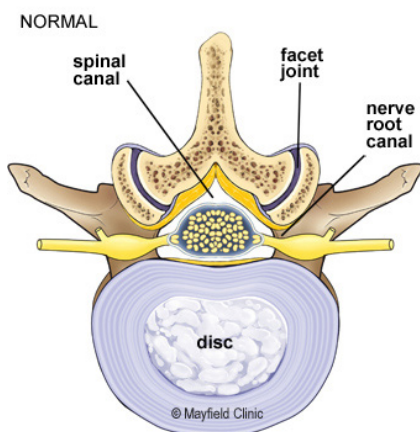


CERVICAL POSTERIOR FACET JOINT FUSION

CANDIDATES FOR A CERVICAL POSTERIOR FACET JOINT FUSION

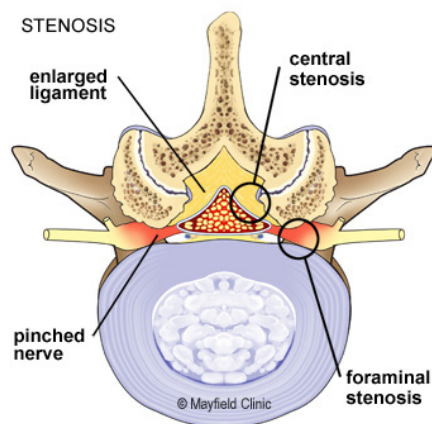
Facet joint disorders can often be treated nonsurgically and physicians will usually attempt nonsurgical treatments prior to considering surgery. The severity of a facet joint disorder may lead to restorative procedures such as a Cervical Posterior Facet Joint Fusion. If the facet is severely fractured or displaced, or if additional conditions such as spinal stenosis, degenerative disc disease or a herniated disc are also present, surgery may be recommended.



WHAT IS A CERVICAL POSTERIOR FACET JOINT FUSION?

Pain caused by facet joint syndrome or spinal arthritis can be treated with a Cervical Posterior Facet Joint Fusion. In the procedure, two or more vertebrae are fused together to prevent the joint movement causing pain. A Cervical Posterior Facet Joint Fusion aims to improve the stability of the segment of the spine that is affected.

It is typical for facet joint procedures to be performed minimally invasive and/or endoscopically through a small incision. In a Cervical Posterior Facet Joint Fusion, a small incision is made at the base of the back of the neck for a posterior approach. The procedure can often be done simultaneously with an additional procedure to treat the damaged vertebra. The vertebra may be partially removed, a facet joint fracture may be repaired or the facet joint may be trimmed to remove bone spurs prior to performing the fusion.

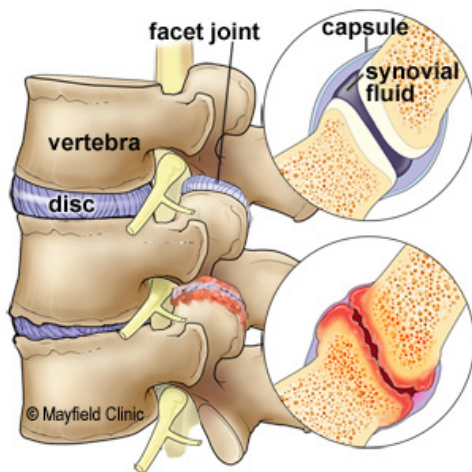


Once the initial procedure is performed, a fusion may be necessary to promote stability and reduce painful movements within the spine. Two or more vertebrae are joined together to maintain positioning and spacing and will eventually grow to become one solid portion of the spine.

RESULTS OF A CERVICAL POSTERIOR FACET JOINT FUSION PROCEDURE

A minimally invasive approach to a Cervical Posterior Facet Joint Fusion procedure will typically result in less damage to

the tissue and allow for a more rapid recovery. Following the procedure, flexibility of the treated segment is reduced and the goal is for the portion of the spine to be stabilized. The motion between the vertebrae that had previously been causing pain has, hopefully, subsided and following recovery, patients should experience reduced or eliminated pain, muscle weakness, numbness and tingling.



WHAT ARE THE RISKS OF A CERVICAL POSTERIOR FACET JOINT FUSION?

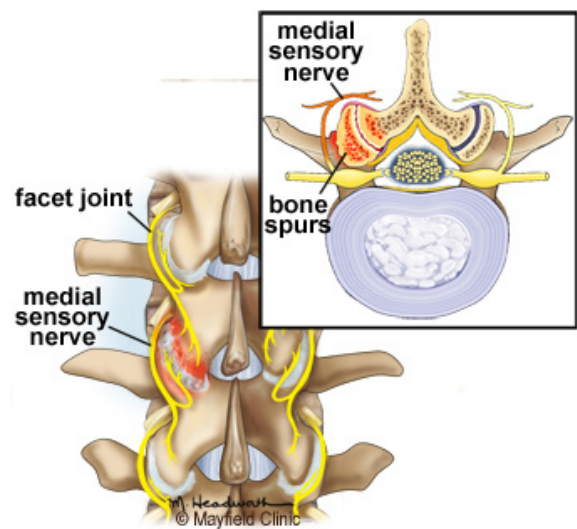
Risk is ever-present during surgical procedures. It is possible the Cervical Posterior Facet Joint Fusion is not successful and additional surgeries may be necessary. Risk of infection, excessive bleeding, damage to the nerves or severe allergic reaction is present.

Procedures performed alongside a Cervical Posterior Facet Joint Fusion carry their own risks. Removal of a facet may cause degeneration over time, affecting the intervertebral disc and/or other facet joints.

PRE AND POST-PROCEDURE INSTRUCTIONS

Pre-Procedure:

1. You will need to complete a medical clearance and/or lab work prior to surgery. Specific instructions will be given to you by our scheduling coordinator. You should get your lab work done PRIOR to your medical clearance appointment so your PCP can review the results during the appointment.
2. You must discontinue the following medication seven (7) days prior to surgery: Aspirin, Aspirin related products, NSAIDS such as Advil, Ibuprofen, Aleve, Feldene, Nuprin, Motrin, Celebrex, Darvon, Ecotrin, Endodan, Excedrin, Florinal, Norgesic, Orphengesic, Percodan, Pravigard, and Soma. These medications may be resumed as soon as possible when deemed safe by your surgeon.



3. YOU MUST discontinue ALL blood thinners such as: Plavix (Clopidogrel), Coumadin (Warfarin), Eliquis, Pradaxa, Brilinta, Fish Oil, Aggrenox, Vitamin K, Vitamin E, Vitamin B6 7 day prior to

surgery. These medications may be resumed as soon as possible when deemed safe by your surgeon.

4. FOR WOMEN ONLY: Hold Estrogens (Cenestin, Estratest, Estropipate, Menest, Ortho-Est, Premarin, Premphase, Prempro etc.) on the day of surgery and resume when instructed by your physician.

5. Hold ALL herbal supplements including garlic, ginseng, and St. John's Wart 7 days before surgery.

6. Please discontinue any and all diet pills two (2) weeks prior to your surgical procedure.

7. DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE DAY BEFORE YOUR SURGERY, AND NOTHING ON THE MORNING OF YOUR SURGERY, UNLESS OTHERWISE ADVISED BY YOUR PHYSICIAN. You may take essential medications, such as blood pressure medications with JUST a sip of water.

8. Please arrive at the surgery center about 1-2 hours prior to your anticipated start time. Typically, the surgery center will provide you with instructions on when to arrive and specific directions (1-2 days beforehand) on when to get there and what to bring. However, it is VERY important that you bring your most recent imaging with you (CT scan/MRI disk).

9. We highly encourage bringing a friend or a family member to the surgery center with you, so that we can explain the post-operative rules and instructions.

10. After your procedure, you will recover in the PACU where nursing staff will provide you with post-operative care and inform you of how the procedure went.

11. If you are prescribed opiate pain medication by another physician (such as pain management physician), MAKE SURE you see them prior to surgery so you are covered for post-surgical pain. Pharmacies will not fill prescriptions from another provider. If you do

not take opiates at home, we will prescribe you with a 7-day course to cover your post operative pain.

12. After surgery, you will most likely require physical therapy. This has been proven to lead to optimal outcomes. If you have a preference of a physical therapist, please let your provider know prior to or during your post-operative appointment.

Post Procedure:

1. Refrain from strenuous activities and follow post-operative instructions.

2. Pain can increase in your treatment areas 2-5 days after your procedure. It may take up to 14 days for symptoms to improve. Symptoms may fluctuate during the healing process, which occurs over 4-8 weeks. You likely will not feel fully back to "normal" for about 3 months.

3. You may have some difficulty swallowing and a sore throat for several days after your procedure. This is very common and will typically go away on its own. If it does not go away or you have difficulty with breathing please, call the number provided below.

4. You should apply ice around places of discomfort for 20 minutes on and 20 minutes off. Please place a barrier between your skin and the ice. Heat is okay to apply to your back or neck muscles, just not over the incision site.

5. You may experience a low-grade fever after treatment. Call if your temperature is above 100.4.

6. No anti-inflammatory medication (Celebrex, Advil, Mobic, Motrin, Aleve) should be used for 10 days after surgery.

7. Light exercise or physical therapy is okay to start 2 weeks after treatment.

8. Pain medication prescriptions may say to take 2 tablets every

6 hours. If your instructions say this, **JUST TAKE ONE** tablet every 4-6 hours as needed for pain. **WE DO NOT REFILL NARCOTIC PAIN MEDICATIONS AFTER SURGERY.** If you continue to have pain, you will need to see a pain management doctor for narcotics.

9. If you were prescribed a brace, you must wear it when out of bed. If you are sleeping, sitting down, relaxing or eating, you may remove your brace. You will be in your brace between 4-6 weeks, depending on the type of surgery you had. If you had a cervical disc arthroplasty “replacement,” you will only require a soft collar for two weeks.

10. Do not drive until you can stomp your feet on the ground and do not feel pain.

11. Wound care: You will have stitches buried underneath your skin. They will dissolve on their own. On top of the wound, you will have skin glue and steri strips (which look like little pieces of white tape). **PLEASE INFORM PROVIDER PRIOR IF YOU HAVE ANY ALLERGIES TO SKIN GLUE OR ADHESIVE PRODUCTS.** Do NOT remove or peel off steri-strips, these will fall off on their own. On top of the steri-strips, you will have gauze and tape. The gauze and tape is what you will be able to remove in 3 days. Do not wet the dressing at all in those 3 days. On day 3, you may remove the top layer of your dressing in the morning and shower as you normally would. **DO NOT SUBMERGE** wound in water for 3 weeks (bath tub, jacuzzi, beach, etc.).

12. Besides narcotic medication for pain, you may use Tylenol (acetaminophen) to optimize pain control. You may take up to 3,000 mg per day, unless contraindicated due to allergy or liver issues. Make note that some narcotics are mixed with Tylenol, (for example, Percocet has 325 mg of Tylenol per pill) so dose accordingly.

13. You may walk as long as you are stable. We do want you out of bed as much as possible unless otherwise instructed. **NO BENDING, TWISTING, OR LIFTING OVER 10 LBS FOR 4 WEEKS.**

14. You will need to follow up in the clinic for a post-operative evaluation in 4 weeks. Depending on your procedure, you may be required to have an X-ray done prior to the appointment. **PLEASE BRING THE CD OF YOUR IMAGES.** Your X-ray script will be given to you the day of your surgery. If you do not receive it or lose it, please call for a new script.

15. You may have a drain after surgery. Do not be alarmed. The reason we place these drains is because you may have been a little “oozy” after the procedure. We place them so the extra blood and fluid can drain out of your wound easily. They are typically removed the next day by your home healthcare nurse. If you do not have home healthcare set up, call the office for an appointment to remove the drain. For questions regarding surgical scheduling, please call Chris (Scheduling Coordinator) at 727-605-1770 (EXT 1003). For any post-operative questions or concerns, please call our office at 727-605-1770. Please note that you may be sent to voicemail. We will return your call as soon as possible. If it is an emergency, please call 911. If you are calling after hours, please leave a voicemail in the general inbox and it will be forwarded to the medical team.

O: 727.605.1770

F: 727.605.1080

scheduling@premierneurosurgery.com