



## Fort Walton Beach

1034 Mar Walt Drive  
Fort Walton Beach,  
FL 32547

## Destin

36474C Emerald  
Coast Parkway, Suite 3101  
Destin, FL 32541

## Niceville

554-D Twin  
Cities Boulevard  
Niceville, FL 32578

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P 850-863-2153 F 850-863-8085

[www.orthoassociates.net](http://www.orthoassociates.net)

### Dr. Landry Laminectomy and Microdiscectomy Instructions/Information

#### The Surgery Center at Sacred Heart Medical Park

36500 Emerald Coast Parkway  
Destin, FL 32541  
(850) 269-0301

#### FWB Medical Center

1000 Mar Walt Drive  
Fort Walton Bch, FL 32547  
(850) 862-1111

#### Surgical Specialists, ASC

1034 Mar Walton Drive  
Fort Walton Bch, FL 32547  
(850) 315-9385

#### Sacred Heart Hospital on the Emerald Coast

7800 Emerald Coast Pkwy  
Destin, FL 32550  
(850) 278-3000

#### 1. No smoking!!!

- a. There are numerous very well-designed studies that demonstrate that nicotine directly inhibits and prevents bone healing and bony fusion from occurring as well as wound healing. This seems to be not just related to the nicotine resulting in blood vessel constriction, but also seems to be related to nicotine having a direct effect on the bone healing process itself. This means no cigarettes, no electronic cigarettes, no chewing tobacco, no nicotine patches, and no nicotine gum. It is the nicotine that is the problem. If the patient is a smoker, the next step is immediately discontinuing nicotine use as this is the most important thing that the patient can do to prevent a poor outcome. Chantix as well as Wellbutrin are some medications that have been used to assist with smoking cessation, however, these need to be initiated on a case by case basis.

#### 2. Stop blood thinners 7- 10 days prior to surgery

- a. If the patient is on blood thinners (anticoagulants), such as Plavix, Lovenox, Heparin, Xarelto, Pradaxa, Aspirin, etc. These medications should be stopped **7- 10 days prior to surgery**. Prior to discontinuing these medicines, the patient should first speak with their primary care physician, or cardiologist prior to discontinuing these medicines. **RESTART PRESCRIBED ANTI-COAGULANT MEDICATIONS (PLAVIX, XARELTO, LOVENOX, COUMADIN, ASPIRIN & PRADAXA) 3 DAYS AFTER YOUR SURGERY.**

#### 3. No anti-inflammatories 7-10 days prior to surgery

- a. The patient is not to take any nonsteroidal anti-inflammatory medications (NSAIDs) **10 days prior to surgery**. These medications can act as blood thinners and can make the case significantly more difficult to perform if they've been taken within a week of surgery.

#### 4. All medications should be discontinued the day of surgery except for beta-blockers

- a. These medications have been found by well-designed studies to be cardioprotective in the acute postoperative timeframe.
- b. these medicines commonly end in **-lol**, i.e: Metoprol**lol**, labetal**lol**, etc.

#### 5. Stop all other vitamins and or herbal supplements 7-10 days prior to surgery

- a. Other medications such as vitamins and herbal supplements such as fish oil, St. John's wort, Multivitamins, etc., should be discontinued at least 7-10 days prior to surgery and should not be restarted until after the first postoperative visit.

6. **No bending / lifting greater than 10 pounds for 8 weeks after surgery – quite simple.**
7. **No twisting at the waist for 8 weeks after surgery**
8. **The postoperative dressing is good for 5-7 days**
  - a. The dressing that was applied in the operating room is impregnated with silver and has antimicrobial properties. It is good for up to 7 days unless it is saturated with blood. When taking a shower, the patient is to take the dressing off and put it wound side up on a bathroom counter and can reapply it once the wound has been appropriately dried. The patient can choose to reapply a dry dressing to the surgical wound, if they so desire, however, if the wound is dry then they can leave it open to air.
9. **Showers are okay, beginning on the first postoperative day.**
  - a. It is okay to take showers on postop day 1, **however**, the patient is not to take any baths or submerge the wounds. The patient is not too vigorously scrub the incision within the first 3 weeks; you can wash the incision area with a clean soapy wash rag prior to washing the rest of the body and pat-dry the surgical wound with a clean, dry towel prior to drying off the rest of the body.
10. **Walking at least 1 mile a day, every day**
  - a. The patient is to walk at least 1 mile a day every day by the 3 week postoperative mark. This can happen in one session or can be broken up over multiple sessions over the course of the day. The goal of this is to reduce the postoperative incidence of deep venous thromboses (DVT) and venous thromboembolism, as well as to improve the aerobic capacity of the patient.
11. **Follow-up with Dr. Landry approximately 3 weeks after surgery**
  - a. The patient is to follow-up with Dr. Landry approximately 3 weeks postoperatively. The purpose of this visit is to evaluate the wound, evaluate the patient's overall level of pain, and taper the patient's pain medicine down in an effort to hopefully getting the patient off of narcotic pain medications. Pain medications and muscle relaxers are to be taken only as needed, therefore, if the patient feels that they are not in significant enough pain then they do not need to take the pain medication.
12. **Contact Orthopaedic Associates prior to going to the Emergency Department, Unless Life Threatening**
  - a. The patient is to call Orthopaedic Associates (**850-863-2153**) if the patient develops fever that is persistent and greater than 101.5, if the patient's pain is uncontrolled despite taking pain medicines as instructed, or if there is gross purulence (pus) drainage from the wound.
13. **Postoperative visits**
  - a. Typically, the patient is seen approximately 3 weeks postoperatively, 8 weeks postoperatively, 3 months postoperatively, 6 months postoperatively, and then 1 year postoperatively.
14. **Usually physical therapy is not necessary.**
  - a. Sometimes, muscular weakness or neurological symptoms takes a while to improve. If symptoms have not significantly improved by approximately 8 weeks out, or there is significant postoperative stiffness, then we will consider initiating physical therapy at that time
  - b. If the patient has a job that requires moderate to heavy lifting, then we usually will not consider allowing the patient to return back to work until at least 8 weeks postoperatively, and more often 3 months or more. Alternatively, we will initiate physical therapy at the 8 week postoperative mark and focus on a work-hardening program to get the patient ready to go back to work by approximately 3 months postoperatively.



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#### 15. Be patient.

- a. The primary goal of the surgery is to prevent the patient from getting worse, however, it is common for patients to notice significant improvement, sometimes as early as on the recovery room table. Sometimes it can take upwards of 9 months to a year or longer to get significant resolution of the symptoms.

**16.** After Surgery, if you run low on pain medications, you must allow **72 hours for a refill**. DO NOT wait until you are out to call us. **The prescription request line is (850) 315-9241.**

- 17.** If you have an illness prior to surgery (within the week of surgery) please notify our office, as your surgery may need to be rescheduled
- 18.** If an outpatient procedure is scheduled, please arrange to have someone with you at the Surgery Center, drive you home and stay with you for **24 hours** the day of surgery. **You must have a ride to and from the procedure by a responsible adult, friend or family member. You CANNOT take taxis/uber/lyft/ public transportation after surgery. We will not accept the liability, and your case will be cancelled.**
- 19.** For urgent issues after hours or on weekends, please call **(850) 863-2153** and the answering service will contact the physician on-call. **Do not leave a message. Wait for the prompts, and you will be connected to the answering service**
- 20.** Please bring your insurance information, a list of all prescription medications, and a picture ID with you the day of surgery.
- 21.** If you cancel, or do not show up to one of the appointments coordinated for you before your surgery, it may result in your surgery being cancelled.

DATE OF SURGERY: \_\_\_\_\_

FACILITY: \_\_\_\_\_

ARRIVAL TIME: \_\_\_\_\_

( ) THE FACILITY WILL CALL YOU 24-48 HOURS PRIOR TO SURGHERY WITH YOUR ARRIVAL TIME