NORTH COUNTY NEUROSURGERY

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A Note from Dr. Winograd

You are young, active, and fit — and right now, you are also injured or in pain. That is frustrating. When you are used to running marathons, playing soccer, or hitting the gym five days a week, spine surgery can feel like a setback. It is.

But here is what I want you to know: surgery is not the end of your athletic identity. It is a repair. Done correctly, and with the right preparation and recovery plan, most younger patients return to full activity — including sport, gym, running, and everything else they did before. The data on younger patients is excellent.

This document is your roadmap for getting there. The preparation period is short but matters. We will focus on three things: optimizing your body before surgery, managing your medications properly, and hitting the ground running with your recovery. Let's do this right.

Your Surgery and Why Timing Matters

You have a spine problem — most likely a disc herniation, instability, or stenosis. Your surgery will address it directly. If you have a herniated disc pressing on a nerve, we will remove it. If you have instability, we will stabilize your spine with a fusion. Whatever the problem, the goal is the same: take pressure off the nerve, stabilize the spine, and eliminate the source of your pain.

Why timing matters: younger patients have something older patients do not have — excellent bone quality, fewer comorbidities, and a superior healing capacity. Your bones will heal faster. Your body will respond to surgery more efficiently. Your cardiovascular fitness means lower anesthetic risk and faster recovery.

But biology does not speed up just because you are fit. A spine fusion — whether it takes one level or three — requires bone to calcify and fuse into a solid block. That process takes 3 to 6 months. During that time, we protect the graft and hardware. After that, you progress. This timeline is not negotiable. Respecting it means the difference between full recovery and needing a second surgery.

Medication Management: What to Stop, What to Keep, and Why

Before surgery, you may be taking medications that help you in everyday life but that interfere with surgery or healing. The goal here is to pause the right things at the right time. Let's go through them.

NSAIDs (Anti-Inflammatory Medications)

If you are an active person, you are probably familiar with ibuprofen, naproxen, or meloxicam. You take them for post-workout soreness, tendinitis, or minor aches. These are all NSAIDs — non-steroidal anti-inflammatory drugs.

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Here is the problem: NSAIDs impair bone healing. They work by reducing inflammation, but inflammation is actually necessary for bone to fuse. If you take NSAIDs around the time of surgery, your fusion may not heal properly, or may not heal at all. Even a single dose can matter.

Stop NSAIDs: at least 7 days before surgery. If you are taking daily NSAIDs for a chronic condition (like an arthritis medication), discuss timing with us.

Continue acetaminophen: If you need pain relief before surgery, acetaminophen (Tylenol) is fine.

After surgery: Avoid NSAIDs for at least 6 to 8 weeks. I know you will be tempted to take them for soreness or discomfort in recovery. Do not. Use acetaminophen or prescribed opioids instead.

Aspirin and Blood Thinners

Most people under 50 are not on aspirin or blood thinners — but if you are, we need to talk about it.

Aspirin (for any reason): Usually stopped 5 to 7 days before surgery. Aspirin increases bleeding risk and can interfere with blood clotting during surgery.

Prescription blood thinners (Warfarin, Eliquis, Xarelto, Plavix, etc.): These require specific management. Discuss with the physician who prescribed them at least 2 weeks before your surgery date.

After surgery: you may resume aspirin or blood thinners once we clear you — usually after the first post-op visit and once the surgical site is well healed.

GLP-1 Agonists (Weight Management Medications)

If you use Ozempic, Wegovy, Mounjaro, or Zepbound for weight management, you need to plan ahead. These are increasingly popular among younger, active people.

Weekly GLP-1s (Ozempic, Wegovy, Mounjaro): Hold your dose 1 week before surgery. Take it as scheduled up to 7 days out; then skip the next dose.

Daily GLP-1s (Liraglutide): Hold for 1 day before surgery.

Clear liquid diet: If you take any GLP-1, switch to a clear liquid diet starting 24 hours before surgery. We will give you the approved liquid list.

After surgery: Resume your GLP-1 schedule as directed — usually 1 to 2 weeks after surgery once nausea has resolved.

Supplements and Herbal Products

This is where many younger patients trip up. You are probably taking fish oil for joint health, creatine for muscle building, or pre-workout supplements for energy. Or maybe ginkgo for memory, turmeric for inflammation, or garlic for heart health. These are all well-intentioned — but many interfere with surgery.

Stop 7 days before surgery: Fish oil, vitamin E, ginkgo, garlic, and any herbal product that has antiplatelet or anticoagulant effects. These increase bleeding risk.

Creatine: Stop 7 days before. No strong evidence of harm, but we want a clean slate before major surgery.

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Pre-workouts and energy supplements: Containing caffeine, ephedrine, or other stimulants — stop 7 days before. These elevate heart rate and blood pressure, which can complicate anesthesia.

Protein powders and amino acids: These are fine to continue right up until surgery. You can have a protein shake with water 6 hours before surgery. See the fasting section below.

Vitamins (standard multivitamins): Continue as usual. No conflict with surgery.

After surgery: Resume supplements slowly. Protein powders start immediately. Creatine, fish oil, and herbal products at 6 weeks post-op once you are past the acute healing phase.

Fasting (NPO — Nothing by Mouth)

Fasting before surgery is not about starvation. It is about safety. Food in your stomach during anesthesia can cause aspiration — breathing stomach contents into your lungs. That is dangerous.

Standard fasting rules (American Society of Anesthesiologists 2017): Solid food and milk products — nothing after midnight the night before surgery. Clear liquids OK until 2 hours before surgery.

What counts as clear liquid? Water, black coffee (no milk or creamer), tea, apple juice, Gatorade, or other clear sports drinks. Not orange juice (too thick) or milk.

GLP-1 patients: Clear liquid diet starting 24 hours before surgery — no solid food at all.

Morning of surgery: A few sips of water to take your essential morning medications is OK. But if you have questions about a specific medication, call us the day before.

Arrive hydrated: Being dehydrated makes anesthesia harder. Drink clear liquids right up until the 2-hour cutoff.

Prehab: Optimizing Your Body Before Surgery

This is the section where your athletic identity becomes an asset. The evidence is clear: patients who are fit before surgery recover faster and better. Cardiovascular fitness, strong core muscles, and good nutrition make a measurable difference.

Keep Training — Do Not Stop Because Surgery is Coming

This might surprise you: you should not stop your current training just because you have surgery scheduled. Here is why. Muscle atrophy begins rapidly after surgery. The fitter you are going in, the less muscular fitness you lose and the faster you regain it.

Continue your current activity level as long as pain allows. If running does not hurt, keep running. If the gym does not aggravate your symptoms, keep training. Your muscles will thank you in recovery.

Do not push through new pain. You are treating a real spine injury. If an activity that never hurt suddenly hurts, avoid it. But baseline activities that have always been pain-free? Keep doing them.

Modify, do not stop. If bending aggravates your lumbar stenosis, avoid forward flexion but keep your cardio. If cervical rotation bothers your neck pain, avoid that specific movement but continue other training.

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Focus on Core Stability

Your core is not just about looks. It is your spinal support system. In recovery, core work will be the foundation of your rehabilitation. Starting now, spending 2 to 4 weeks on foundational core work will pay off immediately post-op.

- Planks: 30 to 60 seconds, neutral spine. No sagging hips or hyperextension.
- Dead bugs: Lie on your back, arms extended overhead, legs extended. Bring opposite arm and leg together in controlled motion.
- Bird dogs: On hands and knees, extend opposite arm and leg simultaneously, then return.
- Pallof press: Standing with a cable or band, resist rotation. This teaches anti-rotation, which is critical post-op.
- Glute bridges: Strengthen the posterior chain, which supports spinal stability.

Do 3 rounds of these exercises 3 to 4 times per week for the 2 to 4 weeks before surgery. You are not training for strength gains — you are training for muscle memory and mind-muscle connection. These exercises will transfer directly into your post-op physical therapy.

Nutrition: Feed Your Recovery

Surgery is metabolically expensive. Healing requires raw materials. You need protein to rebuild tissue and micronutrients to support healing.

Increase protein to 100 to 130 g per day for the 2 to 4 weeks before surgery. Most active adults already eat this way — just confirm you are in range. Protein targets: lean meats, fish, eggs, dairy, legumes, Greek yogurt.

Hydration: 2 to 3 liters per day. Standard athletic hydration. Dehydration impairs healing and makes anesthesia harder.

Eat vegetables (especially dark leafy greens). Vitamin K, folate, and antioxidants support healing. Broccoli, spinach, kale are your friends.

Whole grains, not refined carbs. Whole grains provide sustained energy and B vitamins.

Limit alcohol. Alcohol impairs immune function and interferes with bone healing. Avoid or minimize for 2 weeks before surgery.

Sleep: When Healing Begins

Growth hormone — the hormone responsible for tissue repair — peaks during sleep. Aim for 7 to 9 hours nightly for the 2 to 4 weeks before surgery. This is not luxury. This is medicine.

The Week Before Surgery: Action Checklist

7 Days Before

- Stop NSAIDs (ibuprofen, naproxen, meloxicam)

- Stop fish oil, vitamin E, ginkgo, garlic, creatine, pre-workout supplements
- Confirm your medication list with our office — especially aspirin, blood thinners, or GLP-1s

3 Days Before

- Confirm you have transportation home — a reliable driver who will stay with you the first night
- Prepare your hospital bag (see the section below)
- Arrange time off work — plan for at least 2 weeks at home

2 Days Before

- We will send you the chlorhexidine gluconate (CHG) antiseptic wipes — these come in the mail
- Review the operative check-in instructions in your paperwork

The Night Before

- Perform a full-body shower with the CHG wipes per instructions (usually at bedtime)
- Lay out comfortable, loose clothing for the morning (sweatpants, oversized shirt)
- Set your alarm. Check directions to the surgery center. Know where to park.
- No food after midnight. Water OK until 2 hours before arrival.
- Charge your phone and set a backup alarm

Morning of Surgery

- Wake up at least 2 hours before your arrival time
- Shower again with CHG wipes if possible, or at minimum wash with regular soap
- No lotion, deodorant, cologne, makeup, or nail polish (this helps with electrode placement)
- Take only your essential morning medications as directed by us — bring a list
- Eat nothing. Small sips of water only.
- Wear loose clothing, no underwire bras, no jewelry of any kind (even earrings)
- Bring: government-issued photo ID, insurance card, medication list, any pre-authorization paperwork
- Arrive 2 hours before your scheduled operative time

What to Bring: The Hospital Bag

Insurance card and photo ID: Required. We cannot proceed without these.

Current medication list: Write down every medication, dose, and frequency. Include supplements if you have not stopped them already.

List of allergies: Medication allergies especially. If you have a latex allergy, tell us when you arrive.

Comfortable loose clothing (2 sets): Sweatpants, oversized shirt, or loungewear. Your surgical site will be sensitive. Tight clothing is uncomfortable.

Slip-on shoes: Not lace-ups. You will not bend easily for the first week.

Phone charger: You will want to stay in touch with family.

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Books or iPad: Hospital time can be boring. Bring something to occupy your mind.

What NOT to Bring

- Jewelry (including watches, earrings, rings, bracelets) — removed during surgery anyway
- Nail polish — interferes with pulse oximetry
- Makeup — removed during surgery and can irritate incisions
- Valuables or large amounts of cash — leave these at home
- Your car keys — you will not be driving anywhere for weeks

Warning Signs Before Surgery: When to Call Us

Read this carefully. These symptoms tell you when to contact us urgently and when to go to the ER.

RED — Go to the ER or Call 911 if:

- Sudden new weakness in your arms or legs (especially bilateral — both sides)
- Loss of bowel or bladder control (new urinary retention or incontinence)
- Sudden chest pain or severe shortness of breath

These are emergencies regardless of surgery. Do not wait.

AMBER — Call Our Office Immediately if:

- Fever of 100.4°F or higher in the 2 weeks before surgery
- New illness — cold, flu, respiratory infection, or anything concerning
- New or suddenly worsening neurological symptoms (tingling, numbness, weakness)
- Medication change prescribed by another doctor that we do not know about
- Anything that makes you question whether surgery should proceed as scheduled

We need to know about these things. Call during business hours; if it is after hours and you are concerned, go to urgent care or the ER.

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Quick Reference Card

Tear out this page or photograph it. Keep it on your phone or refrigerator. This is the most important information at a glance.

STOP 7 Days Before

- **NSAIDs:** ibuprofen, naproxen, meloxicam
- **Supplements:** fish oil, vitamin E, ginkgo, garlic, creatine, pre-workout
- **Aspirin:** if you take it

Medication Management

- **Weekly GLP-1:** hold 1 week before
- **Daily GLP-1:** hold 1 day before
- **Blood thinners:** call our office

Prehab Focus

- **Keep training:** do not stop
- **Core work:** planks, dead bugs, bird dogs
- **Protein:** 100–130 g/day
- **Sleep:** 7–9 hours/night

Fasting Rules

Nothing solid after midnight
Clear liquids until 2 hrs before
GLP-1 patients: clear liquid diet 24 hrs before

Morning of Surgery

- **Shower:** with CHG wipes
- **No:** makeup, lotion, deodorant, jewelry, nail polish
- **Wear:** loose clothing, slip-on shoes
- **Bring:** ID, insurance, medications
- **Arrive:** 2 hours before OR time

Red Flags — Call 911

- **Sudden weakness/numbness:**
- **Loss of bowel/bladder:**
- **Chest pain:**