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Services

Complex Spine Surgery
MIS: Minimally Invasive Spine Surgery
MIS: Alternatives to Fusion
MIS: Alternatives to Surgery
Artificial Disc Replacement
Stem Cell Therapy
Correction of Spinal Deformity
Correction of Scoliosis
Outpatient Kyphoplasty
Cervical Spine Disease
Lumbar Spine Disease
Skull Base Surgery
Endoscope Assisted Surgery
Acoustic Neuroma
Brain Tumors
Cerebral Aneurysms
Stereotactic Radiosurgery
Pituitary Adenoma
Trigeminal Neuralgia
Workers' Compensation

A member of:
SENTA Neurosurgery:

Scott P. Leary, M.D.
Sanjay Ghosh, M.D.
Alois Zauner, M.D.

Tracy Sebastian, MPAP, PA-C
Amanda W. Gumbert, PA-C
Felix M. Regala, PA-C
Debora Frantz, PA-C

Neurology
Ian M. Purcell, M.D., Ph.D.
Monali Patel, M.D.

Scott P. Leary, M.D.
Diplomate, American Board of Neurological Surgery
Fellowship Trained, Complex Spine Surgery
Minimally Invasive Spine Surgery
Artificial Disc Replacement
Stereotactic Radiosurgery
General Neurosurgery

Enhanced Recovery After Spinal Surgery

We will be utilizing a group of procedures that when put together have a significant impact in your recovery after spinal surgery. Collectively we call these Enhanced Recovery After Spinal Surgery procedures, or ERASS for short. There are several steps outlined below that we would like for you to do both before and after surgery to ensure your total recovery.

Day before Surgery:

1. Start taking Tylenol 1000mg (2 extra strength) by mouth every 6 hours 24 hours before your surgery. You will stay on Tylenol for 14 days after your surgery *even if you are not having any pain*.
2. Start taking Gabapentin 100mg by mouth on the night before your surgery before you go to bed (or your regular dose of Gabapentin). You will be on this medication 3 times a day for 14 days after surgery. This medication is being given to you to help reduce any nerve pain response after surgery.
3. Start taking Flexeril 10mg/Zanaflex 4mg by mouth on the night before surgery before you go to bed. You will be on this medication for 14 days after surgery to treat any muscle spasms you may experience after surgery.
4. We will give you a prescription for Oxycodone / Tramadol to be used *after* surgery. Please get this filled before you leave for surgery, so you have it available to you when you come home from the hospital. Please note, we will not be able to refill this prescription if it is lost or misplaced.
5. Start wearing your brace on the day before your surgery to help you learn how to wear it and to see what it will feel like when you come home after surgery.
6. CHG wipes will be given to you to use during your "Consent for Surgery" visit. Please use these wipes to wash the area where your surgery will take place and the surrounding areas. You will do this the night before and the morning of surgery.

Morning of Surgery:

1. Please complete the second CHG wipe cleaning procedure (as detailed above).
2. Please drink the Carbohydrate drink, Clear Fast, at least 2 hours before surgery. We recommend you drink it on the way to the hospital. This will help reduce your nausea / vomiting with anesthesia and will help your GI track recover faster after surgery.
3. Please bring your brace to the hospital for use after your surgery. You will need it immediately after the surgery and will be instructed on when to start wearing it.



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During Surgery:

1. Local Anesthetic: In addition to your general anesthesia, Dr. Leary will place a large amount of local anesthetic medication in and around your surgical area to help control your pain response before we even begin your surgery.
2. For those undergoing an abdominal approach to your spine (Anterior or Far lateral), we will also be performing a Transverse Abdominis Peritoneum block or "TAP block". This is done in an effort to help control the amount of pain you may experience after surgery by blocking the certain tissue that cause a pain response to surgery.
 - a. This is performed by the anesthesiologist after you are asleep in the OR.
 - b. This procedure will assist with controlling your pain and make it easier to walk after surgery with reduced pain.

After Surgery:

1. Pain is a common and typical response to all surgery. Our goal is to minimize your pain to a level that allows you to be functional as you recover.
2. To help control this typical post-operative pain, you will be restarted on Tylenol, gabapentin and Flexeril immediately and scheduled around the clock by the nursing staff. You will be on these medications throughout your hospitalization.
3. You will be provided Oxycodone or Tramadol to help control any moderate to severe pain.
4. You will have available to you ICE packs that can help reduce any pain you may experience. Please feel free to ask the nursing staff for assistance if needed.
5. In the event that you experience some breakthrough pain during your hospitalization, you will have the option to receive some IV narcotic medication.
6. Your foley catheter will be removed once you are on the recovery unit. You will be expected to stand and walk to the restroom to void after surgery.
7. You will be assisted by the nursing staff to walk the same day as your surgery.
8. You will be wearing your brace when you are out of bed walking and the nursing staff can assist you in putting on /taking off your brace properly.
9. Your IV fluid will be discontinued, and you will be started on a liquid diet. Your diet will be advanced as you are able to tolerate.
10. You will be provided GI support medications like Miralax, Colace, Milk of Mag to assist you in having a bowel movement after surgery. This should occur within the first 3 days after surgery. If not, please feel free to reach out to our office.

Please feel free to reach out our office should you have any questions regarding these ERASS procedures.