Preparing a patient for surgery:

* Schedule a patient for surgery once natural history and conservative management have been reviewed
* Discuss rationale, risks, benefits, and alternatives
* Review imaging
* Check home/hospital medications
* Check pre-operative labs (including beta-hCG for women of child-bearing age)
* Type and screen/cross
* NPO after midnight except meds with sips of water
* Discontinue anti-thrombotics:
  + Coumadin 3-5 days before surgery with PT/INR check the morning of OR
  + Plavix 7-10 days preoperatively
  + NSAIDS 5-7 days preoperatively
* Cardiology and/or medical clearance
* Anesthesia
* Special equipment/tests
  + IMAGE-GUIDANCE
  + O-ARM
  + Neuromonitoring
  + IMPLANTS
  + BLOOD AVAILABILITY
* Obtain consent
  + Discuss: 1. risks, 2. benefits, 3. alternatives, 4. rationale
  + Risks of a craniotomy: bleeding (intraoperative and post-operative), infection, seizure, stroke, coma, death, hydrocephalus, meningitis, neurologic deficit (as per location of procedure), failure to remove entire tumor, recurrence of tumor, need for use of further modalities for treatment (ie. radiation, chemotherapy)
  + Risks for spine surgery: injury to the nerve root or spinal cord, possible weakness or paralysis, failure of operation to achieve desired results, CSF leak, hardware complication: breakage, pull-out, malposition, bleeding, PION (post-operative ischemic optic neuropathy) leading to blindness