Cotton O'Neil Neurosurgery and Spine Center — Stormont Vail Health

Chad Tuchek, MD · (785) 368-0767 · 2660 SW 3rd St, Topeka, KS 66606

Preparing for Your Spine Surgery (Ages 50–65)

VERSION V1.0 · REVIEWED 2026-07-12

Preparing for Your Spine Surgery

A guide for patients ages 50–65

Cotton O'Neil Neurosurgery and Spine Center — Stormont Vail Health

---

Why this guide exists

You and Dr. Tuchek have decided that surgery is the right next step for your spine. The weeks leading up to the operation are not just a waiting period — what you do during this time directly affects how smoothly the surgery goes and how quickly you recover.

This guide is written specifically for patients in their 50s and early 60s. It covers what to do six weeks out, two weeks out, the week of surgery, the day before, and the morning of. Read it through once when you receive it. Then return to it as you reach each milestone.

If anything in this guide conflicts with what Dr. Tuchek, the pre-anesthesia team, or your other physicians tell you, **follow their specific instructions**. This is a general roadmap; their guidance is tailored to you.

4–6 weeks before surgery

Stop nicotine and tobacco

Nicotine slows bone healing and dramatically increases the risk of infection, wound problems, and fusion failure. If you smoke, vape, dip, or chew, this is the most important thing you can do for your surgery.

- **Goal: nothing with nicotine for at least 4 weeks before surgery.** Six is better. Permanent cessation gives you the best long-term outcome.
- Talk to your primary care physician about nicotine-replacement options *not containing nicotine* — varenicline (Chantix) and bupropion (Wellbutrin) work without delivering nicotine. Patches, gum, and lozenges still contain nicotine and should be avoided in the weeks before surgery.
- Stormont Vail offers tobacco-cessation support. Call our office at **(785) 368-0767** for a referral.

Optimize your medical conditions

If you have diabetes, high blood pressure, heart or lung disease, or other chronic conditions, work with your primary care physician to make sure they're well controlled before surgery.

- **Diabetes:** target HbA1c < 7.5%. Higher numbers mean slower healing and higher infection risk.
- **Blood pressure:** know your home readings and bring a list to your pre-op visit.
- **Sleep apnea:** if you use a CPAP, bring your machine to the hospital. If you suspect sleep apnea but haven't been tested, mention this at your pre-op visit.
- **Anemia or low iron:** mention any history of anemia. Some patients benefit from iron supplementation before surgery.

Start moving more

Even gentle activity in the weeks before surgery improves outcomes. You don't need to start a new exercise program; just stay active.

- 20–30 minutes of walking most days
- Pool walking or swimming if back pain limits walking
- Avoid heavy lifting and high-impact activities

Eat well

Surgery is a metabolic stress. Going in well-nourished helps you recover.

- Adequate protein (lean meat, fish, eggs, beans, dairy) at every meal
- Plenty of fruits and vegetables
- Stay hydrated

If you've been told you have low albumin, low pre-albumin, or are underweight, ask about nutritional supplementation.

Plan your help at home

Most spine-surgery patients need help during the first one to three weeks after surgery. Now is the time to set that up.

- Identify a primary caregiver — spouse, adult child, friend, or paid help
- Plan transportation home from the hospital and to follow-up appointments (you cannot drive immediately after surgery)
- Arrange grocery delivery or pre-cooked meals

- Move frequently used items in your home to waist-to-chest height (you'll be limited on bending and reaching)

---

2 weeks before surgery

Medication review

Bring a complete list of every medication, supplement, and over-the-counter product you take to your pre-anesthesia visit. Include doses and how often.

Common medications that need to stop or change before surgery:

Medication	Typical instruction	Confirm with
Aspirin	Stop 7 days before	Your cardiologist if you have stents
Plavix (clopidogrel), Effient (prasugrel)	Stop 7 days before	Cardiologist required
Brilinta (ticagrelor)	Stop 5 days before	Cardiologist required
Coumadin (warfarin)	Stop 5 days before	Prescribing physician — bridging may be needed
Eliquis (apixaban), Xarelto (rivaroxaban), Pradaxa (dabigatran), Savaysa (edoxaban)	Stop 3 days (72 hours) before	Prescribing physician — longer if kidney function is impaired
NSAIDs — ibuprofen (Advil, Motrin), naproxen (Aleve)	Stop 7 days before	—
Fish oil, vitamin E, ginkgo, garlic supplements	Stop 7 days before	—
GLP-1 medications — Ozempic, Mounjaro, Wegovy, Trulicity	Hold the dose due before surgery; specific timing depends on dosing schedule	Anesthesia
Diabetes medications	Specific instructions for the morning of surgery	Anesthesia

> **Do not stop any cardiac medication on your own.** If you have stents, mechanical valves, or atrial fibrillation, stopping antiplatelets or anticoagulants without medical guidance can cause stroke or heart attack. Always confirm with the prescribing physician.

A separate "Anticoagulant and Antiplatelet" handout is available from our office with more detail.

Pre-anesthesia appointment

You will meet with our pre-anesthesia team for an evaluation. Bring:

- Your complete medication list
- Names and contact information for every physician you see regularly
- Insurance card and photo ID
- Any home blood-pressure or blood-sugar logs
- Recent lab work, imaging reports, or stress-test results (if not already in the Stormont Vail system)

The pre-anesthesia team will give you instructions specific to your medical history. Their instructions take priority over anything in this guide.

Skin and dental check

- Look at the skin where the surgery will be done (and your back/neck in general). Tell us about any rashes, open sores, or active infections at least 2 weeks before surgery so we have time to address them.
- If you've been planning a dental cleaning or other dental work, complete it more than two weeks before surgery (not after, to avoid bacteremia near a fresh surgical site).

---

1 week before surgery

- Confirm your help at home and your ride to the hospital.
- Pack a bag with: photo ID, insurance card, medication list, CPAP if you use one, glasses/hearing aids, comfortable loose-fitting clothes for going home, slip-on shoes, lip balm, a charger.
- Get **Hibiclens** (chlorhexidine antiseptic soap) from any pharmacy. You'll use it the night before and the morning of surgery.
- Refill any post-op medications that have already been prescribed so they're ready when you come home.
- Stop using any new lotions, creams, or self-tanners on the surgical area.
- Cancel anything on your calendar for at least 2 weeks after surgery. Your job in those weeks is to recover.

Day before surgery

- **Shower with Hibiclens** the night before. Wash your whole body, but don't use it on your face, ears, or genitals. Rinse thoroughly. Don't use regular soap, lotion, deodorant, or perfume after.
- Eat a light, normal dinner. Stay hydrated during the day.
- **Stop eating after midnight.** No solid food, no chewing gum, no mints, no tobacco.
- Clear liquids (water, black coffee, apple juice, plain tea) may be allowed up to a specific time before arrival — the anesthesia team will tell you.
- Lay out your clothes and bag for the morning. Plan to leave the house with extra time.
- Get to bed early.

Day of surgery

Before you leave home

- Shower again with Hibiclens. Same instructions: full body, avoid face/ears/genitals, no soap or lotion after.
- Wear loose, comfortable clothing. Slip-on shoes. No jewelry, no piercings, no makeup, no nail polish, no contact lenses.
- Take only the medications anesthesia told you to take, with a small sip of water.
- Bring your bag and your medication list.

At the hospital

- Arrive at the time you were instructed (typically 2 hours before surgery).
- Check in at registration. You will change into a hospital gown, have an IV started, and meet your surgical team — Dr. Tuchek, the anesthesiologist, and the OR nurses.
- A family member or friend should stay in the waiting area during the operation. Dr. Tuchek will speak with them as soon as the surgery is done.

What to expect right after surgery

This guide focuses on preparation. A separate **Spine Surgery Recovery (Ages 50–65)** handout covers what happens in the days and weeks after — pain control, walking, incision care, when you can drive, when you can return to work, and physical therapy.

A few high-level points so you know what's normal in the first 24 hours:

- You'll wake up in the post-anesthesia recovery unit. Some pain, grogginess, sore throat, and nausea are normal.
- Most spine-surgery patients walk the same day — typically with a physical therapist or nurse.
- You may have a small drain at the incision; this is removed before discharge.
- Your specific length of stay (outpatient, overnight, or 1–3 nights) depends on the operation Dr. Tuchek performed.

When to call us

Call 911 or go to the nearest emergency department right away — do not call the clinic first — for:

- Chest pain, shortness of breath, or sudden palpitations
- New or worsening weakness or numbness, or loss of bowel or bladder control
- A severe headache with neck stiffness, or clear fluid draining from the incision (possible CSF leak)
- Calf pain or leg swelling **together with** chest pain or trouble breathing (a clot that may have traveled to the lungs)
- **Severe or uncontrolled bleeding** from the incision — bleeding that soaks through the dressing or does not stop after firm, steady pressure
- **Repeated or persistent vomiting, vomiting that keeps you from holding down fluids, or signs of dehydration** (dizziness, little or no urination, confusion)

Call the clinic at (785) 368-0767 during clinic hours — this number is not an emergency line; for emergencies always call 911 — for:

- Fever above 101.5°F
- **Increasing drainage, or pus or a foul odor** from the surgical site (possible infection)
- Calf pain, or swelling or a hot, tender area in one leg (possible blood clot)
- Mild, occasional nausea while you are still keeping food and fluids down

Outside clinic hours, or if you cannot reach us and a problem is clearly getting worse, go to an urgent care or emergency department rather than waiting for the clinic to reopen.

A note from Dr. Tuchek

Surgery on the spine is a deliberate decision, made together. The work you do in the weeks before — stopping nicotine, optimizing your medical conditions, staying active, eating well — pays off in your recovery. None of it is glamorous, but each piece matters.

If a question comes up that this handout doesn't answer, call our office. We'd rather hear from you than have you guess.

Cotton O'Neil Neurosurgery and Spine Center — Stormont Vail Health Cotton O'Neil Kanza Park · 1st Floor · 2660 SW 3rd St · Topeka, KS 66606 · (785) 368-0767 chadtuchekmd.com

This handout provides general guidance for patients of Dr. Chad Tuchek at Cotton O'Neil Neurosurgery and Spine Center, Stormont Vail Health. It is not individualized medical advice. Always follow the specific instructions you receive from your surgeon, the pre-anesthesia team, and your discharge paperwork. **For medical emergencies, call 911 or go to the nearest emergency department.** For non-urgent questions, call (785) 368-0767.

This handout provides general guidance for patients of Chad Tuchek, MD at Cotton O'Neil Neurosurgery and Spine Center, Stormont Vail Health. It is not individualized medical advice. Always follow the specific instructions you receive from your surgeon and at discharge. **For medical emergencies, call 911.**