

Pre-operative Spine Instructions

You are being scheduled for spinal fusion. These instructions will help you prepare. Some preparations must be started a month or more before surgery is to be done.

❖ Vitamin and iron supplements

- Begin taking a “one a day” vitamin with iron one month before surgery, and continue for 2 months after. You should chose a child’s strength (like Flintstone’s) if you weigh under 100 pounds, and an adult strength (like Centrum) if over 100 pounds. A plain multivitamin may be taken daily after two months if desired (the iron is no longer needed routinely). Iron and B Vitamins are needed to replace the blood lost in surgery and heal soft tissues.
- Consult with your pediatrician for any specific questions for children who take other routine medications.

❖ Calcium supplement

- Begin taking an extra 1000 mg of Calcium a day, one month before surgery, and continue this for one year after surgery. Calcium is necessary for the body to heal and fuse the spine. You may chose any type you like and will continue to take.
- Calcium fortified Orange Juice has 350 mg per cup, and the chocolate or caramel flavored chews (Viactiv) have 500 mg per chew. You may also take Tums or other Calcium antacid, check the label to see how much is in each tablet. You can only absorb 500 mg at a time, so spread it out into two doses or more each day.
- You are trying to get about 1500 mg of Calcium total a day, some will come in your food. Milk has lots of calcium, but you would have to drink 5-6 cups a day, every single day, to get enough.
- Consult with your pediatrician or nutritionist for children who are fed other than a regular diet.

❖ Things to avoid....

- Ibuprofen, naprosen, aspirin, prednisone – Your doctor may not want you to take ibuprofen, aspirin, or naprosen at least 3 days before surgery. You may not take Motrin, Advil, ibuprofen, Aleve, naprosen, naproxen sodium, Aspirin or any anti-inflammatory medicine for 1-12 months after surgery, depending on your doctor’s recommendations. Your body depends on the inflammatory response after surgery to fuse the spine bones together. We don’t want to slow or stop this process as it may make another surgery necessary. It is safe to use acetaminophen or Tylenol for pain or fever. Inhaled Steroid medicine for asthma is safe to take.

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Donating Blood

- ❖ Blood for surgery

- A major concern for most families is whether blood will be needed for surgery. Since spine surgery is generally a larger operation, we prepare for the possible need by getting the patient's blood type and crossmatch one or two units of blood during the pre-operative visit. This alerts our hospital blood bank and they keep compatible units ready on the day of surgery, just in case they are needed.
- We use a "Cell Saver" during every spine surgery to save as much of the lost blood as possible, then filter it and give it back to the patient. Since many of our patients are otherwise healthy and can quickly replace lost blood cells, they may not need additional blood at all.
- Although blood is always available from our volunteer community blood banks, some families prefer to use the patient's own blood or from selected friends and family members (Designated Donor Blood). Recent studies have shown banked blood to be as safe or safer than Designated Donor blood, so we offer families the choice.
- If your family decides to designate donor(s) or have the patient donate his or her own blood, this needs to be discussed with Beth as soon as possible. The process cannot be started until we fax in an order for the blood to the Red Cross Blood Bank of Alameda-Contra Costa Counties. We will need the full names of all potential donors for this form.
- Your own blood may be donated if you weigh over 75 pounds. It is donated about 5 weeks before surgery. Your family or friends may donate for you (called designated donor blood) if they have a compatible blood type and weigh over 110 pounds. This is done 1-2 weeks before surgery. You must contact the Red Cross Donation Center at **(800) 669-4348** to schedule donation. There is a fee you must pay to the donation center for processing. It costs about \$350 per unit of blood donated, and is non-refundable. Some insurance may reimburse you (pay you back after surgery) if the blood is actually used during or after surgery.
- Designated Donor blood will be discarded if not used by the designated patient.
- Designated donors must meet the same requirements as communities volunteer blood donors.
- All blood will be screened the same as volunteer donor's blood, and even patient's own blood cannot be used if it does not meet current standards.