



**Weill Cornell Medicine**

PROVIDING WORLD-CLASS CARE WITH  **New York-Presbyterian**

# YOUR GUIDE TO SPINE SURGERY

Och Spine at New York-Presbyterian/  
Weill Cornell Medical Center

Och Spine at  
New York-Presbyterian/The Spiral

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Och Spine at New York-Presbyterian  
at the Weill Cornell Medicine  
Center for Comprehensive Spine Care

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**888-922-2257**



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Dear Patient,

On behalf of the physicians and staff at Och Spine at NewYork-Presbyterian/Weill Cornell Medical Center, thank you for partnering with us and trusting us with your care. Millions of people suffer from neck or back pain at some point in their lives. Sometimes this pain can be attributed to trauma, a spinal tumor or an infection. More often, the pain is chronic, progressive and unrelenting. This pain often responds to various types of intervention.

The team of physicians, nurses, therapists and staff at our spine center provides state-of-the-art, comprehensive, integrated care for patients with back pain and all types of spine-related conditions and injuries. Patients receive a complete continuum of care, from diagnosis to treatment and recovery. When surgery is part of the plan, the spine surgeons from Weill Cornell Medicine's faculty offer world-class surgical expertise in spinal fusion surgery and other advanced, minimally invasive procedures.

Our spine center prides itself on a three-part plan for each patient:

**Expert, Accurate Diagnosis.** Too many people suffer back or neck pain from unknown causes — or worse, due to a misdiagnosis. Our world-class experts will pinpoint the exact cause of your pain to determine the most effective treatment.

**Comprehensive Treatment.** Our team approach allows us to draw on expertise from neurology, neurosurgery, rehabilitation medicine, anesthesiology and physical therapy. After assessing your case, the spine team will tailor a treatment plan that may include physical therapy, medication, interventional pain management, acupuncture and movement therapies. When surgery is required, we offer the most advanced minimally invasive techniques, including techniques that dramatically shorten your recovery time. We offer on-site rehabilitation, led by physical therapists whose holistic spine rehabilitation includes therapeutic exercise, manual techniques, yoga, McKenzie technique and pool therapy.

**Patient/Provider Partnership.** Patient education is one of the hallmarks of our approach. We consider you our partner in collaboratively planning the most effective and customized approach to restoring you to health.

The information in this booklet is intended to provide a reference to guide you through your surgical experience; it is based on what is typically experienced. It is important for you to remember that you are in charge of your recovery. The sooner you become active, within the activity restrictions recommended by your surgical team, the sooner you may start to return to normal activity. We know that choosing a spine surgeon is a big decision; thank you for choosing our team. We look forward to working with you to ensure the best experience and outcome.

Your Spine Care Team  
Och Spine at NewYork-Presbyterian/Weill Cornell Medical Center

## About Our Spine Surgeons

Our spine surgeons at Ochsner at NewYork-Presbyterian/Weill Cornell Medical Center bring extensive training and experience to every patient they treat. Together, they perform more than 1,500 spinal operations each year, treating patients of all ages with a wide range of conditions — from common to highly complex.

We welcome patients from our local community and around the world, and we take a team-based approach to your care. Our specialties include minimally invasive surgery, computer-guided navigation and complex spinal deformity correction.

When compared to national averages, our patients experience shorter surgeries, less blood loss, shorter hospital stays and fewer early complications. They also report higher satisfaction with their care.

We're committed to advancing the field of spine surgery through ongoing research and clinical trials, ensuring our patients benefit from the latest innovations.

## Meet the Spine Surgeons



**Roger Härtl, MD**  
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Spine Surgery  
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Minimally Invasive and Complex Spine Neurosurgery  
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## Advanced Practice Providers

### Inpatient



Suzan Wollard, MMSc, PA-C  
Chief Physician Assistant



Beth Higgins, BSc,  
PA-C  
Supervisor Physician  
Assistant



Chloe Holland,  
MSHSPA, PA-C  
Supervisor Physician  
Assistant



Gabriella Barry, PA-C  
Physician Assistant



Rita Bahnan, PA-C  
Advanced Physician  
Assistant



Carlos Castro,  
MMSc, PA-C  
Physician Assistant



Lauren Bonomi, PA  
Physician Assistant



Nicole Doyle, MS, PA-C  
Advanced Physician  
Assistant



Daniella Fair, PA  
Physician Assistant



Lauren Freeley, PA  
Physician Assistant



Luisa Jaramillo, PA  
Physician Assistant



Ashley Kravitz, PA  
Physician Assistant



Ryley Marston, PA  
Physician Assistant



Julia Rich, MSPAS,  
PA-C  
Advanced Physician  
Assistant



Erin Tesoriero, PA  
Physician Assistant



Meghan White, PA  
Physician Assistant



Andrea Wolf, PA  
Physician Assistant



Kristy Lin, PA  
Physician Assistant

### Outpatient



Emily Bickel, DNP, FNP-C  
Nurse Practitioner



Edward Butler,  
MSN, ANP-BC  
Nurse Practitioner



Jenna Foushee,  
PA-C  
Physician Assistant



Jenny Lam, BSN, RN  
Clinical Nurse



AGPCNP-BC  
Nurse Practitioner



Shilpa Nilavarath DNP,  
AGNP-C  
Nurse Practitioner



Alyssa Phalen, BSN, RN  
Registered Nurse



Giselle Payamps BSN,  
RN  
Registered Nurse



Lin Su, DNP, AG-  
PCNP-BC  
Nurse Practitioner  
Maria Wright, MSN,

During your care at Och Spine at NewYork-Presbyterian/Weill Cornell Medical Center, you will meet a number of health care professionals who work together as your health care team. You and your family are also an important part of the care team. We encourage you to speak up and let your needs and concerns be known.

#### Doctors.

Several doctors may be involved in your care. Your attending physician leads your treatment and may be joined by specialists, fellows (doctors pursuing advanced training in a specific area) or residents (doctors completing their specialty training under supervision).

#### Nurses.

Nurses work closely with your doctors and the rest of your care team. A registered nurse (RN) will serve as your primary nurse, coordinating your day-to-day nursing care. The Patient Care Director oversees all nursing staff on your unit.

#### Nurse Practitioners (NPs).

Nurse practitioners are advanced practice registered nurses who have obtained licensure and certification through additional education and experience who provide care through collaboration with your attending and team. Nurse practitioners may diagnose, treat and prescribe tests or medications for a patient's condition within their specialty area of practice.

#### Care Coordinators.

Care coordinators are RNs who see that your doctor's orders are carried out appropriately. The care coordinator may ask you questions about your care and medical insurance so that you can receive the appropriate benefits covered under your policy.

**Unit Clerks.** Unit clerks greet patients and visitors as they arrive on the unit, answer phones, respond to call bells and schedule tests. They are available to answer your questions and direct you within the unit. If the unit clerk does not know the answer, he or she is responsible for finding the appropriate person on the unit who can help you.

**Physician Assistants (PAs).** Physician assistants are health professionals who are members of your health care team. Under the supervision of your attending physician, they can deliver a range of medical and surgical services, conduct physical exams, diagnose and treat illnesses, order and interpret tests, counsel on preventive health care, assist in surgery and prescribe medications.

**Social Workers.** Social workers help you and your family manage your hospital stay and plan for your return home. The social worker can address the emotional issues that come with being in a hospital, provide patient and family counseling, coordinate discharge planning and offer information about support groups.

**Dietitians.** Registered dietitians are also professional members of the health care team. They plan for your dietary and nutritional needs during your hospital stay according to your doctor's orders. If you require a special diet, your dietitian provides you with information and teaches you how to follow the diet before you go home.

**Physical Therapists.** Physical therapists assess your physical and functional needs and provide you with exercises and programs to help you regain strength, restore your mobility and improve your ability to do home and work activities in preparation for discharge.

**Occupational Therapists.** Occupational therapists provide therapy designed to help improve your ability to carry out activities of daily living — such as dressing, bathing and grooming — following your discharge.

## The Month Before Surgery: Your Checklist

### Preoperative Evaluation and Paperwork

- Schedule a preoperative appointment with your primary care provider, cardiologist and/or other specialist as determined by your surgical team. The appointment, including pre-testing, labs and physical exam, must be within 30 days of surgery and must be received no later than 5 business days prior to surgery for review.
- Please call the surgeon's office to provide the date of the appointment once scheduled.

To ensure that you are in optimal physical condition, your provider will carry out any required diagnostic tests, history and physical exam, and may refer to other specialists if required.

- Preoperative workup may include laboratory tests, history/physical examination, EKG
- You may have other evaluations as needed (for example, cardiology, pulmonology, hematology)
- Complete a 2 page Pre-Procedure Screening Tool and return it to your surgeon's office.
- Disability and/or FMLA forms can be faxed to your surgeon's office (see page 20 for fax numbers).

### Imaging

- Provide a copy of MRI, CT scan, x-ray or other imaging to your surgeon at least a week before surgery.
- If any new imaging is needed, please contact the surgeon's office to arrange.

### Insurance

- To discuss insurance authorization or financial responsibility please contact the surgical coordinator assigned to your surgeon. Usually insurance authorization is initiated about two weeks prior to the surgical date.
- For any hospital related billing questions: 212-297-4545. For anesthesia related billing questions: 212-746-2793. For anesthesia related clinical questions: 646-697-0900.

**Medications:** Some medications can be harmful during surgery because they increase your risk of bleeding.

- 10 Days Prior to Surgery...** stop taking any **over-the-counter herbal supplements** such as chondroitin, danshen, feverfew, fish oil, garlic tablets, ginger tablets, gingko, ginseng, quilinggao, vitamin E, Co Q10, turmeric and St. John's wort. Do not resume taking these supplements until 1 week after surgery. Note: Check with your surgeon if you have any questions or concerns about resuming herbs/supplements.

- 7 Days Prior to Surgery...** If you are taking **blood thinners/anti-coagulants**, discuss this with your primary

prescriber, as well as your surgeon. It is important to follow your doctor's recommendations exactly, as any variance may put you at increased risk for dangerous complications.

If you take an **arthritis medication, biologic agent, or medication for autoimmune disease**, discuss with your primary prescriber and your surgeon's team about when these medications should be stopped prior to your surgery.

If you have **diabetes or are using weight loss medications** such as dulaglutide (Trulicity®), exenatide (Bydureon BCise®), semaglutide injection (Ozempic®, Wegovy®) or tirzepatide (Mounjaro®) hold for 1 week prior to surgery.

- 3 Days Prior to Surgery...** stop taking **NSAIDs** such as ibuprofen (Advil, Motrin), naproxen (Aleve), celecoxib (Celebrex), or meloxicam (Mobic), unless instructed otherwise by your surgeon. You may resume NSAIDs at least 6 weeks after your surgery, but check with your surgeon about when you are cleared to resume these medications.

**Stop taking baby aspirin** (81 mg) for prevention of heart disease only. Confirm with your primary prescriber or cardiologist prior to stopping this medication. After surgery you should follow up with your surgeon for instructions on when to resume taking aspirin.

If you have **diabetes/heart failure, stop taking SGLT2 inhibitors**, which include dapagliflozin (Farxiga®), empagliflozin (Jardiance®), canagliflozin (Invokana®). Please note, if you are using ertugliflozin (Steglatro®) hold  $\geq 4$  days prior to surgery.

Start taking a mild stool softener to help prevent constipation. Constipation may be caused by anesthesia and the narcotic pain medication you will take after surgery.

## Your Overall Health Is Important

**S**urgery can be a cause of stress both physically and mentally. Physical and mental well-being is important and may require lifestyle changes to ensure you are at your absolute best before, during and after surgery!

### Weight Control

Being overweight can increase your risk of complications such as infection, wound healing problems and delayed recovery. We understand that pain may limit your ability to exercise — talk to your care team about modified activities that might work for you. A balanced diet with appropriate portions is also important, and a nutritionist can help if you'd like guidance.

### Mental Well-Being

Your mindset matters. Anxiety and stress can sometimes get in the way of healing. Meditation, guided imagery or working with a mental health provider can help you develop healthy coping strategies. Free apps like Headspace, Calm and Stop, Breathe & Think are easy ways to get started. If you'd like a referral to a mental health provider we work with, just ask.

### Stop Smoking

Nicotine use increases your risk of surgical complications. If you smoke, we strongly encourage you to quit before your procedure. Free resources are available:

- New York State Smoker's Quitline: 1-866-NY-QUITS (1-866-697-8487) and [nysmokefree.com](http://nysmokefree.com)
- New Jersey Quitline: 1-866-NJSTOPS (657-8677) and [njquitline.org](http://njquitline.org)
- Quit Now Connecticut: 1-800-QUITNOW (784-8669) and [quitnow.net/Connecticut](http://quitnow.net/Connecticut)

### Home Safety Evaluation

Some important questions to consider or address before surgery:

- Stairs: Are there railings? Do you have stairs to get into or out of your home?
- Having a family member/caregiver present to assist you if needed is highly recommended.
- Prepare the home: Remove throw rugs, cords or other obstacles from the floor to allow for easy and safe walking.
- Avoid step stools and ladders after discharge. Place necessary items in cabinets or dressers at a level that you can easily reach (not too high/not too low).
- Grocery shopping/meal prep/planning for after discharge
- Assistive Devices: If there are any assistive device needs identified after surgery while in the hospital, the inpatient team will help coordinate obtaining these. Usually, there are not any devices to purchase before surgery.

### Prepare for Surgery

**T**he Integrative Health and Wellbeing program at NewYork-Presbyterian offers mind-body sessions to help patients prepare for surgery. These mind-body techniques have been shown to reduce anxiety before surgery and reduce the amount of pain medication needed afterward. For more information, visit [nyp.org/integrative-health-program](http://nyp.org/integrative-health-program)

## Family Member/Caregiver Support

- Who is your main contact person?
  - The surgeon will speak to a designated family member or friend after the procedure is complete. If this person needs to be called, please provide phone number to surgeon prior to surgery.
  - Due to the Federal Health Insurance Portability and Accountability Act (HIPAA), hospital staff cannot give health information to multiple people over the phone.
- **Important:** You must have an adult escort you home after discharge. Without one, your discharge may be delayed.
- It is important to have a family member, close friend, or caregiver to assist in preparation for surgery and throughout recovery. The following are areas that this person can be helpful:
  - Transportation to and from the hospital — it is best to plan transportation ahead of time
  - Providing support and assistance around home during the first week after discharge

### Private Duty Nursing

If you would like a Private Duty Nurse or Companion, you can call 212-746-4091. Private duty services are provided by an independent contractor who will expect payment prior to the service and are not included in the hospital charges.

### MyChart

Please sign up for Weill Cornell Connect/MyChart, which will allow you online access to some of your medical records and to send secure messages to your health care team. Visit: [mychart.med.cornell.edu/mychart](http://mychart.med.cornell.edu/mychart)

### The Day Before Surgery

#### Preoperative Phone Call

- An OR nurse will call you the business day before surgery to confirm your procedure and arrival time.
- During this call, you will also be reminded of the following instructions:
  - DO NOT eat any solid food (including candy or mints) after midnight on the day of your surgery.
  - YOU MAY drink up to 8 ounces of clear liquids on the day of surgery, up to 2 hours before your hospital arrival time.\*
    - OK: water, sports drinks, apple juice, black coffee/tea (no cream or milk)
    - NO: milk, cream, alcohol, or drinks you cannot see through (for example, orange juice)

\*If you have any history of delayed gastric emptying, please do NOT eat or drink anything after midnight the night before surgery.

- Take all of your usual medications with a sip of water prior to coming to the hospital, unless instructed otherwise.



If you do not receive a phone call by 4 pm, please call 212-746-5299 if you are scheduled for surgery in Greenberg 3 West.

## What to Bring to the Hospital: Important Checklist

### Bring:

- Advance directives
- Complete list of current medications
- List of allergies
- Emergency Contact Information, including phone number
- CPAP machine, inhalers, eye drops, all Parkinson's medications and any brand-name medication for which you would not want a generic substitute.\*
- Wear loose-fitting, comfortable clothing
- A change of clothes to wear home
- Insurance card/information
- Eyeglass, dentures or hearing aids, any assistive devices you use (for example, a walker or cane). Please ensure all are labelled.

\*If you are bringing medications, please bring them in the original bottles with original labels so that the hospital pharmacy can approve them to be utilized during your hospitalization—do NOT bring medications unlabeled or in a daily pill organizer.

### Do NOT Bring:

- Valuables
- Medications from home (except inhalers or eye drops if needed)
- Electrical devices (such as hairdryers and heating pads)

### The Day of Surgery: Check-In

Arrive at 525 E 68th Street and check in at Greenberg 3 West. (For information about parking, see page 19.)

- Family members/caregivers are allowed to stay with you during this time.
- Following check-in, you will begin meeting with members of care team, including your surgeon, anesthesiologist and nurses.



### For Your Safety

Verification: Prior to surgery, you will frequently be asked your name, date of birth and what procedure you are having done.

Medication Reconciliation: Please be prepared to discuss your current medications including name, dosage, how often you take them, and when the last dose was taken.

### Infection Prevention

You will be given an antibiotic before surgery; this will be continued for as long as the surgeon feels it is necessary. Handwashing and proper hygiene is strongly encouraged to decrease risk of infection as well as avoiding people with a cough, cold, fever or other illness.

## About Anesthesia

The Division of Neurosurgical Anesthesiology consists of 10 faculty members. We are an experienced team that has excellent collaborative relationships with the neurosurgeons, neuroradiologists, neurophysiologists and nurses with whom we work on a daily basis.

Whether you're having a minimally invasive procedure or a complex spinal fusion, we tailor your anesthesia plan to your specific needs. We also use advanced monitoring to protect spinal cord function during surgery and have developed specialized protocols for sedation and pain relief.

The Division works closely with the division of Pain Medicine ([painmedicine.weillcornell.org](http://painmedicine.weillcornell.org)) and the Pre-Anesthesia Evaluation Clinic ([anesthesiology.weillcornell.edu/for-patients/what-to-expect](http://anesthesiology.weillcornell.edu/for-patients/what-to-expect)).

The Pain Team consists of board-certified physicians and fully trained staff, and they deliver comprehensive, multidisciplinary care for individuals with acute, chronic, and cancer-related pain.

The Pre-Anesthesia Evaluation Clinic provides consultation services to patients scheduled for elective surgery. Located on the 9th floor of the David H. Koch Center at 1283 York Avenue (at 68th Street), this unit is staffed from 8 am to 5 pm, Monday through Friday. Patients are seen by appointment.

### Anesthesia and Pain Management

The Enhanced Recovery After Surgery (ERAS) pathway is an evidence based model developed by our neurosurgery, pain management and anesthesia teams. Our goal is to minimize stress on your body throughout the surgical process to shorten your recovery time. There are three main parts to this pathway: 1) early mobilization, 2) nutritional support, and 3) multimodal pain control that minimizes the use of opioids. This process begins prior to your arrival to the hospital and continues throughout your hospital stay and even after you have returned home. The ERAS pathway can be customized for each patient. Based on your medical history and proposed surgery we may refer you to our pain management specialists before your surgery to create a plan tailored to your specific needs. There may be other therapies offered to help with your pain during your hospital course.

#### Pre-operative

Drink Gatorade or Clear Fast prior to hospital arrival (unless there is a contraindication that was discussed with your provider). Upon arrival to the hospital, you will receive 3 oral medications to help with post-operative pain (Tylenol, Gabapentin and Celecoxib, unless there is a medical contraindication that was discussed with your provider)

#### Intra-operative

During surgery, the anesthesia team will manage body temperature and administer intravenous (IV) steroids and IV opioids for pain control. You will also be given IV anti-nausea medication to help prevent nausea/vomiting after surgery.

#### Post-operative

See page 15



## Recovery Room/PACU

After your procedure, you'll be taken to the Post-Anesthesia Care Unit (PACU), also called the Recovery Room. Here, specially trained nurses will monitor you closely as the anesthesia wears off. You'll stay in the PACU until you're stable — at which point you'll either be transferred to a hospital room or, if you're going home the same day, prepared for discharge.

## Transfer to Your Room

If you are admitted to the hospital, as soon as a bed becomes available you will be transferred to your room and will continue your recovery process there until discharge.

## What to Expect During Your Hospital Stay

During your hospital stay, you will be cared for by the neurosurgery team under the direction of the surgeon. This team includes nurses, nurse practitioners, physician assistants, surgery residents, anesthesiologists; it may also include physical therapists, occupational therapists, social workers, care coordinators, nutrition and custodial staff and volunteers.

Your daily schedule while in the hospital may be similar to this:

- **Early morning:** Your medical team will check on you briefly to make sure you're recovering well.
- **Mid-morning:** Your team will discuss your progress and goals for the day, including any updates on your discharge plan. If you have questions or concerns, you can ask any team member to speak with you privately.
- **Late morning:** If you're going home that day, you'll receive discharge instructions and prescriptions. Most discharges happen around 10 am.
- **Early afternoon:** Your team will check in again to monitor your progress.

We're here to support you — please don't hesitate to ask questions at any point.

## Visiting Hours

In general, visiting hours are from 9 am to 9 pm. However, visiting hours can vary according to the location, condition, and needs of the patient. Please look for signs indicating special visiting hours on a particular unit, or ask the nursing staff on that unit. Our staff will work with patients and families, especially those in a room with two beds, to allow patients time to rest and sleep.

## Discharge Planning

Discharge planning begins early in your hospital stay. There are a few discharge options that are the most common, including but not limited to the following:

- Home, with or without home care services
- Rehabilitation (Acute or Subacute)

If home care services or inpatient rehabilitation is indicated, the inpatient rehabilitation team will evaluate you after surgery. Based on their findings, they will provide a recommendation in collaboration with your surgeon's team for to ensure a safe discharge. The social worker and discharge planning team will work to provide options within the recommendation. They will work together with you and the team to carry out the discharge plan; they may assist in arranging transportation, rehab services, assistive devices as medically indicated. If possible, these services and devices may be processed through your insurance.

### Och Spine at NewYork-Presbyterian/Weill Cornell Medical Center

Most spine patients who require admission stay in the Och Spine unit on the second floor, which offers private rooms and specialized spine care. This unit is designed for short-stay spine cases and provides advanced technology and personalized care from a dedicated spine team. If the unit is full or your case requires a higher level of care, you will be admitted to the most appropriate neurosurgery unit. Our priority is your safety, comfort, and individualized care.

## Postoperative Appointment

Upon discharge from the hospital, please call your surgeon's office to schedule your first postoperative visit. It is usually about 2 to 3 weeks after surgery but may vary based on your specific case.

## Incision Care

**IMPORTANT NOTE: If a plastic surgeon was involved in your surgery, all incision instructions will be provided by the plastic surgery service. In that case, please disregard the instructions below and contact your plastic surgeon.**

## The Basics

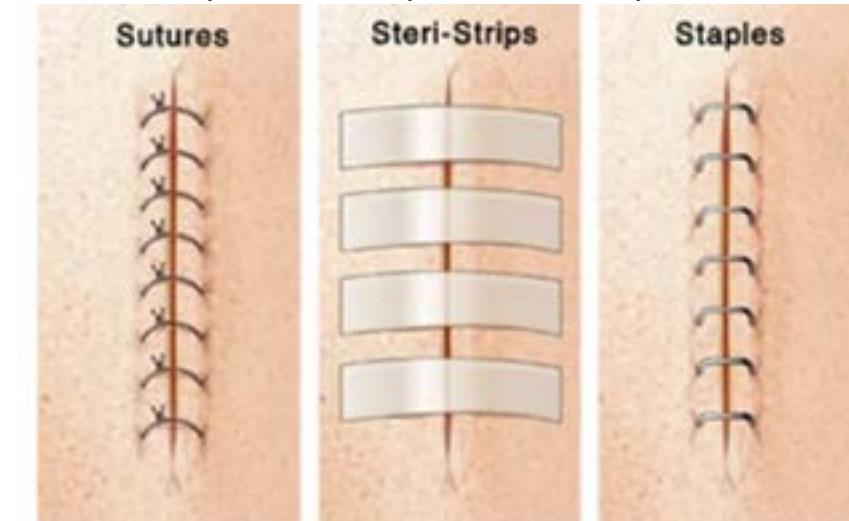
- DO NOT apply bandages, lotions, or ointments to the surgical wound.
- DO NOT scratch or scrub the wound.
- DO keep the incision clean and dry.

## Showering After Surgery

- You will be instructed on which postoperative day you can remove the dressing and shower with the incision exposed. It usually ranges from 1 to 3 days after surgery.
- At that time remove the dressing, let soap and water run over the incision daily and pat dry with a clean towel.
- DO NOT submerge in water (pool, tub) until you are cleared to do so at your postoperative appointment. Usually it is recommended to avoid submerging the incision area for 2 to 4 weeks postoperatively or until well healed.
- If there are drains, incision opening, or scabs this time frame may be extended.

## Sutures/Staples/Drains

- If there are staples or sutures used to close your incision, they will be removed by the PA or NP at your postoperative appointment.
- If external sutures or staples are not used, the skin is closed with internal melting sutures, glue and steri-strips (small white paper strips) are used to close the incision. It is okay to get the steri-strips wet during showering once the dressing is removed.
- If you were discharged with drains in place, please keep a daily log of drainage amount to be reviewed at your first postoperative visit with the plastic surgeon.



## Deep Breathing

Your surgical team will encourage deep breathing following surgery. Sometimes this requires the use of a device called an incentive spirometer (example pictured at right). If you are instructed to use this device, please follow the directions and frequency exactly. This is very important in ensuring your lungs are inflating properly to prevent any fluid collection in the lungs postoperatively.

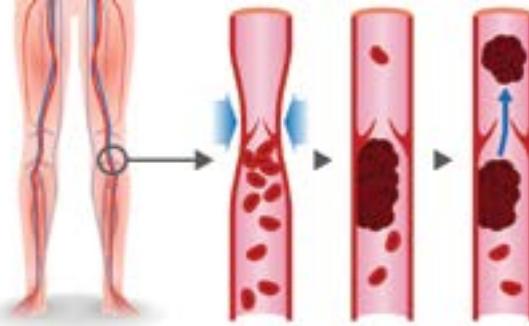
If you receive an incentive spirometer in the hospital, please take it home or to rehab to use for the first two weeks after surgery.



## Preventing Blood Clots/Deep Vein Thrombosis

Deep vein thrombosis (DVT) is a blood clot in a deep vein in your leg. DVT can happen when your blood is flowing slowly because of illness, surgery, or just being in the hospital. DVT can cause leg swelling. DVT can also break off and go to the lung (pulmonary embolism or PE). Blood clots that go to the lung can make it hard to breathe and are one of the most serious complications after surgery.

One way you can decrease your risk for blood clots following surgery is by changing position at least every 45 to 60 minutes, avoiding prolonged sitting, and getting up and walking early and regularly.



Compression systems like the one shown at right are also used to prevent DVT. A sequential compression device (SCD) consists of soft sleeves that wrap around the lower legs and inflate with air to massage the legs. This gentle off-and-on squeezing helps blood flow smoothly and decreases risk for DVT.

SCDs are ordered by your doctor and are part of your treatment after surgery. Your nurse will help set up your SCDs. You should wear your SCDs any time you are in bed. Take them off before moving to a chair, or while walking or bathing.

**If you feel pain or “pins and needles” in your legs, tell your nurse right away, as this could be a sign of DVT.**



## Postoperative Pain Management

As part of the ERAS pathway, pain will be controlled with IV and oral pain medications.

- Depending on the type of surgery you have, you may receive a patient-controlled analgesia (PCA) pump with an IV opioid medication. Your nurse will teach you how to use this; you will be able to press a button for the delivery of pain medication as needed, up to a certain dose. The goal is to wean off of the PCA and transition to oral pain medications on postoperative day 1.
- If you are not eligible for a PCA based on the type of surgery you had, you will receive IV opioid medications immediately postoperatively, but the mainstay of your pain regimen will be oral medications (Tylenol, muscle spasm medication, opioid medication, neuropathic medication, +/- IV non-steroidal anti-inflammatory, +/- IV steroid)
- Pain medications will be prescribed to take as needed. Wean these medication as tolerated.
- Be sure to follow bowel regimen including stool softeners and laxatives while taking this medication. Ensure adequate oral hydration and fiber intake as tolerated.
- It may take up to a week after general anesthesia to resume normal bowel movements.
- If you develop any abdominal pain, nausea, or vomiting call the office immediately.
- Muscle relaxers may be prescribed for muscle tension and spasm. Please take as directed and wean as tolerated.
- To help ease discomfort, you may apply a heating pad or ice as needed 20 minutes on, 20 minutes off. Avoid applying directly to skin. To avoid any skin damage place a towel or cloth between your skin and the heating pad or ice.
- Nerve medications: If you were taking medications like gabapentin, Neurontin, or Lyrica PRIOR to surgery, please continue your preoperative dose after surgery. These medications are usually continued for 1 to 2 months after surgery and should be weaned off under medical supervision. These medications must be taken consistently and are NOT to be taken as needed; do not stop medication suddenly without speaking to your provider first.
- If you already have a pain management provider, postoperative follow-up will be imperative with that provider so that they may prescribe your pain medications as appropriate for you.
- Occasionally, pain medications are required for longer than 6 weeks postoperatively. If that is the case, you may be referred to a pain management provider.

## Activity and Diet

As part of the ERAS pathway, you will be out of bed starting the evening of surgery. Walk frequently and as much as tolerated. This is a very important aspect of recovery!

- The goal is to work towards one hour per day. Start with short frequent walks and plan for frequent rest.
- Start with short frequent walks and gradually increase the duration and frequency of your walks as tolerated.
- Restrictions are effective immediately after surgery for at least six weeks:
  - Avoid bending or twisting at the waist/neck.
  - Avoid lifting more than ten pounds unless otherwise stated by your surgeon.
  - Avoid sitting for longer than 60 minutes consecutively. Stand every 30 to 60 minutes for at least a short walk.
  - Listen to your body and respect your limits, which may change day to day.
- If a brace or collar is recommended, wear as instructed by your healthcare team. If you have concerns about the fit of your collar or brace, please call the brace shop at 212-606-1662.
- Please speak with your surgical team regarding physical therapy.
- Your diet will progress from liquids immediately after surgery to your regular diet as you are able to tolerate.

## YOUR ACTIVITY AFTER SPINE SURGERY\*

0-4 Weeks After Surgery	4-6 Weeks After Surgery	6 Weeks After Surgery & Beyond	3 Months & Beyond
<ul style="list-style-type: none"> <li>Walk every day; short frequent walks working toward goal of 1 hour total per day, indoors or outdoors if safe for you</li> <li>Walking on treadmill OK</li> <li>May start physical therapy for extremity strengthening if recommended</li> <li>NO lifting more than 10 pounds unless otherwise stated by your surgeon.</li> <li>NO repetitive twisting, turning, bending at the waist/neck</li> </ul>	<ul style="list-style-type: none"> <li>May resume low-intensity exercise on elliptical, stationary recumbent bicycle, or swimming if you were doing this prior to surgery. Start slow, increase in moderation as tolerated</li> <li>May start/continue physical therapy for extremity strengthening if indicated</li> <li>NO lifting more than 10 pounds unless otherwise stated by your surgeon.</li> <li>NO repetitive twisting, turning, bending at the waist/neck</li> </ul>	<ul style="list-style-type: none"> <li>May start unrestricted physical therapy with a focus on core and extremity strengthening</li> <li>OK to start resuming normal activity—start slow and increase in moderation as tolerated</li> <li>Continue to walk everyday</li> </ul>	<ul style="list-style-type: none"> <li>Normal activity as tolerated</li> <li>May continue physical therapy as needed</li> <li>Focus on core strengthening</li> <li>Continue to walk everyday</li> </ul>
			*Restrictions may vary by patient or surgery performed. Review with your medical provider.

### Sleeping Positions

You may sleep in any position that is comfortable for you. Here are some suggestions that you may find helpful (but remember they are merely suggestions!)



**On Your Back**

Place a pillow under your head and another pillow under your knees.



**On Your Side**

Place a pillow under your head and another pillow between your knees.

### Proper Sitting Position

- Ensure feet are supported on the floor.
- The spine should be supported—a pillow may be helpful.
- Change positions frequently throughout the day.



### Moving In and Out of Bed: "Log Rolling" Technique



1. Bend your knees.



2. Roll to one side.



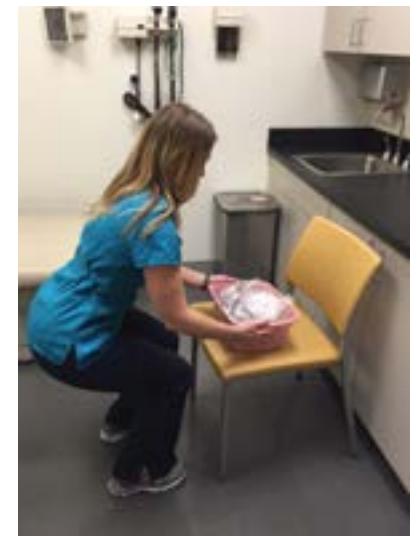
3. Use your arms to push yourself up.

### Carrying Objects

- Hold items close to your body.
- Bend with your hips and knees instead of your back.

### Remember:

Avoid lifting more than 10 pounds for at least the first six weeks!



### Driving

- You may ride as a passenger when you feel ready. Start with short distances and see how you feel.
- If a longer trip is necessary, plan for frequent (every 30 to 60 minutes) breaks to stop and walk around. This will help prevent muscle fatigue or soreness and also help prevent blood clots.
- Driving is generally permitted about 4 to 6 weeks after surgery and once you are no longer taking any pain medications.

## Medical Supply Stores

### MANHATTAN

HealthSource Pharmacy and Surgical Supplies  
1302 2nd Avenue, New York, NY 10065  
Phone: 212-794-8700

Falk Surgical Supplies  
1167 1st Avenue, New York, NY 10065  
Phone: 212-744-8080

NuCare Pharmacy & Surgical  
1789 1st Avenue, New York, NY 10128  
Phone: 212-426-9300  
AND  
250 9th Avenue, New York, NY 10001  
Phone: 212-462-2525

### QUEENS

Jones Surgical Co., LLC  
101-21 Metropolitan Avenue, Forest Hills, NY 11375  
Phone: 718-261-9500

J & K Surgical & Medical Supplies Corporation  
15823 Horace Harding Expy, Flushing, NY 11365  
Phone: 718-358-6897

### BROOKLYN

Medical Supply 123  
798 McDonald Avenue, Brooklyn, NY 11218  
Phone: 718-431-0521

### BRONX

Medstop Pharmacy & Surgical Supplies  
1330 Jerome Avenue, Bronx, NY 10452  
Phone: 718-552-2278

## Hotels & Temporary Housing

Affinia Gardens Hotel  
215 East 64th Street  
Ph: 212-355-1230  
Fax: 212-758-7858

The Benjamin  
125 East 50th Street  
Ph: 212-715-2500  
Ph: 212-320-8002  
Fax: 212-715-2525

Doubletree Metropolitan Hotel  
569 Lexington Avenue  
Ph: 212-752-7000  
Fax: 212-758-6311

Drake Hotel  
440 Park Avenue  
Ph: 212-420-0900  
Fax: 212-371-4190

Fitzpatrick Hotel  
687 Lexington Avenue  
Ph: 212-355-0100  
Fax: 212-308-5166

Franklin Hotel  
164 East 87th Street  
Ph: 212-369-1000  
Fax: 212-369-8000

Habitat Hotel  
130 East 57th St  
Ph: 212-753-8841

Helmsley Guest Facility  
NewYork-Presbyterian  
1320 York Avenue  
Ph: 212-472-8400  
Fax: 212-535-8524

## Pharmacies

CVS  
1172 3rd Ave, New York, NY 10065  
212-988-8319

Goldberger's Pharmacy  
1200 1st Ave, New York, NY 10065  
212-734-6998

## Parking

The Greenberg Pavilion Garage  
525 East 68th Street  
212-746-2015

Helmsley Medical Tower Garage  
507 East 70th Street  
212-746-1974

Laurence G. Payson House  
Garage  
426 East 71st Street  
212-746-1977

The Phipps House Garage  
1285 York Avenue  
212-746-1979

## Places to Eat at NYP

**The Garden Café**  
212-746-6368  
Monday through Friday, 6 am to 8 pm 24 hours a day/7 days a week  
Saturday and Sunday, 7 am to 8 pm  
"B" Level of the main hospital building **Starbucks on the Go**  
Vending machines also available

**Panera**  
Main Lobby  
Perelman Heart Center Atrium  
4th Floor Greenberg  
Self-service

**Surgical Team**

Dr. Roger Härtl  
Office: 212-746-2152  
Fax: 646-962-0117

Dr. Kai-Ming Fu  
Office: 212-746-2260  
Fax: 646-962-0117

Dr. Ibrahim Hussain  
Office: 212-746-2870  
Fax: 646-962-0640

Dr. Justiss Kallos  
Office: 888-922-2257  
Fax: 646-962-0278

Dr. K. Daniel Riew  
Office: 212-746-1164  
Fax: 646-962-0118

Dr. Michael Virk  
Office: 646-962-3388  
Fax: 646-962-0117

Dr. Paul Park  
Office: 646-962-4099  
Fax: 646-962-0117

Dr. Galal Elsayed  
Office: 718-670-1837  
Fax: 718-961-1853

**Hospital Numbers**

Anesthesia questions: 212-746-3885

Gift Shop: 212-746-4230  
Monday through Friday 7:30 am to 9 pm  
Saturday and Sunday 9 am to 9 pm

Hospital billing questions:  
212-297-4545

Information Desk: 212-746-4690  
Monday through Friday 7:30 am to 8 pm  
Saturday, Sunday & Holidays,  
8 am to 8 pm

International Services:  
212-746-4455

Medical Records: 212-746-0530

Patient Services Administration:  
212-746-4293

Pastoral Care: 212-746-6971

Private Room-Admitting:  
212-746-4250

Private Duty Nursing: 212-746-4091  
24-hour Emergency On-Call Chaplain  
212-746-5100, pager # 17205

Pet Therapy: 212-746-4690

**Nursing Station Phone Numbers**

Greenberg 2 North	212-746-0335	Payson 2	212-746-5342
Greenberg 2 South	212-746-0334	Greenberg 7 Central	212-746-0303
Greenberg 2 West	212-746-0317	Greenberg 7 North	212-746-0301
Greenberg 2 SW: Neuroscience Intensive Care Unit (ICU)	212-746-0344	Greenberg 7 South	212-746-0306
Greenberg 4 Central	212-746-0322	Greenberg 7 West	212-746-0315
Greenberg 4 North	212-746-0320	Greenberg 8 Central	212-746-0325
Greenberg 4 South	212-746-0323	Greenberg 8 North	212-746-0326
Greenberg 4 West	212-746-0399	Greenberg 8 South	212-746-0327
Greenberg 5 Central	212-746-0313	Greenberg 8 West	212-746-0328
Greenberg 5 North	212-746-0314	Greenberg 10 Central	212-746-0329
Greenberg 5 West	212-746-0312	Greenberg 10 North	212-746-3625
Greenberg 5 South: Intensive Care Unit (ICU)	212-746-0311	Greenberg 10 South	212-746-0330
Greenberg 6 Central	212-746-0310	Greenberg 10 West	212-746-0573
Greenberg 6 North	212-746-0309	Greenberg 11 North	212-746-0331
Greenberg 6 South: Pediatric Intensive Care Unit (PICU)	212-746-0308	Greenberg 11 South	212-746-0332
Greenberg 6 West:	212-746-0318	Greenberg 14 North	212-746-9814
	Neonatal Intensive Care Unit (NICU)	Greenberg 14 South	212-746-9815
		Baker 15	212-746-7884
		Baker 17	212-746-1411
		Greenberg 2 North: Dialysis	212-746-5333
		M-2:	212-746-9877
			Interventional Neuroradiology

**Och Spine at NewYork-Presbyterian/Weill Cornell Medical Center**  
**888-922-2257**

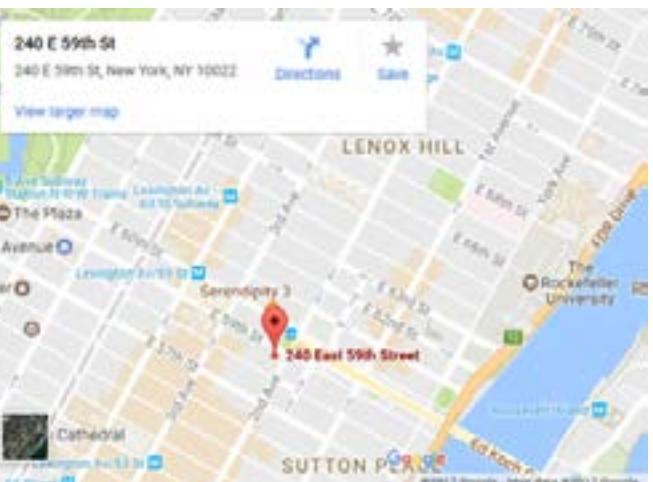
Och Spine at NewYork-Presbyterian/Weill Cornell Medical Center

**525 E 68th St,  
New York, NY 10065  
212-746-5454**



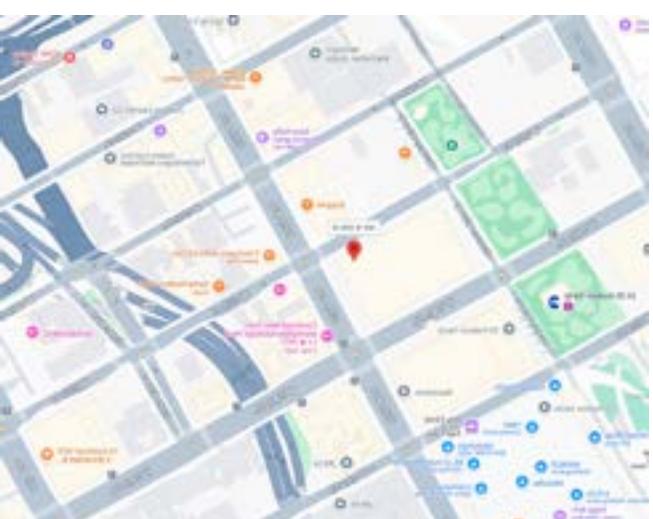
## Och Spine at NewYork-Presbyterian at the Weill Cornell Medicine Center for Comprehensive Spine Care

**240 East 59th Street, 2nd Floor  
New York, NY 10022  
888-922-2257**



## Och Spine at New York-Presbyterian/The Spiral

**504 W 35th St 2nd Floor  
New York, NY 10001  
(888) 922-2257**





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comprehensivespine.weillcornell.org**

**Och Spine at New York-Presbyterian/  
Weill Cornell Medical Center**

**525 East 68th Street (at York Avenue)  
New York, NY 10065  
212-746-5454  
[www.nyp.org/ochspine](http://www.nyp.org/ochspine)**

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**Och Spine at New York-Presbyterian/  
The Spiral**

**504 W 35th St 2nd Floor  
New York, NY 10001  
888-922-2257  
[weillcornell.org/och-spine-at-newyork-presbyterian-the-spiral](http://weillcornell.org/och-spine-at-newyork-presbyterian-the-spiral)**

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