Texas Neuro Spine Institute

Dr. Bala K. Giri| Hasmin Banzuelo, PA-C

Main Office: 214-393-5007
Main Fax: 214-942-1495

WHAT TO EXPECT WHEN SCHEDULING SURGERY

The Following Will Need To Be Completed Prior To Surgery

CLEARANCE

If a clearance is needed, patients are encouraged to contact their doctors' offices to make appointments for clearance. Contact our office to inform us when clearances have been sent to our office.

AUTHORIZATION

In most cases, authorization from your insurance is required prior to your surgery.
Each insurance has a different time frame, and this may affect your surgery date. If we do not receive authorization before your surgery, we will need to reschedule. Insurance authorization can take up to 15 business days depending on the insurance plan. Denials, of which you will be informed, will delay the process.

DISABILITY FORMS

Short Term Disability (STD) and/or Family Medical Leave Act (FMLA) **Please allow up to 10 business days to complete any paperwork.**

PRE-OPERATIVE TESTING/IMAGING

Once you are scheduled for surgery, your scheduler and/or the facility will set up pre-operative testing to make sure you are safe to have surgery.
Pre-operative testing may include blood work, EKG, imaging and often a urine test. Patients do not need to fast for these pre-operative tests.

Brace/Collar Required: ☐ Yes ☐ No

POST-OPERATIVE APPOINTMENT

Typically, these are scheduled for 2 weeks after the scheduled surgery date.

SURGERY

Surgery Scheduler: Sarah Diamond

Patient Name/DOB:

Surgery Date:

Start time:

Arrival time:

SURGERY LOCATIONS:

☐ **Methodist Addison Hospital for Surgery**

17101 Dallas Parkway, Addison, TX 75001

1st floor, Front Desk.

Pre-Assessment Phone: (469) 248-3865

☐ **Methodist Dallas Medical Center**

1441 N Beckley Ave, Dallas, TX 75203

Pavilion ll, 2nd floor, Outpatient Department.

Pre-Assessment Phone: (214) 947-3785

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BEFORE SURGERY: INSTRUCTIONS

1. DO NOT EAT ANYTHING after midnight the night before surgery.

2. DO NOT EAT OR DRINK ANYTHING on the day of surgery.
   Take approved medications the day of surgery with just enough water to swallow the medication, nothing more.

3. Stop taking NSAIDS 7 days prior to surgery.
   Common Examples: Advil, Aleve, Aspirin, Excedrin, Mobic, Motrin, Naproxen, Voltaren. See attached list on page 11.

4. Notify your surgeon if you are taking blood thinners/anticoagulants.
   Common Examples: Coumadin/Warfarin, Eliquis, Plavix, Xarelto. See attached list on page 11.

   Stop taking blood thinners as directed.
   5 days before surgery (10 days for Plavix) or up to prescribing physician when blood thinner (s) should be stopped.

   Your surgeon and/or prescribing physician will instruct you when it is safe to restart your blood thinner after your procedure.

5. Stop taking "weight loss medications" (Specifically, GLP-1 Agonists) 7 days prior to surgery.
   Common Examples: Mounjaro, Ozempic, Victoza, Wegovy, Zepbound. See attached list on page 11.

   ***** Please consult your "prescribing physician" to verify that it is safe for you to stop taking these medications if you are using them for a reason other than weight loss (ex: diabetes management.)

6. Stop taking over the counter supplements 2 weeks prior to surgery:
   Fish Oil/Krill Oil, Multivitamins, Vitamin E, Biotin, Coenzyme 10 (CoQ10), Niacin, Herbals Medications/Tea. **Many supplements can thin the blood and increase bleeding during or after surgery. Additionally, they may interfere with anesthesia or other medications used during surgery.**

7. Stop taking any ACE inhibitors 24 hours prior to surgery.
   Medications ending in "-pril". See attached list on page 11.

BRACE AND STIMULATOR INFORMATION

Before your scheduled surgery, you may need to be fitted for a brace/collar. Our office will get this ordered for you, and you will be contacted by a representative to get it delivered to your home. You will get fitted the week leading up to surgery. If this does not occur the week before surgery, the brace/collar will be taken to the hospital before you are discharged.

NECK BRACE/COLLAR
Please always wear the brace for the first 6 weeks after surgery unless showering (you will be given a shower collar).

BACK BRACE
Wear the brace if sitting up or standing, moving around, or in a moving vehicle.
Otherwise, you may remove your brace for sleeping, relaxing.

BONE GROWTH STIMULATORS
A representative may contact you (generally 1-8 weeks after surgery) regarding a bone growth stimulator, if it was ordered by your surgeon/provider. These are worn daily for 9 months after surgery. Do NOT discard or throw it out when done as they can be reset to accommodate any future spine surgeries you may need.

Use as directed by the supplier. This will help to speed up the fusion process.

☆☆☆ **MAKE SURE TO BRING THE BRACE/COLLAR WITH YOU ON THE DAY OF SURGERY** ☆☆☆

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POST-OPERATIVE INSTRUCTIONS

CONTACT YOUR DOCTOR'S OFFICE IMMEDIATELY IF YOU HAVE:

- Redness, swelling, or increased pain around the wound edges
- Pus or bad smelling discharge from the wound
- Opening of the incision
- Fever greater than 101.2°F
- Any new severe pain, numbness, weakness and/or bowel/bladder issues
- Persistent shortness of breath/chest pain
- Calf pain, redness or swelling (unilaterally: on one side of your body)
- Neck Surgery patients: If at any time you have difficulty breathing, call our office immediately or go to the ER.

POST-OPERATIVE INSTRUCTIONS CONTINUED

POSSIBLE DRESSINGS:

Surgical glue (brand name: Dermabond): The glue start will flake off around 2-3 weeks. Please allow the glue to fall off naturally; do not pull it off or pick at it.

Steri-strips: If you have steri-strips (small, sterile band aids) they will start to peel or fall off after 10-14 days. Do not attempt to remove steri-strips that are adherent before your 1st post-op appointment.

Staples: These will be removed at your 2 week post op appointment in office.

INCISION CARE:

Care of your incision is vital to the success of your surgery. Once you leave the hospital, care of your incision is your responsibility. Please follow these guidelines:

- Always wash your hands prior to touching the dressing over your incision or the incision itself. Anyone involved in the care of your incision must do the same.
- If you are sent home with a bandage/dressing, change the dressing daily.
- Do not apply any ointments such as Neosporin or scar cream until your incision is fully healed; it is better to let the incision dry out naturally.
- Inspect your incision daily; you may need to use a mirror to see the incision.

SHOWERING:

- You may shower 5 days after surgery, and water may run over the incision. Pat dry.
- Avoid high water pressure or scrubbing over the incision site.
- No baths, hot tubs, or swimming (avoid being submerged in water) until cleared by your surgeon; typically 6-8 weeks or until your incision is fully healed.

ACTIVITY:

- No strenuous activity.
- The best activity is walking, but don't overdo it. (10-15 minutes several times a day)
- Gradually increase activity as tolerated. If it hurts, don't do it.
- Stair climbing is allowed; use the hand rails for support. If you are unsteady on your feet, please avoid stairs.
- No climbing (ex: on ladders) without assistance.
- No exercising or playing sports until your surgeon clears you.
- No purposeful weight training.
- No high impact aerobics activities. (ex: running, dancing, cycling)

FOR 6 WEEKS AFTER SURGERY - RESTRICTIONS:

- Take it easy. Move gingerly when bending, extending or twisting the neck/back.
- No lifting over 5 lbs. Your surgeon will let gradually increase your lifting restriction based on your progress.

MEDICATIONS:

- Pain medication/muscle relaxers: take as needed and follow the prescription instructions (do not take more than what is prescribed).
    - o These medications may cause constipation, drowsiness and nausea. Report any extreme adverse side effects.
- Resume anticoagulants as instructed by your surgeon and/or "prescribing physician" (ex: cardiologist.)
- Resume routine medications as directed at discharge.

POST-OPERATIVE INSTRUCTIONS CONTINUED

DIET:

- Make sure to drink plenty of water (64oz / 8 cups) daily if tolerated. A well-balanced diet is also essential for recovery:
    - o Protein – increased protein in your diet supports healing and recovery post-operatively. Protein shakes are recommended and provide an excellent source if appetite is reduced or dietary intake is limited.
    - o Fiber – increased fiber helps prevent constipation, a common side effect caused by pain medications (especially opioids) and reduced physical activity. Fiber helps keep things moving through your digestive system, making it easier and more comfortable to have bowel movements during recovery.
- You will have a sore throat after surgery. This is normal. Initially, you may need to eat softer foods that are easier to swallow.

ALCOHOL:

● We recommend avoiding heavy or excess drinking directly after your procedure. ● Please be mindful of alcohol's interactions with your pain medications and muscle relaxers. (ex: liver toxicity, respiratory depression, excessive drowsiness, increased fall risk.)

SMOKING AND NICOTINE:

- We strongly recommend (and sometimes require) for you to stop smoking for 3-6 months.
- Stopping all forms of nicotine will improve outcomes.
    - o Sources include: cigarettes/cigars, pipe tobacco, chewing tobacco, snuff, lozenges/gum, patches, e-cigarettes/vapes/pod systems, etc.
- Complications related to nicotine use after surgery include poor wound healing, higher infection risk, bone healing problems (delay/prevention of bone fusion), and a higher risk of blood clots.

DRIVING:

- No driving until approved by your physician.
- In general, driving is not allowed for 3 weeks following your surgery.
- Please review driving precautions (included on the information provided by the pharmacy) with any pain medications you are taking. Pain medication may cause drowsiness which interferes with the ability to operate a motor vehicle or other heavy machinery.

POST-OPERATIVE INSTRUCTIONS CONTINUED

WORK:

- Do not return to work until you have received clearance from your physician.

FOLLOW-UP APPOINTMENTS:

- Your first follow-up is typically about 2 weeks after surgery.
- After your first visit to our office post-operatively, we will schedule additional follow-up appointments as directed by your surgeon.
- If you had a fusion, you will need to get x-rays/imaging prior to your second/third follow-up visit. You will be notified by office staff regarding when/where imaging is scheduled. If unsure, contact our office for appropriate instructions.

PAIN MANAGEMENT - MEDICATION NOTICE

REGARDING OPIOIDS

If you are prescribed opioid pain medication after surgery, you will only be given a maximum 7-day supply of medication per Texas House Bill 2174. This law went into effect September 1st 2019, and it prevents physicians from giving any more than 10 days of opioid pain medication for acute pain. This is also a part of Texas Health and Safety Codes Section 481.07636. *Please note this is only for opioids.*

If you decide that you need more pain medications, you may need to be referred to pain management for further assistance.

There is a national opioid shortage, if your pharmacy does not have the dose you were prescribed it is the patient's responsibility to:

- Locate a pharmacy that has the dosage
- Ask your pharmacy what doses are available

Once you have the above information you may call our office so your prescription can be updated/sent.

ATTENTION PATIENTS WITH CURRENT PAIN MANAGEMENT

Your neurosurgeon recommended surgery. Since you may be under a pain contract with your pain management provider, we request that you contact their office, advise them of the recommended treatment plan, and discuss your postoperative pain management.

If your pain management provider requests to have your neurosurgeon manage your acute pain post-operatively, our office will provide post-operative pain medication at the time of discharge from the hospital. We will also help manage your acute pain post operatively, however, this will not include the chronic pain medication you are receiving from your pain management provider. The post operative period is normally ~3 months.

OTHER

Sometimes insurance does not cover or requires a prior authorization for these medications, if this occurs you will have to pay cash for the prescriptions.

You may obtain a coupon for a cheaper cash price from www.goodrx.com

The cash price with a goodrx coupon is generally under $20 - $30, but may run $5 - $50.

Prescriptions can only be refilled Monday through Friday 8:30am to 4:00pm. All refill requests made after 4:00pm

on Friday will be called in the following Monday. Allow 36 hrs for all refills.

CONSTIPATION GUIDELINES

As if the discomfort that goes along with recovery from surgery is not enough, a frequent side effect of narcotic pain medication is constipation. The narcotic not only depresses your perception of pain, but also depresses your colon function. Decreased activity or immobilization before and after surgery may cause

constipation. If you have any chronic gastrointestinal conditions, please consult your primary care provider or gastroenterologist.

It may be a good idea to start on the following regimen to prevent constipation. You can purchase these medications at your local grocery store or pharmacy over the counter.

- Water
  Patients should drink at least 64oz / 8 cups of water per day.

- Metamucil
  A fiber source. Follow directions as indicated on the product.

- Stool softener (ex: Colace, Surfak)
  Follow directions as indicated on the product.

- Magnesium citrate
  Liquid form. May be labeled "saline laxative" or "saline laxative oral solution".
  Comes in a variety of flavors: lemon, orange, cherry, grape, etc.

- Senakot
  Restores the normal movement through the colon. Up to 8 may be taken per day as needed.

- Milk of Magnesia
  A laxative for severe constipation. Follow directions as indicated on the product.

- Fleets Enema or Glycerin Suppositories
  May be used if above products are not effective.

As your need for narcotics decreases, your activity and walking should increase, your bowel movements will become regular, and you can discontinue the above medications gradually.

MEDICATION REFERENCE SHEET

Nonsteroidal anti-inflammatory drugs (NSAIDS):

- Aspirin (Bayer)
- BC Powder
- Cangrelor (Kengreal)
- Celecoxib (Celebrex)
- Diclofenac (Cambia, Cataflam, Voltaren-XR, Zispor, Zorvolex)
- Diflunisal
- Etodolac
- ESGIC
- Ibuprofen (Motrin, Advil)

Anti-Coagulants/Blood Thinners:

- Abciximab (Reopro)
- Apixaban (Eliquis)
- Clopidogrel (Plavix)
- Dabigatran (Pradaxa)
- Dipyridamole (Aggrenox, Persantine) •

Eptifibatide (Integrilin)

- Heparin
- Indomethacin (Indocin)
- Ketoprofen
- Ketorolac (Toradol)
- Meloxicam (Mobic)
- Nabumentone (Relafen)
- Naproxen (Aleve, Anaprox, Naprelan, Naproyn) •

Oxaprozin (Daypro)

- Piroxicam (Feldnene)
- Salsalate (Disalsate)
- Sulindac (Clinoril)
- Tometin (Tolectin)
- Prasugrel (Effient)
- Rivaroxaban (Xarelto)
- Ticagrelor (Brilanta)
- Ticlopidine (Ticlid)
- Tirofiban (Aggrastat)
- Vorapaxar (Zontivity)
- Warfarin (Coumadin)

"Weight loss" medications. Specifically, GLP-1 Agonists (Incretin Mimetics): • Albiglutide

- Dulaglutide (Trulicity)
- Exenatide (Bydureon, Bydureon BCise, Byetta)
- Liraglutide (Saxenda, Victoza)
- Lixisenatide (Adlyxin)
- Semaglutide (Ozempic, Rybelsus, Wegovy)
- Tirzepatide (Mounjaro, Zepbound)

ACE Inhibitors (medications ending in "-pril"):

- Benazepril (Lotensin, Lotensin HCT, Lotrel)
- Captopril (Capoten)
- Enalapril (Vasotec)
- Fosinopril (Monopril)
- Lisinopril (Prinivil, Zerstril)
- Moexipril (Univase)
- Perindopril (Aceon)
- Quinapril (Accupril)
- Ramipril (Altace)
- Trandolapril (Mavik)

Texas Neuro Spine Institute

Patient Guide

Understanding Your Surgery

Anterior Lumbar Interbody Fusion (ALIF) & Posterior Lumbar Fusion

Dr Giri has recommended this surgery for you:

Dr. Giri has recommended a two-part surgery for you: an anterior lumbar interbody fusion (ALIF) followed by a posterior lumbar fusion. The two-part surgery will be done either on the same day or on two different days. This guide walks through what happens on the day of surgery, what each part of the procedure involves, and what to expect during your recovery at home.

Want to see it in motion?
Visit txspineinstitute.com and click "Surgical Animations" on the home page for a visual walkthrough.

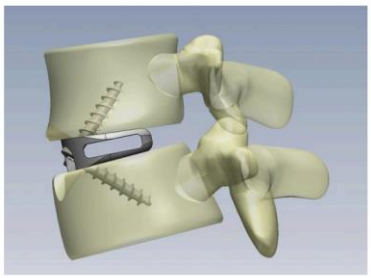
On the Day of Surgery

You will arrive 2 hours before your scheduled surgery time. The pre-op nursing team will get you ready, and the anesthesiologist will place you under general anesthesia before your procedure begins. You will also talk with the general surgeon who assists with the anterior approach before you go back.

Part 1: The Anterior Lumbar Interbody Fusion (ALIF)

The general surgeon makes a single skin incision next to the belly button, running up and down, and carefully works down to the front of the spine to expose the affected vertebrae and disks. From there, Dr. Giri will:

- Remove the damaged disk
- Place a spacer in the disk space to restore proper height and keep the space open
- Fill the spacer with donor bone to encourage fusion
- Secure the spacer with screws that anchor it into the bone above and below



Once the spacer is secure, the general surgeon closes the incision with sutures placed entirely beneath the skin, sealed with a layer of surgical glue rather than visible staples or stitches.

Part 2: The Posterior Lumbar Fusion

That same day or on a different day from the ALIF, you will return to surgery for the second stage. Dr. Giri makes either one central incision or several smaller incisions — one in the middle and one on each side of the spine.

- Through the middle incision, he may remove a small amount of bone behind the spinal canal to relieve pressure on the nerves
- Through the side incisions, he places a screw on each side at the same level as the anterior spacer
- The screws are connected with a rod on each side, adding stability to the spacer and the spine



The incisions are closed with staples on the skin, and you may go home with a small drain, which will be removed before discharge if one is placed.

About Your Implants

All hardware placed in your spine is made of titanium and is MRI-compatible. It will not set off airport metal detectors, so there's no need to carry a medical device card.

Caring for Your Incisions at Home

- Change the dressing daily using gauze and tape — it does not need to be airtight
- Keep the incisions dry for the first 4 days after surgery
- On day 5, remove the dressing before showering and let water run gently over the incisions — no soap, ointment, or cream
- Blot the area dry afterward and apply a fresh dressing

Extra dressing supplies are available at CVS or Walgreens if you run out of what the hospital provides.

Activity & Recovery Timeline

- Wear your back brace whenever sitting or walking for the first 6 weeks — this will be given to you prior to surgery or on the day of surgery
- No driving for at least the first 2 weeks
- No lifting more than 5 pounds during the first 6 weeks
- Follow-up visits with Dr. Giri every 2 weeks; the brace is discontinued at the 6-week visit if x-rays are stable
- Starting at 6 weeks: physical therapy 3 times a week for 4 weeks
- From week 6 to week 12: lifting restriction increases to 15 pounds
- After 12 weeks: restriction-free, pending your surgeon's confirmation

Medications & Bone Healing Support

- Avoid all anti-inflammatory medications for the first 3 months — these can interfere with fusion
- If approved by your insurance, a bone stimulator will be provided for you to use daily for 4 months to help stimulate bone growth and ensure the fusion is successful

Ongoing Follow-Up

Dr. Giri will follow your progress for 2 years after surgery, with visits spacing out further apart once you pass the 6-week mark.

Questions? Please contact our office any time — we're here to help.

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