

Dr. Abhijeet Gummadavelli

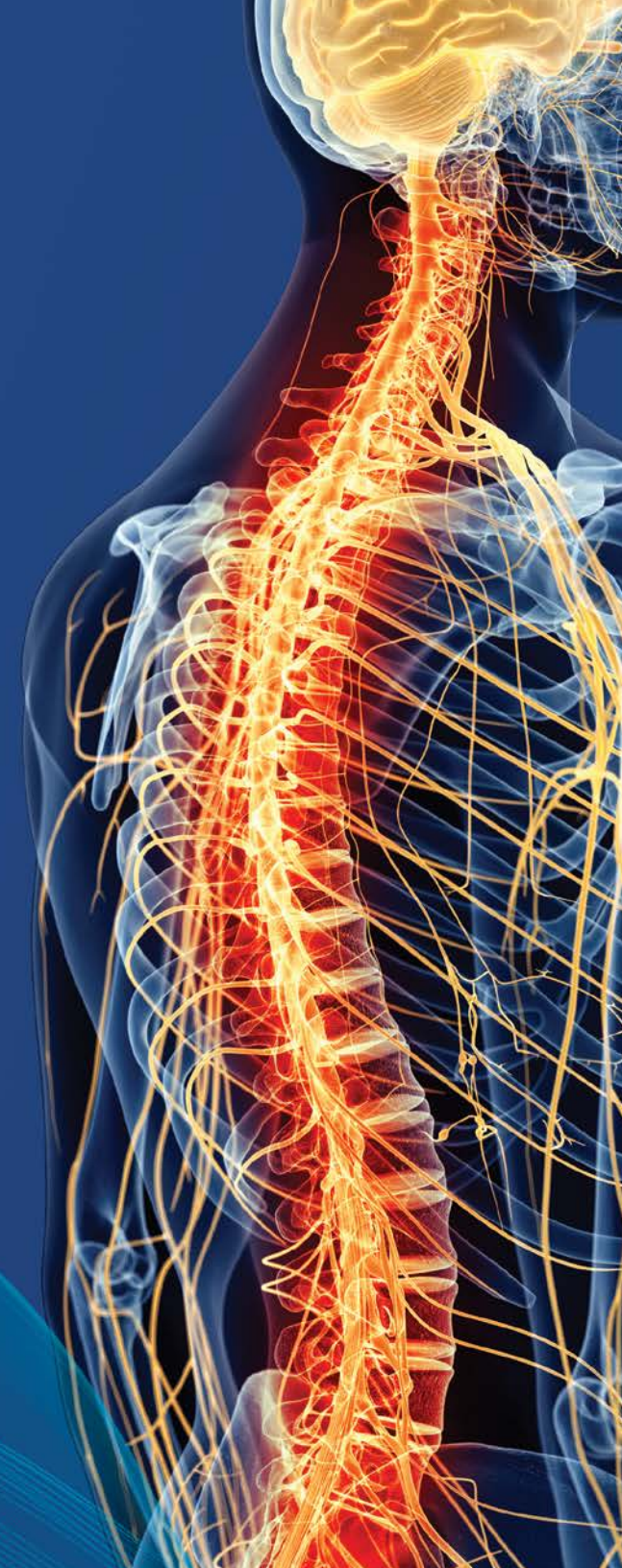
# Welcome

We are honored to be your choice for neurosurgical care. Our team is dedicated to providing you with the highest quality care in a safe and supportive environment.

Use this packet as your essential guide for spine surgery preparation. It provides all the information you need to plan and engage in your surgery and optimize your recovery.

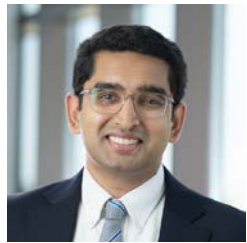


Neurosurgery One



# Meet Our Team

The members of our team will work seamlessly throughout your surgery process. Meet the faces who will be responsible for your care.



**Abhijeet Gummadavelli, MD**, is a fellowship-trained neurosurgeon. He performs minimally-invasive spine procedures and open complex spine procedures in the cervical, thoracic, and lumbar spine. This includes Chiari decompressions, laminectomies, discectomy, transforaminal lumbar interbody placement, and spinal fixation, including open and percutaneous pedicle screw fixation. Dr. Gummadavelli is experienced in diagnosing and treating craniofacial pain, spasticity, and refractory back pain, as well as performing minimally invasive and traditional brain tumor and spine surgeries.

Dr. Gummadavelli is passionate about helping patients understand the complexity of their condition through simple, clear language. Born in India and raised in Alabama and Ohio, he developed the skills and compassion to make sophisticated terminology and treatment understandable.



**Courtney Flynn** is a NCCPA board certified physician assistant. She completed her undergraduate degree with a bachelor of arts in Biology from Amherst College. She then moved to Tennessee to complete her master's in physician assistant studies at Bethel University. She has been working in neurosurgery since graduation in 2019. Courtney joined Neurosurgery One in 2023.

Courtney is Dr. Gummadavelli's first assistant in all surgeries. She also assists with new patient consultations, established patient visits and rounding during your hospital stay.

**Lauren Ortega** is the surgery scheduler for Dr. Gummadavelli. She is a mom of two and enjoys spending time with her kids and reading.

Lauren will assist with booking your surgery, working on surgery authorization and will be your contact point for any FMLA paperwork needed.

**Chanel Love Leeway** is the clinic scheduler for Dr. Gummadavelli. She loves being outdoors and riding her dirt bike.

Chanel will assist with scheduling or moving your appointment times and obtaining your records needed for your appointments. She also handles all our referrals.

**Sara Sanchez** is a certified medical assistant.

Sara will be the one you primarily see at the start of your appointment. She helps by checking your vital signs, and verifying your medications and pharmacy.



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# Preparing For Spine Surgery

**TO DO LIST** — It is your responsibility to let your spine surgery team know if you start any new medications, or you are diagnosed and/or treated for any new medical conditions at any point while you are our patient.

## 4-8 WEEKS PRIOR TO SURGERY

### Appointments to schedule:

- › Cardiac or other specialty clearance (if applicable)
  - If this is not completed, your surgery may be delayed or cancelled. We recommend following up with your specialist to ensure they have completed the required clearance and returned it to our office.
  - Prescription blood thinner medications must be stopped 7 days prior to surgery and not taken for 10 days following surgery.
- › Primary care provider (if applicable)
  - Clearance will need to be obtained from your primary care provider if they manage your blood thinner prescription.
- › Enhanced Recovery After Surgery (ERAS): This is a unique program offered by Neurosurgery One to help you regain function quicker and reduce complications after surgery. You will participate in an online class with other patients who are preparing for spine surgery to learn how to get yourself and your home ready, exercises and other things to do after surgery, and more.
  - The ERAS clinic will review your medical records, assess your recent testing and determine if any additional testing is required.
  - They will give you instructions on how you can help optimize your recovery.
  - Please have your health history, previous surgeries, current medications and dosages, and allergies available for this appointment.

## 7 DAYS PRIOR TO SURGERY

- › In general, we ask patients to stop taking NSAIDs (ibuprofen, Aleve, meloxicam, aspirin) 7 days prior to surgery.
- › Other prescription anticoagulants are required to stop 5 days prior to surgery and 10 days post-operatively and will require clearance from the prescribing physician.

## DAY BEFORE SURGERY

- › You will get a call from the facility surgery team to confirm your exact check-in time.
- › **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT!**
- › Only take the medications approved during your pretesting visit.
- › Bring this binder with you to the hospital, along with any medical assistive devices that you use daily, such as a CPAP device.

## DAY OF SURGERY

- › Only take the medications approved during your pretesting visit
- › Arrive at hospital or surgery center at your assigned check-in time for surgery.



# Discharge Planning

- > If you stay in the hospital overnight, a case manager will work with you to assess your needs, insurance coverage and local resources to develop a discharge plan specific for you.
- > If you anticipate you may require a Skilled Nursing Facility after discharge, we recommend looking into it prior to surgery. This will prepare you for discussions with your case manager.
- > We strongly recommended you have someone in your home for at least 1 week after surgery to help you.
- > If your surgery is a same-day surgery procedure, you will need a driver to drive you home.

## DISCHARGE CHECK LIST:

- Do I have a ride arrangements?
- Have I made arrangements with family or friends to assist me after surgery?
- Do I have my follow-up appointments? You will follow up with your spine surgery team per your discharge instructions.

	Date	Time	Location
Cardiac/specialty clearance			
Other specialty clearance			
Primary Care provider clearance			
ERAS Clinic			
Post-Operative Office Visit			



# Day of Surgery: What to Expect

## PATIENT REGISTRATION

- › Enter the Littleton hospital MAIN ENTRANCE and stop at the registration desk. You will be directed to the surgery area for check-in.
- › You will be guided from the registration desk to a preoperative room where you'll change into a hospital gown, and your nurse and anesthesiologist will meet with you before your surgery. They will review your medical history and answer any questions you may have at that time.
- › Dr. Gummadavelli and Courtney will meet with you before surgery.
- › If neuromonitoring, a type of nerve monitoring system, is used during your surgery, the neuromonitoring team will meet you during this time.

## OPERATING ROOM

- › The operating room is bright and kept at a cool temperature. A nurse will offer you a warm blanket upon arrival if you feel cold.
- › You will initially receive oxygen through a mask on your face until the anesthesiologist administers the general anesthesia, the medication to put you to sleep, through your IV.
- › Once the anesthesia takes effect, and you're asleep, a breathing tube will be inserted through your mouth to deliver oxygen to your lungs.
- › You will have a Foley urinary catheter inserted after you are asleep if surgery is anticipated to last more than 3 hours.

## WAKING UP AFTER SURGERY

- › It is not unusual to feel cold and shiver for a short while after surgery. You will be offered warm blankets.
- › You may feel thirsty when you first wake up, and this is normal. You'll be offered ice chips and then liquids when you're ready.
- › Your throat may feel a little sore from the breathing tube after surgery. Your nurse may give you ice chips, throat lozenges and chlorhexidine spray to reduce the soreness.

## RECOVERY ROOM

- › Immediately after surgery, you will be taken to the recovery room where your nurse will give you medication and oxygen if needed.
- › Your recovery room stay will be about 1-2 hours.
- › If your surgery requires a hospital stay, you will be taken to the neurosurgery floor, where your friends and family may visit per hospital guidelines.
- › If you are discharged on the day of surgery, your caregiver will be allowed into the recovery room to hear discharge instructions prior to your departure.

## FAMILY AND FRIENDS

- › The surgery nurse will update the surgery desk attendants about your progress.
- › Dr. Gummadavelli will contact your designated family/friend after surgery to give a report and answer any questions.
- › If staying overnight, your family may visit you in your room per hospital guidelines.



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# Home Care

## ACTIVITY

- > Walking is the best activity to optimize your recovery.
- > During recovery, particularly when the surgical site is on the back of your body, muscles may feel tight and your ability to turn your head or body may be restricted.
- > Use your pain level to guide your activity. You should be gradually increasing any activity, such as walking, each day.
- > With any activity, it's important to pace yourself and allow frequent breaks.
- > **Do not push, pull, lift, or carry anything more than 10 pounds until you are cleared by your spine team.**

## COMFORT MEASURES/PAIN MEASURES

- > A prescription for pain medication will be sent to the pharmacy you have provided when you are discharged.
- > Opioid pain medication will be provided for the **first 6 weeks after surgery**. You must contact our office **at least 48 hours** prior to needing a prescription refill. Refills cannot be made during the weekend, after hours, or on holidays. **Please plan accordingly as no exceptions will be made.**
- > We are available to manage post-operative pain for up to **6 weeks**. If you require medication beyond this period, you will need to either call your primary care doctor or our office can refer you to a chronic pain management specialist.
- > During your recovery period, you may experience pain at the surgical site or the same pain you had prior to surgery. Particularly when you have had pain for more than 6 months prior to surgery, it can take several weeks for that pain to improve.
- > Eat a high fiber diet, drink plenty of fluids, and use MiraLAX and/or a stool softener while taking your pain medication to avoid constipation.
- > You may take acetaminophen (Tylenol) in addition to pain medication.
- > If you have had a spinal fusion, avoid anti-inflammatories (ibuprofen, Aleve, meloxicam) for **3 months** post-operatively as this can inhibit the bony fusion process.

## INFECTION PREVENTION

- > Refer to your specific surgery sheet regarding incision care instructions for your procedure.
- > Wash your hands!
- > Wear clean, loose-fitting clothes.
- > Use a fresh towel each time you shower.
- > Shower instructions: Do not submerge incision until completely healed (usually around 6 weeks).
- > Do not apply alcohol, hydrogen peroxide or creams to your incision.
- > Look at your incision site daily. If you are unable to clearly see the incision, have a family member or friend look at it. Check for any of the following signs of infection. If you have any of the following signs, call the office:
  - Swelling, puffiness, or redness on or around the incision
  - Incision is coming open
  - Fluid is leaking from the incision
  - Any increase in pain from the incision
  - If you have a fever of 100.5° F or greater



# Office or Emergency Room?

## CALL THE OFFICE

- Fever > 100.5° F
- Increased pain, redness, drainage or swelling at incision site
- Difficulty swallowing
- Leg swelling
- Unable to have a bowel movement for >2 days
- Headache worse with position changes
- New weakness or numbness

## GO TO THE EMERGENCY DEPARTMENT

- Bowel or bladder incontinence
- New foot drop
- Numbness and/or pain in the groin/genital region
- Difficulty breathing
- Difficulty/inability to urinate
- Worst headache of your life
- Slurred speech, changes to vision

## Important Numbers and Addresses

Neurosurgery One: 720-638-7500

Lauren, Surgery Scheduler: 720-638-7517

Littleton Adventist Hospital: 303-730-3900

Functional Neurosurgical Ambulatory Surgery Center: 972-342-4399

South Denver Surgery Center: 720-360-3400

### Littleton Adventist Hospital

7700 S. Broadway • Littleton, CO 80122

### Functional Neurosurgical Ambulatory Surgery Center (FNASC)

11 W Dry Creek Circle • Littleton, CO 80120

### Neurosurgery One – Littleton

7780 S. Broadway, Suite 350 • Littleton, CO 80122

### South Denver Surgery Center

300 E. Mineral Ave., Unit 9 • Littleton, CO 80122



# Frequently Asked Questions

## *How soon can I return to work?*

Returning to work will depend on the type of surgery and specific duties at work. Discuss with your spine team during your post-operative visit.

## *Who fills out FMLA paperwork?*

Please notify our surgery scheduler, Lauren, if you need FMLA paperwork completed. Please allow 48 hours for this to be completed. Adjustments to FMLA recommendations will be made as you progress after your surgery.

## *Can I go up and down stairs?*

Yes. If you stay in the hospital, occupational therapy will practice with you. While going up/down stairs will not damage your surgical site, we do stress the importance of fall prevention.

## *When can I drive?*

For spine patients 2 weeks or once all post-operative narcotics are discontinued.

## *Will spine hardware set off alarms at the airport?*

No; hardware placed during surgery will not set off a metal detector.

## *Do I need antibiotics prior to dental procedures?*

No. However, we recommend waiting 8-10 weeks following surgery to undergo dental procedures, including dental cleanings if possible.

## *Can I have an MRI scan after a cervical/lumbar spine fusion?*

Yes.

## *What should I bring to my surgery?*

- > 1-2 pair of loose fitting clothes
- > Your medical insurance information and pharmacy card
- > This education folder
- > CPAP or BIPAP machine if you use one at home for sleep apnea
- > Glasses, hearing aids
- > Epilepsy medications if applicable
- > **DO NOT BRING VALUABLES**

