



Anesthesia for Spine Surgery

Having a surgery can be stressful. We would like to provide you the following information to help you prepare for your surgery.

On the day of surgery, after you finish registration, you will be brought to the preoperative unit.

In the preoperative area

Your preoperative nurse:

The nurse will make sure you are comfortable and ready for surgery. Your privacy and confidentiality will be respected. Your nurse will perform the required preoperative nursing assessment, including taking your heart rate, blood pressure and temperature. You will be required to change into a hospital gown. The nurse will start an intravenous line (IV). You will be asked to use the restroom before you go to surgery. Please communicate with your nurse if you have any questions. This will help us address any concerns as soon as possible.

Your surgeon:

Your surgeon will see you and answer any remaining questions regarding your surgery. Your surgeon will make a mark on the appropriate surgical site.

Your anesthesia clinician:

Before surgery your anesthesia clinician will ask health-related questions and perform a pre-operative anesthesia assessment. General anesthesia (an induced loss of consciousness) is most commonly used. Your anesthesia clinician will explain the risks and benefits of anesthesia before you go into surgery. You can also read more about general anesthesia on our clinician homepages.

Your operating room nurse:

Your operating room nurse will ask questions to confirm everything for surgery is in order. The nurse will accompany you to the operating room.

In the operating room

After you are brought to the operating room, the surgical team (surgeon, operating room nurse, anesthesia clinician and surgical technician) will confirm the surgery to be performed. Vital sign monitors will be placed, as well as oxygen via mask. For general anesthesia, you will be given a combination of medications that will make you lose consciousness. Once you become unconscious, the anesthesia clinician will place a breathing tube through your mouth into your windpipe to deliver oxygen and possibly anesthetic gas. Occasionally, if a patient has findings on physical examination suggesting there might be difficulty placing the breathing tube, the anesthesia clinician may place the tube before starting general anesthesia, using numbing medication and sedation. The purpose of this method is to ensure safety. In most cases the breathing tube will be removed at the end of the surgery as you awaken. Most individuals have no recollection of this.

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Another intravenous line and/or arterial line (a line similar to an IV that goes in an artery instead of a vein) may be inserted after placement of the breathing tube. A neuromuscular monitoring specialist may attach monitoring leads to different parts of your body to monitor your neurological function closely during the surgery. Your nurse may also place a small catheter into your bladder to drain your urine. Your nurse will then prepare your surgical site to allow the surgeons to perform the surgery.

During the surgery the anesthesia clinician is closely monitoring your vital functions and fluid status, providing you appropriate anesthetics to keep you safe and unconscious.

In the recovery room

After your surgery we will take you to the Post-Anesthesia Care Unit (PACU), also known as the recovery room. The recovery room nurse will monitor your vital signs and level of consciousness. You may have an oxygen mask on at this time. It is not unusual for you to have some nausea and grogginess. Sore throat after general anesthesia is also common and may last three to four days. The nurse will closely monitor your pain level and will give pain medication based on your need and your vital signs. It is important for you to tell the nurses and doctors about any pain you are experiencing. Adjustments to your pain medications may be made to make you more comfortable.

When determined to be safe, we will discharge you from the PACU to home or to your hospital room with instructions.