



Thank you for choosing Michigan Medicine for your upcoming spine surgery.

We know that making the decision to proceed with surgery can be challenging. The information in this document is intended to provide a thorough overview of what you can expect before and after surgery, including our commitment to “Enhanced Recovery After Surgery” (or ERAS). ERAS helps to prepare your body for surgery, ensure a safe recovery, and enable you to return home as soon as possible after surgery.

Please read this information carefully and refer to it frequently. It is our hope that this guide will provide answers to many of the questions you may have as you prepare for and undergo surgery and will ultimately help ensure that your entire experience is a positive and successful one. Additionally, we have created an educational video for you to watch before your surgery. It can be viewed at <https://michmed.org/YD3Mw>.

We want you to be an active participant in your treatment and recovery. As your spine surgery provider, it is our goal to partner with you to ensure the best surgical experience and outcome possible.

Sincerely,

The Michigan Medicine Spine Surgery Team

Your U-M Spine Surgery Team

For your upcoming spine surgery, you may be seeing a neurosurgeon who specializes in spine surgery or an orthopaedic surgeon who specializes in spine surgery. Both neurosurgeons and orthopaedic surgeons perform spine surgery at Michigan Medicine.

Department of Neurosurgery: Spine Surgery Team

Surgeons

Kevin Chen, M.D.
Jacob Joseph, M.D.
Osama Kashlan, M.D. Emily
Levin, M.D.
Parag Patil, M.D., Ph.D.
Mark Oppenlander, M.D.
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Thomas Schermerhorn, M.D.
Nicholas Szerlip, M.D. Lynda
J. S. Yang, M.D., Ph.D.

Nurse Practitioners/Nurses

Megan Curtis, D.N.P., A.N.P.-B.C.
Tom Ferguson, A.N.P.-C.
Carina Jones, N.P.
Miriana Popadich, N.P.-C.
Jill Russell, R.N.
Nancy Thomas, Ph.D., N.P.

Department of Orthopaedic Surgery: Spine Surgery Team

Surgeons

Ilyas Aleem, M.D.
Rakesh Patel, M.D.

Physician Assistant

Maria Powers, P.A.-C.

Pre-operative patient checklist

Plan

- Plan for a caregiver/coach and transportation for at least one week after being discharged home from the hospital.
- Arrange for transportation home after your surgery based on the estimated length of hospital stay that was discussed at your pre-op clinic visit.
- If you do not already have your first post-op visit scheduled before surgery, please call your surgeon's office to arrange.

Prepare: Personal Hygiene

- Oral Hygiene:
 - A dental exam is a good idea prior to surgery. Dental work should be completed (cleaning or other work) at least 30-days prior to surgery if not longer, depending on surgeon's recommendations. If you suspect you may have an infection in your mouth, see your dentist and please inform your surgeon.
 - Brush your teeth at least twice a day, being sure not to irritate the gum lines and cause bleeding. Watch for sores or infected areas in the mouth. This will increase your risk for an infection prior to surgery. Use mouthwash twice a day starting at least 3 days prior to surgery.
- Body/Nail Hygiene:
 - Bathe daily with a liquid antibacterial soap beginning 3 days prior to surgery.
 - Keep your fingernails short, and clean the undersides frequently with soap and water. Longer fingernails harbor more dirt and bacteria than short nails, thus potentially contributing to the spread of infection. Use a nail brush to make sure your fingernails and hands are clean.
- Attire for Hospital:
 - Wear clean clothes to the hospital and bring clean clothes to go home in.

Prepare: Home Environment

- Home Hygiene and Safety Precautions:
 - Be sure to have clean laundered sheets on your bed at home for when you return from the hospital.
 - Arrange furniture so you have wide, clear paths between rooms.
 - Remove all clutter from the floor as well as runners, loose electrical or extension cords, and low-rise tables or foot stools that could be tripped on.
 - Ensure all rugs have nonslip backings or, even better, remove them.

Pre-operative patient checklist (continued)

Stop

- One week before surgery, stop taking the over-the-counter medications listed on page 8.
- **Do not** stop taking your **prescription** medications unless instructed to do so at your pre-op appointment.

Bring

- Bring a small bag to the hospital on the day of your surgery.
 - It should include:
 - legal photo I.D.
 - insurance card
 - copy of your advance directive
 - list of all current prescription medications and over-the-counter medications (including dosages)
 - non-slip, flat, supportive shoes
 - eyeglasses (not contact lenses).
 - You may choose to include:
 - personal toiletries
 - cell phone/charger
 - book(s); magazine(s); and/or other items to occupy your time.
- If you have sleep apnea, please bring your CPAP device with you.
- Do not bring:
 - any medications (unless directed to do so by staff)
 - valuables (including jewelry)
 - credit cards

Wash

- To help prevent infection, please wash your entire body, especially your back, with antibacterial soap and water on the day of surgery.

Arrive

- Arrive at the hospital 15 minutes before your appointment to allow time for parking and getting to the surgery check-in area.

How should I prepare for my surgery?

Start preparing for your surgery several weeks ahead of time. This will help reduce risks and complications while improving your overall experience.

→ Find a support person and “coach”

Identify and ask a family member or friend to help you in the hospital and at home.

This person must be available to:

- Bring you to the hospital on the day of surgery
- Learn about your discharge instructions
- Take you home from the hospital
- Help at home with everyday activities
- Drive you to post-op appointments

You may have more than one coach, if one person is not available for all of these activities.

→ If you smoke - stop

It is mandatory that you stop smoking before surgery. Smoking interferes with healing, increases the risk of infection, and can prevent the fusion process from occurring.

- This includes cigarettes and any type of nicotine replacement (gum, vape, patch, etc.)

→ Take action to reduce the risk for constipation after the surgery

Anesthesia, decreased mobility, and pain medications all increase the chance of constipation following surgery.

If you have trouble with constipation, please be sure to begin an over-the-counter stool softener prior to surgery. Ideally, you should have a bowel movement at least 24 hours prior to your surgery.

→ Eat healthy and stay active

Good nutrition will help get your body ready for surgery, heal better after surgery, and fight infection, too. Eating enough calories, protein, vitamins, and minerals will all help speed your recovery. Here are some tips to get your body in good nutritional shape before surgery:

- Eat foods that will help your body heal. Good choices are protein-rich foods, whole grains, fruits, vegetables, and dairy products.
- Eat at least three times a day. Don't skip meals.

How should I prepare for surgery? (continued)

- Include protein-rich foods with each meal. Some healthy choices are lean meat, fish, poultry, beans, eggs, cheese, nuts, tofu, milk, cottage cheese, yogurt, and protein drinks.
- Drink at least 6 to 8 eight-ounce cups of fluid each day to stay well hydrated.
- Add a daily protein drink if you cannot eat enough food
- Staying as physically active as possible before surgery will also aid in your recovery process.

→ **Obtain surgical clearance (if needed)**

Depending on your medical history, you may need to see a specialist such as a cardiologist (a heart doctor) or a pulmonologist (a lung doctor) before surgery. We will inform you if this is required. Some specialists will require an updated office visit with them if you have not been evaluated recently.

→ **Make arrangements for accommodations**

If you do not live in the area, you may want to make plans to stay locally the day before surgery, or for your coach while you are hospitalized.

- Our Patient & Visitor Accommodation Program can help patients and their families make area hotel reservations at a discounted rate. Available 7 a.m. – 11 p.m. at 800-544-8684.
- The Med-Inn, a hotel attached to the hospital, is also an option, but rooms fill up quickly. Med-Inn's contact number is 734-936-0100.

→ **Consider your post-surgery care options**

Ideally, we would like you to go home with the support of your coach(es) after surgery.

- If you cannot find a support coach, or if you are having difficulty moving and completing basic tasks and your insurance permits, a brief stay in a short-term rehabilitation facility (also called a Skilled Nursing Facility or SNF) may be beneficial.
- If your planned surgery is very large, your surgeon may tell you that going to a rehabilitation facility would be the safest for your recovery.

Seven (7) days before surgery

Stop taking:

- Herbal supplements, vitamins, and weight loss products.
- All recreational drugs (e.g., heroin, cocaine, marijuana, LSD, methamphetamine, etc.).
- All medications listed in the table below (these medications may cause you to bleed more easily).

Continue taking your other medications (unless your doctor tells you to stop).

Actron®	Cope®	Indocin®	Oruvail® (Ketoprofen)
Advil® (Ibuprofen)	Daypro® (Oxaprozin)	Lodine® (Etodolac)	Pamprin - IB®
Aleve® (Naproxen)	Disalcid® (Salsalate)	Meclomen®	Pepto-Bismol®
Anaprox® (Naproxen)	Dolobid®	Medipren® (Ibuprofen)	Percodan®
Anacin®	Doan's®	Meloxicam® (Mobic)	Ponstel®
Ansaid® (Flurbiprofen)	Easprin®	Motrin® (Ibuprofen)	Ralfen® (Nabumetone)
Aspirin	Empirin®	Nalfon® (Fenoprofen)	Rufen® (Ibuprofen)
Ascriptin® (Coated Aspirin)	Ecotrin®	Midol® (Ibuprofen)	Salfex®
Arthrotec® (Diclofenac)	Etodolac	Naprelan® (Naproxen)	Suprol®
Bayer Aspirin®	Excedrin®	Naprosyn® (Naproxen)	Tolectin® (Tolmetin)
Bufferin®	Feldene® (Piroxicam)	Naproxen	Trilisate® (Salicylate)
Butazolidin®	Fiornal®	Nuprin® (Ibuprofen)	Vanquish®
Cataflam® (Diclofenac)	Haltran® (Ibuprofen)	Orudis KT®	Voltaren® (Diclofenac)
Clinoril® (Sulindac)	Ibuprofen	Orudis® (Ketoprofen)	

Seven (7) days before surgery (continued)

Prescription blood thinners

You will receive specific instructions at your pre-operative history and physical appointment about how and when to stop these blood-thinning medications, such as:

- Coumadin[®] (Warfarin)
- Plavix[®]
- Aggrenox[®]
- Pradaxa[®]
- Fondaparinux[®] (Arixtra)
- Eliquis[®] (Apixaban)
- Xarelto[®] (Rivaroxaban)
- Lovenox[®]
- Aspirin prescribed by your doctor
- Any other prescription blood thinners

Tylenol[®]

To help manage your pain before surgery, you may take Tylenol[®] (Acetaminophen). Tylenol[®] does not thin your blood. Some recommended ways to take Tylenol[®] are listed below. Choose **one** of the following:

- 500 mg (1 tablet every 4 hours or 2 tablets every 8 hours)
- 325 mg (2 tablets every 6 hours)
- 650 mg (1 tablet every 6 hours)

Tylenol[®] will also be an important part of your pain management after surgery.

Do not take more than 3000mg of Tylenol (Acetaminophen) daily.
Warning: Some opioid pain medications also contain acetaminophen in addition to the opioid; check the label to see if your medication contains acetaminophen. Exceeding 3000mg daily can cause serious injury to your liver and kidneys.

The day before and morning of surgery: eating and drinking

Carbohydrate-loading before surgery

Most spine surgery patients will be given carbohydrate-loading instructions before surgery. **However, if you have diabetes, you will not be asked to carbohydrate load before surgery.**

Why do I need to carbohydrate load before my surgery?

Carbohydrates are rich in sugars and starches. “Carbohydrate loading” means consuming carbohydrates before surgery. Research has shown that this decreases discomfort before surgery by reducing hunger, thirst, and anxiety. More importantly, it can decrease nausea and vomiting after surgery, help maintain normal blood sugar levels, decrease constipation, and it may shorten your hospital stay.

What supplies do I need?

Buy at least 36 ounces of 100% pure, no sugar-added white grape juice (no substitutions). You may need to buy a 64-ounce bottle or two 32-ounce bottles of the juice.

What are my instructions for the day before surgery?

The entire day before surgery you may eat normally until midnight.

Between 7 p.m. and 10 p.m., drink 24 ounces of the carbohydrate drink (100% pure, no sugar added white grape juice).

What are my instructions for the day of surgery?

No solid food (including gum, candy, and mints, etc.) after midnight the night before surgery.

You may drink water or clear liquids up to four hours before your surgery start time.

Clear liquids include:

- Water
- Black coffee or tea without cream or milk
- Gatorade
- Clear juice without pulp
- Cranberry or 100% pure, no sugar-added white grape juice
- Any pops/sodas

The day before and morning of surgery (continued)

Drink the last 12 ounces of the 100% pure, no sugar-added white grape juice on the day of your surgery. Aim to finish about 2-3 hours before your scheduled surgery time. You may need to drink it on your drive to the hospital, depending on the time of your surgery.

If you are on a fluid restriction, include this amount of juice in your restriction.

You must not eat or drink anything else except for water and the juice mentioned above.

Note about bowel preps

Some spine surgery patients have a special bowel prep based on the type of spine surgery they're having. If you have a bowel prep, you will begin drinking the carbohydrate rich drink after completing your bowel prep. Additional instructions will be provided for patients who require a bowel prep.

Note about diabetic patients

The carbohydrate loading instructions do not apply to diabetic patients.

What can I expect during my hospital stay?

- The inpatient care team will see you between 6 a.m. and 8 a.m.
- Your Foley catheter will be removed as soon as possible. Removing the catheter, drinking fluids, and walking help to decrease the risk of developing a urinary tract infection.
- You will use your Incentive Spirometer as directed to prevent pneumonia (you will receive a spirometer when you get to your hospital room).
- To help prevent blood clots, you will start taking a blood-thinning medication (heparin). We will also place Sequential Compression Devices (SCDs) on both your legs after surgery. The SCDs help your blood to circulate and prevent the formation of blood clots. Walking is also vital in preventing blood clots.
 - Please remind staff to put your SCDs back on when you return to your bed or chair.
- To prevent falls, we encourage you to sit up at the side of the bed. Always use your call light to ask for assistance to get up from bed, a chair, or to go to the bathroom.

Early walking after surgery

- Early walking after spine surgery is one of the most important things you can do to speed your recovery process and prevent complications. Benefits of early walking include:
 - Improved blood flow
 - Faster wound healing
 - Improved lung function
 - Enhanced muscle tone
 - Shorter hospital stay
- Early walking may also help to prevent many complications including infections, constipation, pneumonia, blood clots, urinary tract infections (UTIs), and urinary retention.
- A physical therapist may evaluate you during your hospital stay. They will work with you on walking and activities to ensure a safe and timely discharge. They will also recommend therapy needs at discharge (i.e., walker, outpatient therapy, or inpatient rehabilitation).
- Visitors need to wash/sanitize their hands when they visit. Visitors should not touch your incision or dressing, sit on your bed, or use your bathroom.

What symptoms might I have after surgery?

Nausea

- Medications are available to relieve nausea.
- Eating slowly and drinking plenty of fluids are helpful to relieve nausea.

Constipation

- Constipation is common after surgery due to a decrease in physical activity and use of pain medication.
- We will give you stool softeners while in the hospital and a laxative if requested.
- Continue taking the stool softener (and laxative, if needed) after discharge as long as you are taking opioid pain medications.

Pain

It is normal to experience pain after surgery (called “post-operative pain”). You may still have some of the pre-operative pain immediately after surgery as well. Our goal is not necessarily to relieve all your pain, but to make your pain tolerable. We will likely use multiple types of medication in the hospital to help control your symptoms.

- Your nurse will monitor your pain frequently. Our staff will repeatedly ask you to rate your pain on a scale of 0–10 (0 is no pain; 10 is the worst pain you can imagine).
- You may start out receiving pain medication in your I.V. line, then transition to medication in pill form.
 - Other medications may also be used to treat nerve pain or muscle spasms.
- Use ice frequently to decrease pain and swelling.
- Change your position in bed frequently, as tolerated.

When will I be discharged from the hospital?

The length of your hospital stay will depend on the type of surgery you have. Some spine surgeries are outpatient surgeries, meaning patients go home the same day, while other spine surgeries require patients to stay in the hospital for several days.

What should I be able to do in order to go home?

- Tolerate your diet.
- Meet mobility goals.
- Tolerate pain on oral pain medication.

Your support coach will need to be at the hospital during your discharge home so they can learn about your restrictions, and how to help you move safely and apply your brace (if you have one). Your support coach will take you home on your discharge day.

What is my home care plan?

Before your discharge, our nurse case manager may meet with you and discuss your home care needs. If ordered, the home care agency will call you at home and let you know when a visiting home nurse, home health aide, and/or home physical therapist will be arriving at your house.

- Typically, patients receive 1 or 2 visits per week.

What if I'm discharged to a rehabilitation/extended care facility?

As mentioned in the “Preparing for Surgery” section earlier in this folder, you may not be able to go home when you're ready to be discharged from the hospital. The reasons for this are varied. Our case manager will contact your insurance provider and make all of the arrangements for your transfer. If your surgeon has already discussed the possibility of a rehabilitation facility, it is a good idea to visit and tour a few facilities before your surgery. Before admission, write down your first and second choices as there must be a bed available for your transfer. You may also want to contact your insurance company to confirm the facility is in your network.

- To find facilities near you online, visit: <https://www.medicare.gov>.
 - Scroll to the bottom of the page; in the “Take Action” section, click on the “Find care providers” link.
 - On the next page, click on the “Nursing homes” icon (below the search boxes).
 - A pop-up will appear where you can enter your zip code.
 - Click “Search” and facilities in that area will appear.

When will I be discharged from the hospital? (continued)

Michigan Medicine also has an inpatient Physical Medicine and Rehabilitation Unit in our hospital. The unit has specific criteria for admission, including a patient's ability to participate in physical therapy multiple times a day and your insurance approval.

How will I take care of myself at home after discharge?

Your post-operative instructions may vary slightly depending on the type of surgery you have. In addition to the instructions below you will receive additional, specific post-operative instructions during your pre-op clinic visit and at discharge.

General post-operative instructions that apply to all spine surgery patients include the following:

- Walk around every 1-2 hours when awake.
- Do not lift, push, or pull anything over 10 lbs. (A gallon of milk weights about 8 lbs.)
- Do not bend or twist your spine repetitively.
- Do not bend over at your waist. Use your knees (squat) to bend down.
- Do not do any strenuous activities such as vacuuming, lifting children or groceries, moving furniture, mowing lawns, etc.
- Do not use any ointments or creams over the incision site.
- Do not soak your incision in water. No baths, pools, or hot tubs.

At your first post-operative appointment we will discuss your ability to restore these activities and the timeline for doing so.

How will I take care of myself at home after discharge? (continued)

How do I care for my incision after surgery?

Incision care may vary depending on the type of surgical closure you have.

Instructions for Michigan Medicine **neurosurgery** patients

Michigan Medicine neurosurgeons specializing in spine surgery include: **Drs. Chen; Joseph; Kashlan; Levin; Patil; Oppenlander; Saadeh; Schermerhorn; Szerlip; and Yang.**

- Remove your surgical dressing 48 hours after surgery.
- Do not cover your incision with bandages or dressings.
- Keep your incision clean and inspect it daily for signs of infection, such as:
 - Increasing redness
 - Increasing tenderness
 - Increasing swelling
 - Drainage from the incision
- Clean your incision daily as follows:
 - Use a mild liquid soap. Do not use bar soap, which can contain bacteria and is also often shared among family members.
 - Gently wash your incision first, then the rest of your body.
 - Use a clean towel each time you shower after surgery.
 - When drying, pat your incision dry first, then dry the rest of your body being careful not to re-touch your incision.

Instructions for Michigan Medicine **orthopaedic surgery** patients

Michigan Medicine orthopaedic spine surgeons include: **Drs. Aleem and Patel.**

- Leave dressing(s) in place until your first clinic follow-up appointment. Keep your incision(s) covered at all times.
- You may shower if you are able to keep your incision dry. (Cover with Saran wrap or Glad Press & Seal or other waterproof/resistant dressing.)
 - When showering, use mild liquid soap. Do not use bar soap, which can contain bacteria and is also often shared among family members.
 - Use a clean towel each time you shower after surgery.

How will I take care of myself at home after discharge? (continued)

Contact us immediately if:

- Your incision becomes red, painful, or hot.
- You have any drainage from your incision.
- Your incision is open.
- You develop a fever over 101 degrees.
- You develop any new leg symptoms (e.g., swelling, pain, and/or weakness).

Our contact information is on page 21 of this booklet.

How can I help ensure safety in my home environment after discharge?

- Only walk in well-lit rooms, hallways, and stairs.
- Do not sit in a chair or sofa that is low and difficult to get up from.
- Arrange for regular visits by family or friends.

Read this if you have pets:

Pets can carry germs on their fur that can infect your wound. You can continue to show affection to your pet, but do not:

- Let them near your surgical site, even if covered with a dressing.
- Let them on your bed, chair, or lap while your incision is healing.

Keep pet toys picked up, as tripping over toys or food bowls is a common cause of falls. Consider covering your favorite chair with a clean sheet to ensure a clean surface free from pet hair, etc.

How will I manage my pain at home after discharge?

It is important you have accurate expectations about your pain management.

- With large surgeries, it is not unusual to have increased pain temporarily.
- Even with pain medications, you may still have considerable pain.

Before we give you instructions for managing your pain at home, here are some general guidelines you should know about:

- We do not prescribe pain medication prior to surgery.
- According to Michigan Law, we cannot provide more than a 7-day supply of pain medication at discharge.



You may need less depending on your condition.



Acute pain is the result of an injury or surgery and typically resolves within the healing period.

- If you are taking prescription pain medication before surgery, **do not** increase the amount you are taking.
 - Keep pain medication to a minimum, otherwise it will be very hard to manage your pain after surgery.
- If you are currently seeing a pain management clinician, make sure the clinician knows that you will be having surgery, especially if you've signed a narcotic contract with them.
 - You are responsible for setting up a follow-up visit with your pain management clinician for continued pain control.
- If you do not see a pain management clinician, you will also be discharged with up to a **7-day** supply of pain medication.

Pain management instructions (continued)

- If you need a refill, you must call during open clinic hours (8 a.m. – 4 p.m., Monday through Friday).
 - We do not provide refills after hours.
 - We will only prescribe pain medications up to a maximum of six weeks after surgery.
 - We will run a MAPS (Michigan Automated Prescription System) report with each refill. If you obtain opioids from another provider during this time, we will no longer be able to prescribe medications.
- Refill requests should be made before you run out of medication. Refills may take 48 hours to complete.

How should I take my pain medicines at home?

- When you get home, take your prescription as directed. As you get further along in your recovery, begin reducing your pain medication intake. For example:
 - If you are taking 2 tablets every 6 hours, decrease to 1 tablet. Then, increase the time between pain pills.
- Avoid all NSAIDS (non-steroidal anti-inflammatories) like Motrin[®], Advil[®], Ibuprofen, Aleve[®], and Mobic[®] for 3 months following your fusion surgery.
- **Remember** - Frequent walking, changing positions, icing, Tylenol[®], and other alternative pain control methods (breathing exercises, distraction, relaxation techniques, etc.) are also very important in helping reduce your pain.

Important:

- If your pain is manageable, avoid taking opioids.
- Never take more frequent or higher doses than prescribed

Visit <https://michmed.org/ea93D> to learn more about taking opioids safely.

What is my follow-up after discharge?

You can expect to have several follow-up visits at your surgeon's office in the 2 years following surgery, usually beginning about 2 weeks after surgery (though the specific time points vary by surgery type). These visits are important to evaluate your progress, both physically and with spine imaging.

If you do not already have your first post-op visit scheduled before surgery, please you call your surgeon's office to schedule it.

Additionally, as part of Michigan Medicine's commitment to quality, we participate in a statewide program called the Michigan Spine Surgery Improvement Collaborative (MSSIC), which measures spine surgery quality and patient outcomes. MSSIC surgeons and hospitals track patients' progress over time by collecting information from patients before surgery and at several time points after surgery.

You will complete a patient-focused questionnaire by phone, email, or in clinic before surgery, as well as 90 days, 1 year, and 2 years after surgery. The information you provide helps us to assess your surgical outcome and post-operative progress. It also helps us to ensure that you have the best outcome possible, and improve patient care in the future. We appreciate your time and participation in these patient questionnaires.

To learn more about MSSIC, please visit <https://mssic.org>. You can also watch the MSSIC Enhanced Recovery After Surgery patient education video: <https://vimeo.com/451937093>.

Please notify us right away if you have a change of address or telephone number.

What is the contact information?

If your **neurosurgeon** was:

- Kevin Chen, M.D.
- Jacob Joseph, M.D.
- Osama Kashlan, M.D.
- Emily Levin, M.D.
- Parag Patil, M.D., Ph.D.
- Mark Oppenlander, M.D.
- Yamaan Saadeh, M.D.
- Thomas Schermerhorn, M.D.
- Nicholas Szerlip, M.D.
- Lynda Yang, M.D., Ph.D.
- Call 734-936-7010, Monday-Friday, 8 a.m.-4:30 p.m. to schedule an appointment, request a prescription refill, or ask a medical question.
- For new symptoms or concerns after hours, on holidays, or weekends, call 734-936-7010 and you will be routed to the Hospital Operator, who can connect you with the neurosurgical resident on call.

If your **orthopaedic surgeon** was:

- Ilyas Aleem, M.D.
- Rakesh Patel, M.D.
- Call 734-936-5780, Monday-Friday, 8 a.m. – 4:30 p.m. to schedule an appointment, request a prescription refill, or ask a medical question.
- For new symptoms or concerns after hours, on holidays, or weekends, call 734-936-6267 and you will be routed to the Hospital Operator, who can connect you with the orthopaedics resident on call.
- The number for Orthotics is 734-936-7043.

For all spine patients:

- You may also use the patient portal (<https://myuofmhealth.org>) to send a message to the spine team. Do not use the portal for urgent issues. Instead, please call your surgeon's office.
- If you are experiencing a medical emergency, call 911 or report to your closest Emergency Room.

Disclaimer

This document contains information and/or instructional materials developed by the Michigan Medicine for the typical patient with your condition. It may include links to online content that was not created by Michigan Medicine and for which Michigan Medicine does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

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