



MedStar Health

MedStar Orthopaedic
Institute



Spine surgery patient guide.

Your road to recovery.

**It's how we
treat people.**

Your journey on your road to recovery.

Welcome to MedStar Montgomery Medical Center. We are pleased that you have chosen us for your spine surgery.

Our spine physicians at MedStar Montgomery Medical Center are supported by an expert team that will take care of you every step of the way. Our surgical team and staff consistently provide quality care and we continue to advance our techniques to make your surgical experience and outcome a success. We perform a variety of spinal surgeries and tailor our surgical recommendation to your symptoms and medical history.

Use this booklet as your guide on your road to recovery. Take it to all of your appointments before and after your operation. It provides valuable details about preoperative activities, your surgery, postoperative activities, and your recovery. It also describes each team member you will meet on your journey.

We encourage you and your family to actively participate in your recovery. Our goal is to send you home safely understanding expectations for maximizing your rehabilitation.

Your road to recovery begins today!

Your Spine Team



Your appointments.

You will have numerous appointments during your journey so please use this section to help keep track of them.

Your surgery date: _____ Time: _____ with Surgeon: _____

Time you need to arrive: _____

Be sure to report to the main lobby.

Preoperative appointments

You are responsible for making the following appointments:

- **Primary Care Physician** for any testing your surgeon's office requires.
(2 to 4 weeks prior to surgery)

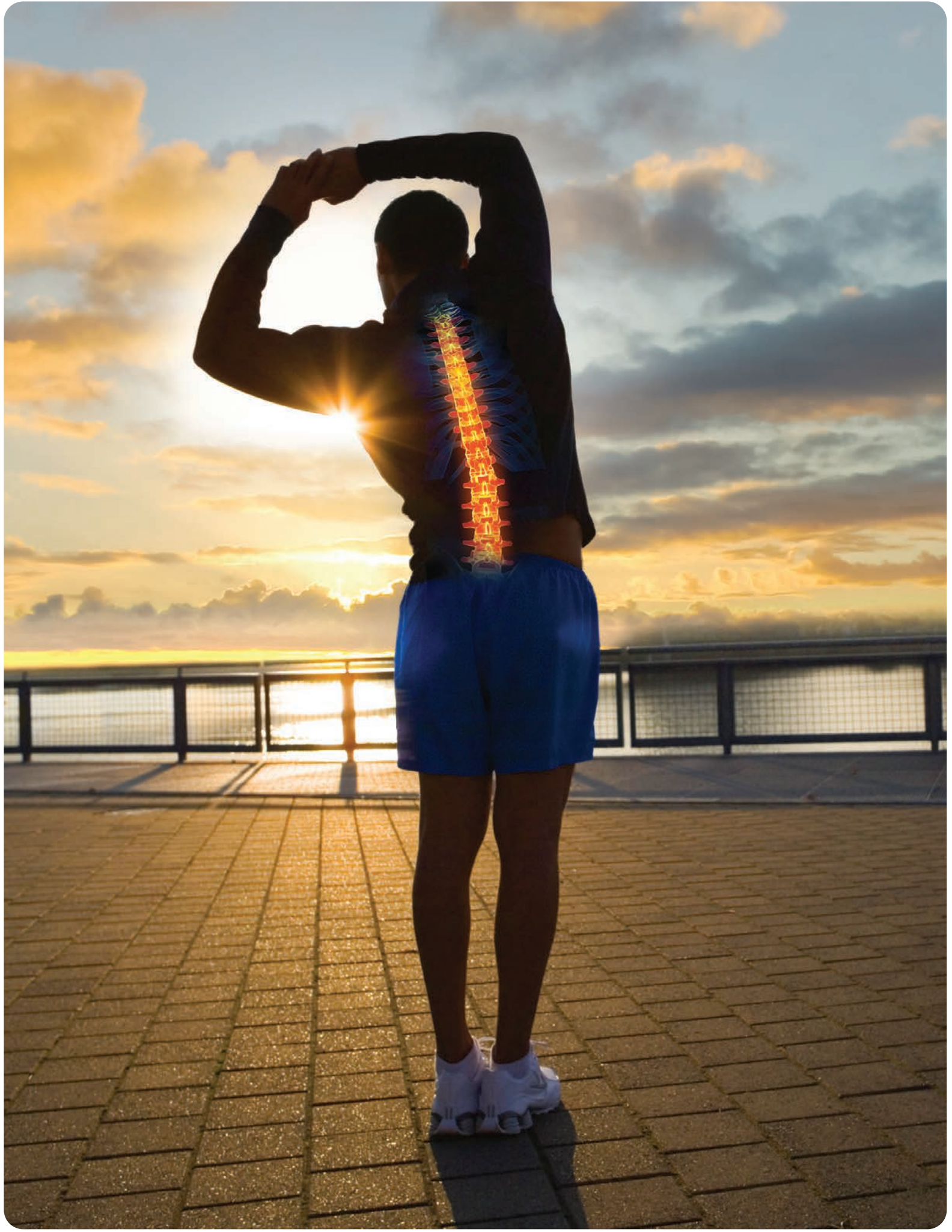
Date: _____ Time: _____

- **Pre-Anesthesia Testing:** You will receive a text or email with a medical questionnaire from Pre-Anesthesia. Please complete it as soon as possible and review the instructions. Please ensure the physician office faxes your primary care physician office note and test results weeks before your surgery date. They can fax to: **301-774-8868**. Depending on your type of surgery, you may be informed that you need a Type and Screen blood test at our hospital.

Date: _____ Time: _____

Post-operative visit with your surgeon.

Date: _____ Time: _____



Preparing for your journey—preoperative home checklist.

More than two weeks before surgery:

- Complete your visit and testing with Primary Care Physician
- Make arrangements for care after your surgery. Plan for someone to stay with you or plan to stay with a family member or friend until you are confident being on your own. Initially, you will likely need help bathing and dressing, preparing meals and taking medication.
- If you have an established cardiologist, please ensure you have had an appointment within the last six (6) months of your procedure date.
- If you have any outstanding cardiac testing that has not been completed from your last visit, please complete the testing **immediately**.

Within two weeks of surgery:

- Have enough food available for your return home or arrange for someone to go shopping for you. Move food in the refrigerator to the upper shelves and toward the front for easy access during recovery.
- Do your laundry and change linens before leaving for the hospital.
- Consider the height of the vehicle that will take you home. Taller patients may have difficulty getting into smaller cars and shorter patients may have trouble getting into SUVs or larger vehicles.
- Wear or bring a pair of shoes or slippers with good support and nonskid soles.
- Have easy access to a bed and bathroom preferably on the same floor where you will be spending most of your time. The bathroom door should be wide enough to accommodate a walker.
- Assess the toilet to determine if a raised toilet seat will be necessary following your procedure. Typically, this is helpful for patients having a posterior spinal fusion or scoliosis surgery.
- Consider your need for a tub/shower seat and buy one, if needed. Tub/shower seats are not usually covered by insurance. They can be purchased at medical supply stores or home supply stores.
- Install handrails for any steps you may be using routinely. During your recovery, you may not be able to climb steps without the support of handrails.
- Remove rugs, extension cords, and any other obstacles that might cause you to trip.
- Fill any prescriptions.
- Have stool softeners and laxatives available. If you have a history of constipation, you may want to start using these before surgery.
- Have ice bags, ice packs, or bags of frozen peas to use on your spine. A heating pad is also helpful after surgery.



- Arrange your kitchen so that dishes, utensils, and pots and pans are at shoulder to waist height and are easy to reach.
- Have a comfortable chair with sturdy arms to help you stand up.
- Stop smoking. (Please note that MedStar Montgomery is a nonsmoking facility.) If you would like resources to help you quit smoking, please speak with your healthcare provider.

Seven days before your surgery:

- As directed by your physician, stop taking any medications that may interfere with your surgery. (See page 5.)
- Confirm the time you need to arrive at the hospital on the day of your surgery. This is usually two hours before your surgery time.
- Review the above checklist and ensure you have completed these items.
- Ensure you have completed your pre-admissions testing and you have your medical clearance from your primary care provider.

Four days prior to surgery:

- Starting four days prior to surgery, shower daily with an anti-microbial soap called Chlorhexidine (brand name Hibiclens) AND again the morning of surgery. This is the best way to prevent post-operative infection. See next page for further details.

Do NOT:

- Eat or drink after midnight before your surgery (this includes candy, gum, and mints)
- Smoke after midnight

Shower using Chlorhexidine Gluconate (CHG) to prevent infection.

Taking at least five showers using CHG soap provides the best protection because it blocks germ growth. Be sure to follow the steps below carefully.

Step 1

- Rinse body with warm water. Wash hair with regular shampoo. Rinse well and do not use conditioner.

Step 2

- Pour a quarter-sized amount of CHG soap onto a clean, wet washcloth then rub over the entire body from neck to toes using gentle friction. Avoid contact to eyes, ears, nose, and mouth.
- Rub for five minutes focusing on the surgery area and surrounding skin.
- Put more CHG soap on the washcloth and lather again. Allow the CHG soap to remain on the skin for two minutes. Do not wash using regular soap after showering using CHG soap.

Step 3

- Rinse the body well. Use clean towel to dry the body with each shower.

Step 4

- Put on clean clothes and use clean bed sheets each time you shower using CHG soap.

Step 5

- Take five showers following steps one to four beginning the fourth night before the day of surgery.

Important Reminders:

- Do not shave/remove body hair. If you are having head surgery, ask your doctor if you can shave.
- Do not use cream, lotion, powder, deodorant, or hair conditioner after taking a shower.
- CHG is safe to use on minor wounds or rashes.
- CHG can be purchased over the counter at any pharmacy.
- Allergic reaction is rare. If you are allergic to CHG soap, do not use and replace with a regular anti-bacterial soap.

Four nights before surgery Date: _____

Three nights before surgery Date: _____

Two nights before surgery Date: _____

One night before surgery Date: _____

The morning of surgery Date: _____

Medications to stop taking before surgery.

Certain medications can interfere with anesthesia, blood clotting, and healing. If you are taking a medication that is not listed below, it is generally safe to take up until surgery. If Pre-Anesthesia Testing determines you need additional medication instructions aside from those below, a Pre-Anesthesia Testing clinician will contact you via electronic messaging (Twistle) or phone timed appropriately to your procedure date.

Medications to stop taking three months prior to surgery:

- Any osteoporosis medications (e.g., Fosamax, Evista)
 - Forteo and Tymlos, however, can be continued through surgery, but please consult with the prescribing provider first
- Biologic medications, typically used to treat rheumatoid arthritis, psoriasis or other autoimmune disease often need to be held temporarily. Please discuss with your surgeon's office and rheumatologist/prescribing provider before stopping.
 - Hydroxychloroquine, Leflunomide (Arava), Sulfasalazine, Methotrexate (Otezla), and doxycycline are okay to continue

Seven days prior to surgery stop:

- All over-the-counter vitamins, dietary supplements, herbals/powders, CBD, and marijuana.
- GLP-1 weekly injections taken for weight loss/diabetes such as semaglutide (Ozempic/Wegovy), tirzepatide (Mounjaro/Zepbound), dulaglutide (Trulicity), liraglutide (Victoza), albiglutide (Eperzan/Tanzeum, or exanatide (Bydureon.) DO NOT take a weekly injection within 8 days of your surgery date. ***If you take this medication every day instead of once per week as a pill or injection (Soliqua), you can continue it until the day before surgery.**
- NSAIDs taken for pain: ibuprofen (Advil), naproxen (Aleve/Naprosyn), meloxicam (Mobic), diclofenac (Voltaren), indomethacin (Indocin)
- Aspirin (also BC Powder/Alka-Seltzer)
 - **Patients who have a history of a heart stent, stroke, "mini-stroke" or TIA, or vascular surgery** should only stop Aspirin if their prescribing physician determines it is safe.

Five days prior to surgery stop:

Phentermine (alone or in combination pills).

One to five days prior to surgery stop:

- Blood thinners such as warfarin (Coumadin), enoxaparin (Lovenox), apixaban (Eliquis), rivaroxaban (Xarelto) or dabigatran (Pradaxa), clopidogrel (Plavix), ticagrelor (Brilinta), prasugrel (Effient), or cilostazol (Pletal). Please consult your prescribing doctor to know if and when stopping would be safe. If you cannot stop them, please let your surgeon know ASAP.
- SGLT 2 inhibitors (alone and in combination pills) such as ertugliflozin (Steglatro, Segluromet, Steglujan), canagliflozin (Invokana, Invokamet), dapagliflozin (Farxiga, Xigduo, Qtern), empagliflozin (Jardiance, Synjardy, Glyxambi, Trijardy XR). **Please stop 4 days before surgery.***

***If you have diabetes, please check your blood sugar twice a day and call your PCP if blood sugars are higher than 250.**

Day before and morning of surgery:

After reviewing your medication list, a PAT clinician will contact you if you need to hold any other medications the night or morning of surgery. The message will be sent electronically via Twistle text/email or via phone call the day before your surgery. Otherwise, continue taking your medications (if not listed above) as you normally would.



Meet your team.



Physicians

On the day of surgery your orthopaedic surgeon and an anesthesiologist will meet with you just before your surgery. After surgery, your physician team will check on you daily to oversee your progress.

Physician assistant (PA)

The PA will work in conjunction with your surgeon to care for you during the perioperative period. The PA may evaluate you before and after surgery as well as assist in surgery. The PA will also address concerns over the phone.

Nursing staff

An experienced staff of registered nurses and patient care technicians will care for you while you are in the hospital. Our nursing staff is specially trained in different areas of patient care: preoperative nurses who prepare you for surgery; operating room nurses who assist the surgeons; postanesthesia care unit (PACU) nurses who monitor your vital signs after surgery; and nurses on the patient care unit who will help you learn about surgery as you recover. The nursing staff will work with the orthopaedic team to ensure that you are moving properly and frequently, your pain is controlled, and your needs are met. The nurses also will communicate directly with your case manager about your progress to determine your final discharge plan.

Patient Care Coordinators (PaCC)

Even before you enter the hospital for surgery, you will be assigned a Patient Care Coordinator, or PaCC. This person is a licensed nurse or social worker who will be your advocate as you navigate through the services you need for a successful surgery and recovery. They will work with you, your family, your medical team, and your insurance to create an appropriate pathway to return to maximal functioning. Your PaCC will contact you before surgery to help you create an anticipated plan of care, follow you through your hospital stay, and continue to be a resource throughout recovery should your needs change.

Physical therapists (PT)

The PT will show you how to move safely from sitting to standing and how to walk safely. The PT also will help you use assistive devices properly for therapeutic exercises.

Occupational therapists (OT) The OT will assist with transfers, self-care, and how to use equipment to help with dressing and/or bathing.

Other staff

Pharmacists and medical technicians work under the direction of the physician and nursing staff to care for any special needs you may have.

Your road to recovery.

Day of surgery

- On the morning of your surgery take any medications approved by Pre-Anesthesia Testing with a small sip of water. These may include medications for high blood pressure, heart conditions, anxiety, depression or seizures.
- Take a shower the night before and the morning of your surgery with chlorhexidine wash. Brush your teeth but do not swallow any toothpaste.
- Wear clean clothes.
- Notify your surgeon immediately if you have a cold, show signs of infection (such as nasal drainage or toothache), if you are being treated for or think you may have a urinary tract infection or experience any changes in your physical condition.
- Leave all valuables (cash, credit cards, jewelry, and laptop computers) at home on the day of your surgery.
- Arrive to hospital two hours prior to surgery, park in patient garage and enter at the main lobby.

Do Not

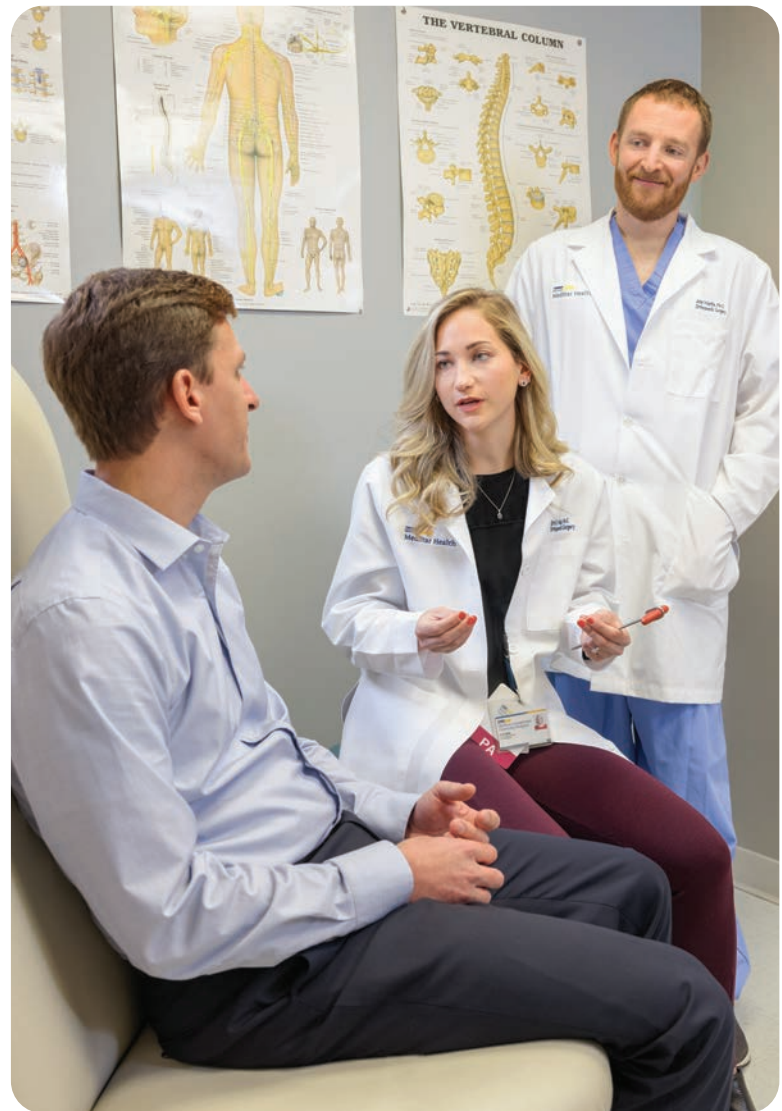
- Eat or drink after midnight the night before your surgery (no candy, gum or mints).
- Smoke on the day of surgery.
- Apply makeup or lotions.
- Wear jewelry (including wedding rings) or contact lenses.

What to bring to the hospital

- Driver's license or passport for identification
- Insurance cards
- Form of payment for prescription copays
- Copies of advance directive or living will (if you have them)
- A list of all your medications including when you take them and the dosage. Be sure to include both prescription and over-the-counter medicines.
- Toiletries (toothbrush, brush, deodorant)
- Personal items (glasses, hearing aids)
- Footwear (non-skid soles or rubber soled shoes with good traction like tennis shoes)

Your family may accompany you to the Surgery Center. When you are taken to the operating room, they will be directed to a family waiting area. Your family will be given updates on your condition when your surgery is finished. The anesthesia team will evaluate your medical history and determine the best anesthesia for you. General anesthesia is used for all spine surgeries.

- After your surgery, you will be moved to the postanesthesia care unit (PACU) or recovery room. Here, you will be monitored closely to make sure your pain is well controlled and your vital signs are stable.
- When the anesthesia team determines that your condition is stable and a bed is available, you will be moved to the inpatient unit.
- Following your surgery, your nurse will get you out of bed to a recliner chair, if appropriate.
- You may have a drain(s) placed at the site of your surgery to prevent blood from pooling in the wound. It usually is removed on the first day or two after surgery.
- Sequential compression devices (SCDs) will be applied to your legs to prevent blood clots from forming. Blood thinning medications are not routinely used after spine surgery. Wear your SCDs when you are in bed.



Day one after surgery

- The orthopaedic service will see you at least once a day to assess your condition and evaluate your progress.
- Physical therapy and occupational therapy will evaluate you and set goals.
- You likely will have pain symptoms and may begin taking your pain medication by mouth.
- You will have blood drawn to check your hemoglobin. If it is low, we may give you blood to increase your energy level and improve your physical stamina.
- You will learn the basic spine precautions after surgery: **no bending, no lifting more than 10 pounds, no twisting.** Adhere to these post-spine surgery precautions until you are directed otherwise by your surgeon's office.
- Your postoperative plan will be reviewed and discussed with your case manager.
- Depending on the type of surgery performed you may be discharged if your pain is controlled and your surgeon has cleared you for discharge.
- Continue to wear your SCDs while in bed.

Day two after surgery, preparing for discharge

Depending on the type of surgery that you have, our goal is to have you ready for discharge on the second day after surgery. In order to be discharged from the hospital, you will have to meet the discharge criteria as well as be medically stable to go home. To prepare for your discharge:

- Physical therapy will continue to work with you.
- An OT will continue to work with you to assess that you can bathe and dress. An OT will also continue to assess how you move from sitting to standing and that you can safely perform daily activities.
- No bending, no lifting more than 10 pounds, no twisting.
- Continue wearing SCDs in bed.
- You will be discharged to a setting determined by you and your healthcare team to be appropriate for you.

Heading home

We want to make you as comfortable as possible when you get home which includes making sure that you have the medications that were prescribed to you at discharge. Because every patient's prescription drug plan can be different, it is highly encouraged that you look into prescription drugs covered by your plan. This can eliminate a lot of frustration in the immediate post-operative period. Sometimes a prior authorization is needed for certain medications, which can cause a delay in receiving your prescription as your insurance company

needs to be contacted by the spine center. Below is a listing of the most commonly prescribed medications at hospital discharge. If there is a drug that is not covered by your insurance, please alert the inpatient care team that is involved in your discharge.

- Oxycodone
 - Percocet (Oxycodone/Acetaminophen or APAP)
 - Vicodin (Hydrocodone/Acetaminophen or APAP)
 - Dilaudid (Hydromorphone)
 - Valium (Diazepam)
 - Flexeril (Cylobenzaprine)
 - Skelaxin (Metaxalone)
-
- You will continue to improve and feel better each day.
 - When you leave the hospital, you will be given prescriptions for pain medications, muscle relaxants and stool softeners.
 - We do not prescribe a blood thinner after spine surgery because of the risk for developing an epidural hematoma (collection of blood in your spine). If you were taking any type of blood thinner prior to surgery, including aspirin, Plavix, Coumadin or Xarelto, contact your surgeon's office to determine when you can resume these medications.
 - Your surgeon will determine if you need a back brace and will discuss using one with you.
 - If you have had neck surgery, you may be sent home with either a hard or soft collar. Your surgeon will determine if you need a neck collar and will discuss using one with you.
 - You may shower after you get home, but do not submerge your incision in water (in a pool or bath, for example) for six weeks.
 - You should make a follow up appointment with your surgeon 4 to 6 weeks after surgery. Please call **301-774-8958** to schedule.
 - **Contact us if you develop a fever (a temperature greater than 101 degrees Fahrenheit); if you notice increasing redness around your incision or drainage from the wound; have calf pain or tenderness; or if your pain medication isn't controlling your pain.**

If you had an anterior cervical surgery and develop worsening difficulty swallowing or difficulty breathing, please contact the office.

Next step? Rehabilitation services after surgery.

Home care

Home health services help patients who are medically stable enough to return home, but who are homebound for a period of time. In these instances, a physical therapist, occupational therapist and/or registered nurse will periodically visit your home. The nurse will assess your post surgical progress and continue to educate you about your medications. The nurse will report any changes in your progress to your physician.

A licensed physical therapist will evaluate you in your home to determine your functional level. This is an assessment of how well you are performing activities such as getting in and out of bed and walking. During visits, your physical therapist will provide ongoing education about the rehabilitation process, demonstrate exercises, and work with you to improve your functional ability.

The goal of home care, should you need it, is to get you back into the community and to the next level of care on the rehabilitation continuum: outpatient services. Typically, home care may last two to six weeks after surgery.

You will be provided a list of home health agencies during your hospital stay and you may choose any agency on that list. MedStar Montgomery Medical Center provides home care services through MedStar Visiting Nurse Association. Any home care services that you may need once you are home will be arranged prior to your discharge from the hospital. It is important to note that not every patient needs home physical therapy. Your therapist in the hospital will help determine if you qualify for home therapy services.

Subacute rehabilitation in a skilled nursing facility

Nearly all patients are able to return home directly after their spine surgery at MedStar Montgomery Medical Center. However, if your surgeon and therapy team feel it is unsafe for you to discharge home, they will recommend subacute rehabilitation.

Subacute rehabilitation is typically provided in a skilled nursing facility. The nursing staff routinely monitors your vital signs and manages your medications. You will receive physical therapy to aid in your recovery.

If indicated, you will be provided a list of skilled nursing facilities, and you may choose any provider on that list. Acceptance will depend on insurance authorization and bed availability.



Acute rehabilitation

Patients recovering from spine surgery rarely need the services provided in an acute rehabilitation center. This level of care is for those who require intense rehabilitation. Only those patients with significant medical conditions qualify for acute rehabilitation. The goal of inpatient rehabilitation is to restore your functional ability so that you can safely transition to the next level of care.

Outpatient services

Many spine surgery patients complete their rehabilitation in an outpatient center. An outpatient setting provides additional learning experiences and access to more equipment than is available in the home setting. This type of care helps patients get out of their homes and into the community in a setting equipped to help them reach their highest functional ability. Your surgeon likely will not refer you to an outpatient center until at least six weeks after your surgery.

You may choose where you receive outpatient services. We are proud of the outpatient therapy services provided by MedStar National Rehabilitation Network right here at MedStar Montgomery Medical Center, as well as locations throughout the region. See pages 19 and 20 for the location closest to you.

Your discharge recommendation can change at any time during your hospital stay as your mobility improves. Changes will be discussed with you, your family and Patient Care Coordinator. Our goal is to discharge you to the safest setting possible and the setting that benefits you the most. Your Patient Care Coordinator will facilitate rehabilitation services with your insurance plan. It is your responsibility to ensure the providers you have chosen are in network with your healthcare plan.

You have now returned home.

Adaptive equipment

After your spine surgery, it is important to take precautions to protect your spine while you recover. It may be necessary to use adaptive equipment to assist you with your daily activities, such as dressing, during your recovery period. The therapy team will teach you how to use this equipment and recommend appropriate equipment. Your case manager will help you get the equipment you will need. Most of the equipment listed below is not covered by your insurance, so you may want to explore options when buying this equipment. These items can be found at medical supply stores or from online vendors.



Walker



Cane



Elevated toilet seat



Chair cushion



Tush cush



Grab bars



Shower seat



Long handled shoe horn



Reacher



Sock aid

Transfer instructions

During your stay, your therapy team will show you how to get in and out of bed, and how to walk and negotiate stairs, while adhering to your spinal precautions.

Getting out of bed

1. While lying on your back, bend both knees.
2. Roll onto your side. Allow your shoulders and hips to move together, keeping your spine straight.
3. Use your bottom hand underneath your shoulder to raise your upper body, and lower your legs to the floor.

Getting into bed

1. Sit near the head of the bed, as close to the pillow as possible.
2. Scoot your hips back onto the bed.
3. Lower onto your side using your arm to guide you; bend your knees up and pull your legs onto the bed.
4. Keep your knees bent. Roll onto your back. Move your shoulders and hips together, keeping your spine straight.

Your therapist may show you different ways to get in and out of bed depending on your situation. Follow the instructions you are given.



Getting into a vehicle

1. On the passenger side, make sure the seat is as far back as possible. Stand with your back toward the vehicle.
2. Sit on the edge of the seat and slide yourself back. Sitting on a plastic bag may make it easier to slide (a garbage bag works well).
3. Swing your legs into the vehicle. You may need help to guide your legs into the vehicle.
4. If you have long legs, be sure to scoot back as far as you can. You may also want to recline the seat so you will have as much room as possible to swing your legs into the vehicle.

To get out of the vehicle reverse the steps above.

Precautions

NO B.L.T.—No bending, no lifting, no twisting!

Your surgeon will tell you when you may resume bending, lifting and twisting. It is important to give your spine time to properly heal. These restrictions typically remain in place for at least six weeks after surgery. As you progress in your recovery, your surgeon will gradually lift these restrictions. Be sure to ask your surgeon if you have questions.

You are not allowed to lift anything heavier than 10 pounds for the first several weeks following surgery. At your follow-up appointments, your surgeon will tell you when and how you can begin lifting.

Spine exercises

During your inpatient stay, your therapy team will instruct you on various exercises that will help you regain your strength and endurance. Walking is the best exercise for you as you recover from spine surgery. These additional exercises will work the muscles you need to walk and climb stairs.

Buttock squeezes

- Lie on your back with your legs straight.
- Squeeze your buttocks together.
- Hold 3-5 seconds.

Reps: _____

Sets: _____

Times per day: _____



Quad set

- Sit with your leg extended.
- Tighten your quad muscles on the front of your leg, trying to push the back of your knee downward.

Reps: _____

Sets: _____

Times per day: _____



Ankle pumps

- Lie on your back with your foot elevated on a pillow.
- Move your foot up and down, pumping your ankle.

Reps: _____

Sets: _____

Times per day: _____



Heel slides

- Lie on your back on a firm surface with your legs together.
- Move your leg out to the side, keeping your knee straight.
- Return to the start position.

Reps: _____

Sets: _____

Times per day: _____



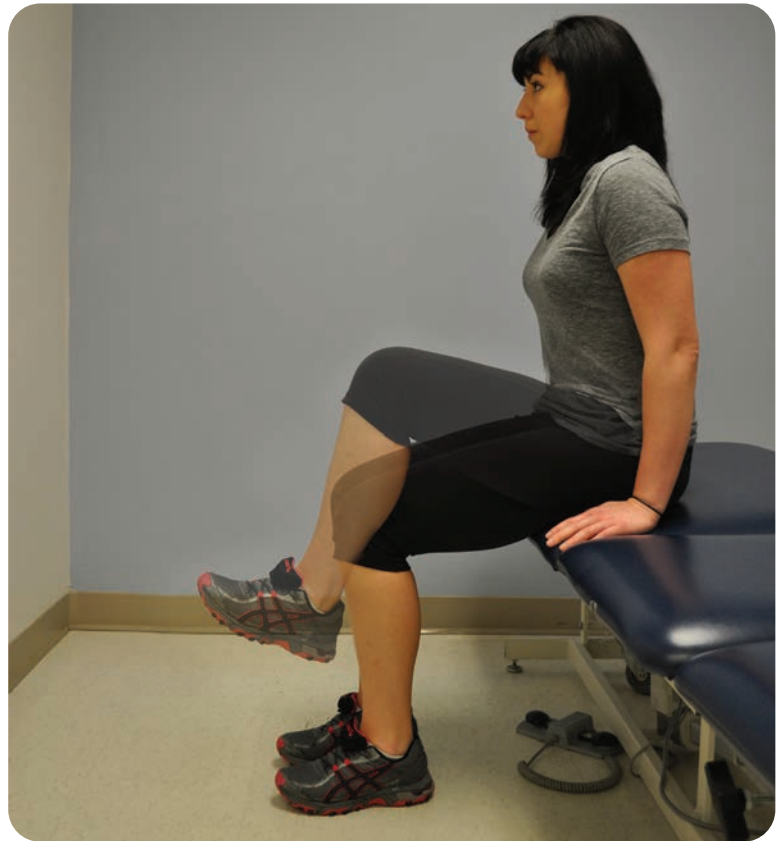
Seated marching

- Sit in a chair with your hips and knees at 90 degrees.
- Lift up your left leg as shown.
- Lower your leg. Repeat with your right leg.

Reps: _____

Sets: _____

Times per day: _____



Kicks

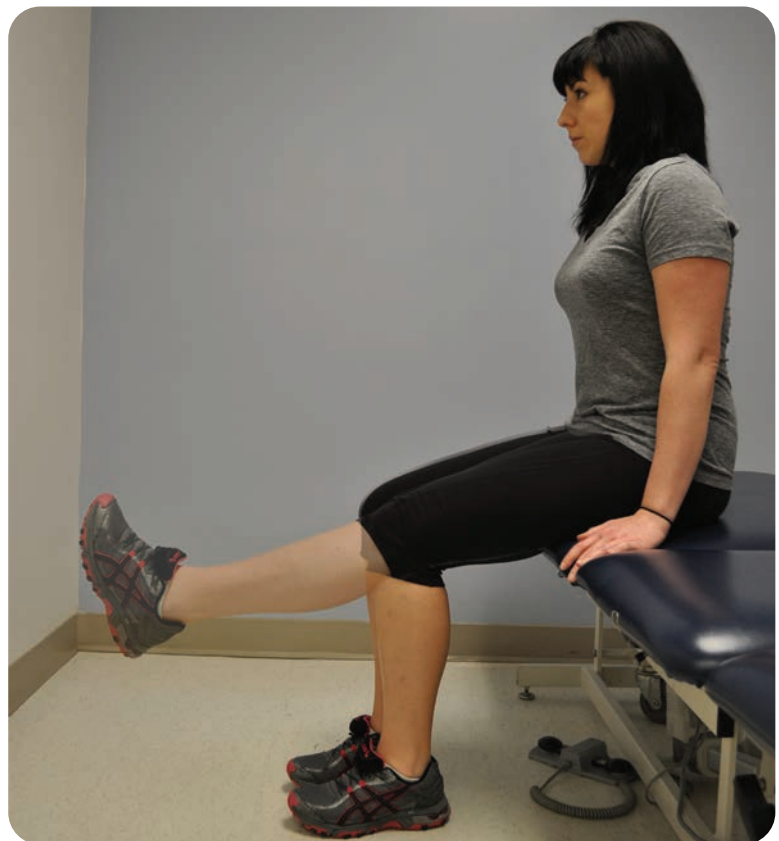
- Sit in chair, slowly kick one leg back and forth, allowing heel to touch mid swing to rest.
- Repeat with opposite leg.

Reps: _____

Sets: _____

Times per day: _____

Special Instructions: Do NOT hold your breath. Focus on one leg at a time.



Frequently asked questions about spine surgery.

1. How long will I be restricted from no bending, no lifting and no twisting?

These restrictions will last for several weeks following your surgery. The type of surgery you had will determine when you can resume these activities. Typically, a fusion surgery restricts your activities for longer because the restrictions cannot be lifted until bone fusion has occurred.

2. How long will it take for fusion to occur?

Fusions can begin within six weeks and can take up to a year to finish. If you smoke or have poorly controlled diabetes, a fusion can take longer to occur.

3. Am I allowed to smoke cigarettes?

No, you are not allowed to smoke. It impairs the healing process and can lead to fusion failure. If you are smoking after your surgery, we encourage you to limit the number of cigarettes each day.

7. When can I have alcohol?

You are allowed to drink alcohol once you have stopped taking narcotics.

8. When can I resume my vitamins and/or herbal supplements?

You may start taking vitamins and other herbal supplements again after your two-week postoperative visit. If you are taking vitamins and herbal supplements, please let the Spine Center office know so that we can note your use in your record as well.

9. Do I have to follow up at MedStar Montgomery Medical Center for my postoperative care?

While we strongly encourage you to follow up at MedStar Montgomery for your postoperative care, we realize that this may not be possible for every patient. If you were seeing a particular spine surgeon prior to your surgery and would like to resume seeing that physician following your surgery, please let us know prior to your surgery. We recommend patients be seen two and six weeks after surgery, with X-rays taken at six weeks.

10. Will my spine hardware set off the metal detectors at the airport?

Your implant is made from titanium, which usually does not trigger airport metal detectors.



4. Do I need to wear a brace after surgery?

Your surgeon will inform you if you need to wear a brace after your surgery. This recommendation will depend on the type of surgery you had.

5. When can I travel?

Your ability to travel will be discussed at your two-week follow-up appointment. Distance and type of travel are important considerations. Travel is usually approved six weeks from your surgery date. If you plan to travel, discuss your plans at your two-week visit.

6. When can I drive?

Typically, you are cleared to drive four to six weeks after your surgery date. Please speak with your surgeon for further instructions.





11. How do I use my neck collar at home?

Wear your neck collar for comfort or as directed by your surgeon. .

12. Can I put anything on my incision?

To reduce the possibility of developing an infection, we advise that you do not put any lotions, ointments or creams on your incision. You may apply a dry dressing to your incision and change it daily. However, dressings usually aren't necessary after your two-week postoperative visit. Once your incision has healed, usually within four to six weeks after your surgery, your surgeon will tell you whether you may apply lotions, soaps, creams or ointments to your incision. Please check with your surgeon if you have questions about your incision.

13. How long should I take pain medicine?

You can expect to have pain after your surgery, and medications will be prescribed to help relieve your pain. Our goal is to discontinue pain medications as soon as possible. Some people may require pain medications for longer depending on the type of surgery. If your pain is mild, take Extra Strength Tylenol every six to eight hours. Do not take any NSAIDs, such as Advil, Aleve, Ibuprofen or Motrin for three months after your surgery (if you have had any type of fusion surgery)

14. Can I obtain a disabled parking permit for the period of limited mobility after the surgery?

Yes. You can get a form from the Department of Motor Vehicles where your car is registered and fax, mail, or drop it off at your surgeon's office to have it completed. These permits usually are temporary for approximately three to six months after surgery.

15. Am I allowed to have my hair done at my hair salon?

You will not be able to rest your head and neck in the washbowl for approximately three months after surgery because this motion places extra stress on your spine and can be uncomfortable for you. Keep these restrictions in mind when you schedule hair appointments. You may have your hair cut and styled if it only requires sitting in the stylist's chair with your head and neck in an upright position.

Our team.



Andrew Mo, MD
Orthopaedic Spine Surgery



Brian C. Flatter, PA-C



Eilnaz Momenzadeh, PA-C



Erin Sullivan, PA-C



Amanda Marie Tomlinson, PA-C

Spine surgeries at MedStar Montgomery Medical Center.

Neck surgeries

Anterior Cervical Decompression and Fusion (ACDF)

Anterior cervical decompression and fusion (ACDF) is surgery designed to relieve spinal cord or nerve root pressure in the neck by removing all or part of a damaged disc. This procedure starts with an incision in the FRONT of the neck. Your surgeon will relieve the compression by removing the problematic disc(s) or bone spur(s) This is called "discectomy" or "decompression." The second part of the operation involves fusing the affected bones so that they become one unit. This is called a "fusion." Fusion helps to stabilize the neck. Bone graft material and a titanium plate are necessary to perform the fusion. The titanium plate is specially engineered for cervical neck surgery. The plate is held to the spine with precisely manufactured screws. The plate stabilizes the spine to the bone graft so that it can fuse properly. Fusing one level of the cervical spine results in approximately five to 10 percent less motion. However, the majority of patients do not notice much difference in range of motion in their neck. Only the level(s) requiring decompression and fusion will be surgically repaired; the rest of the spine is left alone. You will be monitored with X-rays beginning at six weeks postoperatively.



Posterior Cervical Fusion (PCF)

Posterior cervical fusion (PCF) is similar to anterior cervical decompression and fusion; however, the incision is made in the BACK of the neck. Your surgeon will relieve the compression by removing the problematic bone spur(s) This is called a "decompression." The second part of the operation involves fusing the affected bones so that they become one unit. This is called a "fusion." Fusion helps to stabilize the neck and prevent further nerve or spinal cord compression at that level. A bone graft, rods, and screws are necessary to perform the fusion. The rods and screws stabilize the spine. Fusing one level of the cervical spine results in approximately five to 10 percent less motion. However, the majority of patients do not notice much difference in



range of motion in their neck. Only the level(s) requiring decompression and fusion will be surgically repaired; the rest of the spine is left alone. During the surgery a neurologist closely monitors your nerves and carefully assesses your nerve function. You will be monitored with X-rays beginning at six weeks postoperatively.

Mid and low back surgeries.

Posterior Spinal Fusion (PSF)

Fusion is a surgical technique in which one or more of the vertebrae of the spine are united ("fused") and motion between them no longer occurs. The concept of spinal fusion is similar to fusion in commercial welding. However, spinal fusion doesn't produce an immediate result, as does a welded repair. Rather, during spinal fusion surgery, bone grafts are placed around the spine and your body heals the grafts over several months, similar to how it heals a bone fracture. Your body fuses, or "welds," the vertebrae together.



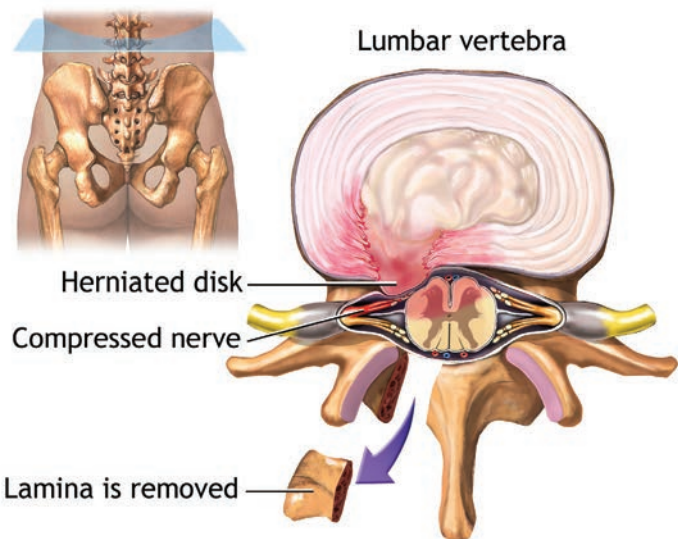
Transforaminal Lumbar Interbody Fusion (TLIF)

Transforaminal lumbar interbody fusion is a spinal procedure used to stabilize vertebrae and discs. TLIF involves the removal of disc material and placement of a cage into the space between the vertebrae where the disc was removed. Screws and rods are then inserted into the spine allowing for fusion of adjoining vertebrae. This type of procedure has many advantages, including an increased chance of success with the fusion, as well as an improved recovery period. TLIF can be used to treat a range of back conditions including recurrent herniation and degenerative disc disease.



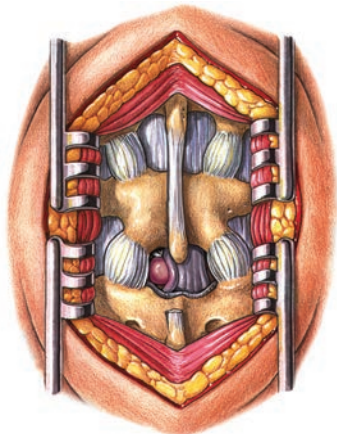
Laminectomy

Laminectomy is surgery that removes the lamina, the part of vertebrae that covers your spinal canal. Laminectomy may also be used to remove bone spurs in your spine. The procedure can take pressure off your spinal nerves or spinal cord by enlarging your spinal canal.



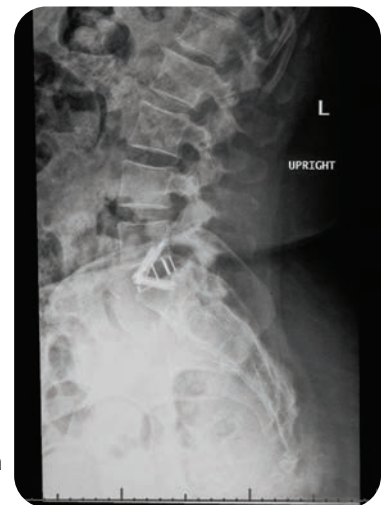
Lumbar Discectomy

Lumbar discectomy is the most common surgical treatment for a ruptured or herniated disc in the lumbar spine. When the outer wall of a disc is weakened it may tear allowing the soft inner part of the disc to push its way out. This is called disc herniation, disc prolapse or a slipped or bulging disc. Once the inner disc material extends past the normal margin of the outer disc wall, it can press against sensitive spinal nerve tissue. The disc material can compress or damage the nerve tissue causing weakness, tingling or pain in the back and in one or both legs. Open discectomy surgically removes part of the damaged disc, relieves the pressure on the nerve tissue and alleviates pain. The surgery creates a small incision in the skin over the spine so that ligament and bone material can be removed to access the disc and remove some of the disc material.



Anterior Lumbar Interbody Fusion (ALIF)

Anterior lumbar interbody fusion (ALIF) is a procedure used to treat disc degeneration, which may result in spinal instability or deformities in the curve of the spine. In this procedure, the surgeon works on the spine from the front (anterior) and removes a spinal disc in the lower (lumbar) spine. The surgeon inserts a cage and bone graft material into the space between the two vertebrae where the disc was removed (the interbody space). The goal of the procedure is to stimulate the vertebrae to grow together (fuse) into solid bone, a process known as fusion. Fusion creates a rigid and immovable column of bone in the problem section of the spine. This type of procedure attempts to relieve back pain and other symptoms caused by disc degeneration.



Scoliosis

Scoliosis surgery is done through a long incision on the back of the spine. After making the incision, the muscles are moved off the spine to allow the surgeon access to the bony vertebrae. Then:

- The spine is instrumented (screws are inserted) and rods are used to reduce the curvature.
- Bone is added (either from the patient's hip or from a cadaver), creating an environment for the bones to fuse.
- The bones continue to fuse after surgery is completed. The fusion process usually takes about 3 to 6 months, and can continue for up to 12 months.



For patients with a severe spinal deformity and/or patients with a rigid curvature, an additional procedure may be required before surgery. A surgeon may recommend an anterior release of the disc space (removal of the disc from the front), which involves approaching the front of the spine either through an open incision or with a scope (thoracoscopic technique) and releasing the disc space. If this procedure is necessary, you will be informed of your scheduled surgery time. If a second surgery is indicated, it usually will be scheduled to allow two days between the procedures.

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To schedule an appointment, visit [MedStarHealth.org/PhysicalTherapy](https://www.MedStarHealth.org/PhysicalTherapy) or call **844-91-GETPT** (844-914-3878).

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