follow these post op instructions, and not the instructions given by another facility.**

Respiratory Hygiene

Deep Breathing is very important after surgery to maintain lung expansion and reduce the risk of pneumonia. The hospital will provide you with an incentive spirometer (if not, please request it) and instruct about its use. This device should be used every 15 to 30 minutes during your wakeful hours initially, then every 1 to 2 hours as your activity returns to normal. This device is yours to take home. Continue to use it at home for at least 1 week after your discharge.

SMOKING IS ABSOLUTELY FORBIDDEN!!! There is clear evidence that smoking dramatically increases your risk of post-operative complications. There is also evidence that smoking adversely effects bone healing and nerve recovery. Second hand smoke also applies, so family members and friends should avoid smoking while around you.

Follow-Up Appointment

Our office will call to schedule a follow-up appointment approximately two weeks from the date of your surgery.

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Incision Care

Patients are encouraged to keep their incisions clean and dry after surgery. **Do not allow your incision to get wet until advised to do so.** Plastic coverlets may be used or purchased to help protect incisions from getting soaked in the shower. Do not apply ANY ointments or creams. Surgical tapes or steri-strips may be present to aid in holding the skin's edges together. Allow these to fall off, DO NOT pull them off or get them wet until you are advised to do so.

Narcotics will not be considered for refills on weekends, holidays, or at night!!!

Short Term and Long Term Disability Forms

The usual period of recovery for lumbar disc surgery is 6 to 8 weeks and complete healing may take from 3 to 6 months. Some patients may return to work earlier than others depending on their job, response to surgery, and ability to perform other lighter tasks in the work place. Dr. Dickerman will need to approve the release to return to work.

If your employer requires documentation or specific forms for work, our office will provide copies of your chart (upon the patient's signed authorization) at a charge.

Activity

Do not start any programs of exercise or physical therapy until Dr. Dickerman permits/allows.

Supplements

1. Ask Dr. Dickerman's office about any over the counter supplements you plan on taking as these can affect outcomes.
2. In certain patients, we recommend specific supplements to promote wound healing, please discuss with office.

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Cervical Spine Patients

Postoperative Instructions

Please call the office to schedule a follow-up appointment approximately two weeks from the date of your surgery.

1. Avoid raising your hands over your head or lifting more than four to five pounds for the first two weeks after surgery.
2. You should increase your walking, letting pain be your guide; the first couple of days should be limited to walking in your home, driveway, or local sidewalk, increasing your length of time, walking gradually. The walking activity will encourage blood flow to tissue that is healing.
3. You may not immerse your wound in water, i.e., no bathtub, hot tub, swimming pools, etc., until advised to do so.
4. You may shower if the incision is covered well with a guard or coverlet. Do not allow the incision to get wet. Place a dry dressing over the incision after the shower. The gauze dressing should be changed daily or every other day as long as it is clean and dry.
5. Physical therapy, if needed, is patient dependant and will depend on the type of surgery. Dr. Dickerman will discuss physical therapy with each patient depending on their health status and type of surgery.
6. Your collar must be worn AT ALL TIMES unless changes are specifically addressed by Dr. Dickerman. Hard collars provided may be used in the shower.
7. Xrays and CT scans will be obtained at intervals as instructed by Dr. Dickerman.
8. **DO NOT take non-steroidal anti-inflammatory medications after surgery** (ex. Advil, Aspirin, Aleve, etc.) as they may delay or prevent adequate bone fusion.
9. You MAY NOT DRIVE A VEHICLE until advised to do so by your physician.
10. DO NOT SMOKE! Smoking inhibits fusion.
11. Use frozen gel packs no longer than 30 minutes, 3-4 times per day to decrease swelling around incision. Do not use ice as this could wet incision.
12. Using a pillow wedge to sleep at night is helpful following cervical surgery but not mandatory.

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Lumbar Spine Patients

Postoperative Discharge Instructions

Please call the office either during your hospitalization or immediately after discharge to schedule a follow-up appointment approximately two weeks from the date of your surgery.

1. You should not bend over at the waist, twist at the waist, raise your hands over your head, or lift more than four pounds for the first two weeks after surgery. Perhaps using an extended grabber to pick up things off the floor.
2. Sitting should be limited to 30-45 minutes per hour before you should stand up and move about; you may sit again after moving about.
3. You should increase your walking, letting pain be your guide. The first couple of days should be limited to walking in your home, driveway, or local sidewalk, increasing your length of walking time gradually. The walking activity will encourage blood flow to tissue that is healing. **DO NOT FALL!!!!!!**
4. You may not immerse your wound in water, i.e., no bathtub, hot tub, swimming pools, etc., until advised that it is safe to do so by your physician.
5. You may shower as long as your incision(s) is covered.
6. You **MAY NOT DRIVE A VEHICLE** until instructed to do so by your physician.
7. Use frozen gel packs no longer than 30 minutes, 3-4 times per day to decrease swelling around incision. Do not use ice as this could wet incision.

Additional discharge instructions for LUMBAR FUSION patients:

1. You must wear your brace as advised by your physician.
2. You must not sit more than 30-45 minutes as mentioned above, even while wearing your brace.
3. X-rays and a CT scan may be taken at intervals to assess the status of your fusion.
4. All requests about returning to work and levels of activity should be discussed with Dr. Dickerman. The office **WILL NOT** fill out paperwork, the patient may request for copies of the chart after signing an authorization to release and paying the fee.
5. All fusion surgery patients should **not take non-steroidal anti-inflammatory medications** (ex. Advil, Aspirin, Aleve, etc.) as they may delay or prevent adequate fusion.
6. **Smoking is absolutely forbidden in all fusion patients.** Smoking will delay and possible prevent any bone growth to occur.

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Lumbar Microdiscectomy/Laminectomy/Decompression

Postoperative

After surgery you may experience pain in the region of the incision. Some back or leg pain or muscle spasm as well as tingling or numbness in the leg may also be present. Initially, it may be of greater intensity than preoperatively, but will subside over time as the healing process occurs. This discomfort is caused from surgical retraction of tissue as well as inflammation and swelling of the previously compressed nerves.

You should be walking or lying down and using good posture. You should sit in a straight chair for only short periods of time (less than 45 minutes) before walking once again. This is to maintain flexibility and begin strengthening of your weakened back muscles.

Some patients experience a sore throat and swallowing difficulty after general anesthesia and surgery. This is from manipulation of tissue and the presence of the breathing tube for anesthesia. The sore throat usually will subside within a week. The swallowing difficulty may take longer. Using throat lozenges or lemon drops, sipping cool liquids, or sucking ice chips may soothe this pain.

Activity

Feel free to move about in your bed. The nurse or therapist will assist you in getting out of bed for a short walk a few hours after surgery. You will be instructed to be up walking every 2 to 3 hours during the day and evening. As you recover, the nurse will allow you to do this independently once you are steady and feel comfortable. Early activity after surgery is extremely important to help prevent the complications of prolonged bed rest such as pneumonia and blood clots. It also promotes recovery, relieves muscle stiffness, allows for development of a well-organized scar, and improves your outlook.

Do not start any programs of exercise or physical therapy until Dr. Dickerman releases you.

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Craniotomy- “Brain Surgery”

The First 24 Hours After Surgery

You will be in the Intensive Care Unit (ICU) for the first 24 hours where your nurse will be watching you closely. The presence of close family is encouraged in a limited, quiet setting. You and your family will be kept informed of your progress and changes in your condition. When stable, you will transfer to the neurosurgery nursing unit. You will be connected to several monitors which will measure heart rate, breathing, and blood pressure. There will also be frequent monitoring of your neurological condition. The compression stockings on your legs will promote circulation.

Incision

Your head dressing and possibly a surgical drain will remain in place for one to two days. The sutures or staples will be removed in approximately 14 days. You are encouraged to take Tylenol or another mild analgesic approved by your surgeon or nurse prior to removal of staples. You may not immerse your wound in water, i.e., no bathtub, hot tub, swimming pools, etc., until advised that it is safe to do so by your physician. Do not scrub the incision or apply any ointments or creams to the incision. Do not apply chemical treatments to your scalp (perm, color, etc.) for at least 3 months postoperatively. You may wish to purchase a wig or wear a scarf or hat until your hair returns.

Smoking

Smoking is **ABSOLUTELY FORBIDDEN**. There is clear evidence that smoking dramatically increases your risk of post-operative complications. There is also evidence that smoking adversely affects bone healing and nerve recovery. Second hand smoke also applies, so family members and friends should avoid smoking while around you.

Notify Your Physician Immediately If There Are:

- Changes in your level of consciousness, including restlessness or confusion
- Speech difficulties, swallowing problems not related to pain
- Weakness, especially one-sided
- Changes in vision
- Projectile, forceful vomiting
- Severe headaches
- Seizure or faint feeling
- Leg swelling with calf tenderness

If you have any questions concerning your postoperative management that need to be answered before your scheduled appointment, please call the office or email us from the website www.neurotexas.com