



Spine Surgery Patient Education Guide

Your Pathway to Healing

SPINE CENTER

 **Piedmont**
HENRY

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WELCOME TO THE PIEDMONT SPINE CENTER

You and your doctor have weighted the options and made the decision to have surgery. Right now, you might be feeling any number of emotions: you may be relieved to have a diagnosis and plan of action, but also anxious about what to expect from surgery.

It's our mission—and our privilege—to help make your surgery a positive experience. Your care and comfort is our most critical priority. If you have any questions about the information in this guide, please call your doctor, or contact pre-admission testing at **678.604.5042**.

HOW TO USE THIS BOOKLET

This booklet is designed to increase your knowledge about your hospital experience and help you develop realistic expectations about the surgical experience—before surgery, during your stay, and after your discharge home. Please bring this booklet with you each time you are scheduled to see your surgeon and when you come to the hospital for surgery. The booklet is an educational tool, but is not intended to replace medical or professional advice.

YOU'RE IN GOOD HANDS

At Piedmont Henry, we've assembled one of Georgia's largest team of preeminent physicians whose specialties cover the spectrum of neurological and orthopaedic spine illness and injury. We've surrounded our specialists with the most advanced technologies, state-of-the-art ancillary services and highly trained clinical staff. So, no matter what you're feeling, you can rest assured that you're in good hands at Piedmont Henry.

ENHANCING YOUR OWN CARE

We consider you, the patient, a vital part of the healthcare team. As such, we encourage you to become an active participant in your own well-being. By making decisions about your healthcare, you'll likely have less anxiety before surgery and recover more quickly afterward.

So make it a point to work closely with your caregivers. Ask questions. Learn all you can about your condition. Increase your knowledge about your surgery.

Get involved in planning for your recovery and transition back home. Knowing what to expect before, during and after surgery will go a long way toward a smooth and successful recovery.

PATIENT PATHWAYS

You might hear your caregivers refer to your plan of care as a "pathway." A pathway describes the day-by-day events that usually occur with patients who undergo a certain type of surgery or treatment. For example, most spinal surgery patients will improve steadily after surgery and go home in one to three days.

Mapping your treatment plan for your specific type of surgery and noting anticipated events, recovery milestones, and needs after discharge is a proven—and nationally recognized—method for optimizing your:

- Consults with physicians
- Diagnosis
- Treatment
- Medication
- Diet
- Assessments
- Teaching
- Discharge preparation

YOUR HEALTHCARE TEAM

During your care at Piedmont, a skilled team of healthcare professionals will care for you, guide your recovery and provide education. This team has been specially trained for spinal care and includes the following members:

Specialized Nursing Staff

Our nurses are experienced in caring for patients with spinal disorders. During your stay, they will implement your doctor's orders, provide you with education and instructions and coordinate routine daily activities.

Clinical Partner

Our clinical partners, also known as patient care technicians, work closely with the nurses to enhance your care. Clinical partners will take your blood pressure and other vital signs, assist you in walking after your surgery and assist you with other tasks throughout your hospital stay.

Physical and Occupational Therapists

Our therapists will work with you to improve function and independence with walking and your activities of daily living while using optimal body mechanics. Additionally, the therapist may instruct you in specific exercises to strengthen, regain range of motion, relearn movement and/or rehabilitate your musculoskeletal system.

Registered Dietitians

Our nutrition specialists help spine patients understand the importance of maintaining the proper weight through a healthy diet.

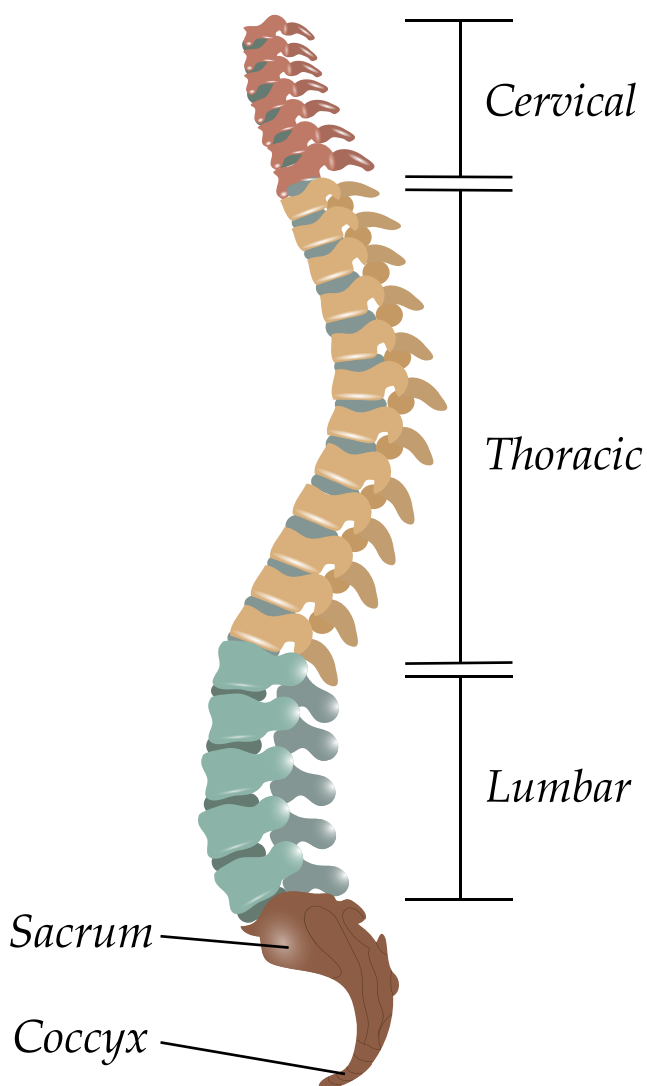
Patient Care Coordinators (PCC)

For our inpatients, these licensed social workers or registered nurses work closely with you and your family to assist you in dealing with the issues that sometimes accompany illness and surgery after hospitalization. Our patient care coordinators, sometimes referred to as case managers, arrange post-hospital care services, educate patients and families on discharge options, provide insurance companies information and offer referrals to community resources such as home healthcare, Meals on Wheels, medical equipment, senior services, private duty caregivers and nursing home placement. Please refer to the Resource Directory for more information.

Spine Coach

Your spine coach is an individual that you, the patient, designate — such as your spouse, friend or family member. The designated support person provides help and encouragement as you prepare for surgery and complete the recovery process.

While many spine conditions can be successfully treated with non-surgical methods, some cannot. Now that you and your surgeon have decided surgery is the best option for your condition, it will be especially helpful to have an in-depth understanding of your spine. These diagrams may help you understand some of the terms your caregivers might use.



SPINE 101: SPINAL ANATOMY

The function of the spine (sometimes call the vertebral column or spinal column) is to protect and support the spinal cord, nerve roots, and internal organs. The spine provides a base of attachment for discs, spinal ligaments, tendons and muscles. The spinal column connects the upper and lower body, provides structural support, aids in balance, and helps distribute weight. The structural elements permit forward and backward bending, spinal rotation and combined movements within normal limits.

The spinal or vertebral column consists of 33 bony vertebrae. The regions or levels of the spine are known as the cervical (neck), thoracic (upper/middle back), lumbar (lower back), sacral (pelvic area) and coccyx (tailbone).

Cervical Spine

The neck region is the cervical spine. This region consists of seven vertebrae, abbreviated C1 through C7 (top to bottom). These vertebrae protect the brainstem and spinal cord, support the skull and allow a wide range of head movement.

Thoracic Spine

Below the cervical spine are 12 thoracic vertebrae, abbreviated T1-T12 (top to bottom). T1 is the smallest and T12 is the largest. The thoracic vertebrae are larger than the cervical vertebrae and have longer spinous processes. Rib attachments add to the thoracic spine's strength and stability.

Lumbar Spine

The lumbar spine consists of five vertebrae, abbreviated L1-L5. The lumbar vertebrae are the largest in the spine and carry most of the body's weight. This region allows more range of motion than the thoracic spine, but less than the cervical spine.

Sacral Spine

The sacrum is located behind the pelvis. Five bones, abbreviated S1-S5, fused into a triangular shape, form the sacrum. The sacrum fits between the two hip bones connecting the spine to the pelvis. The last lumbar vertebra (L5) articulates (moves) with the sacrum. Immediately below the sacrum are five additional bones, fused together to form the coccyx (tailbone).

Vertebrae

Each spinal vertebrae is composed of many different bony structures. The vertebral body is the largest part of a vertebra.

Intervertebral Discs

Intervertebral discs provide cushioning between the spine's vertebral bodies (with the exception of the first two cervical vertebrae). Comprised of fibrocartilaginous material, each normal sturdy intervertebral disc effectively absorbs and distributes the spinal stress you have a rest and while you're moving.

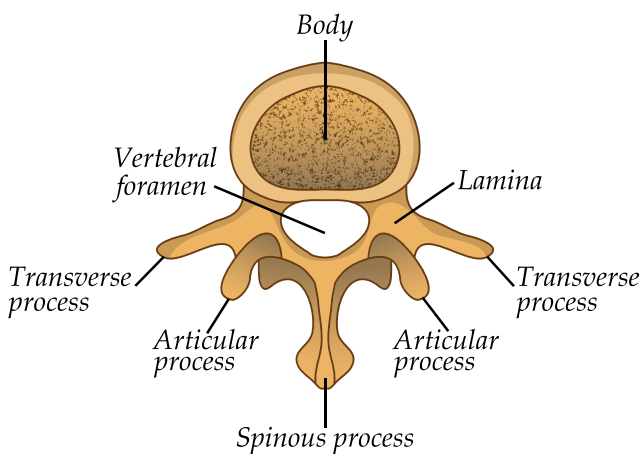
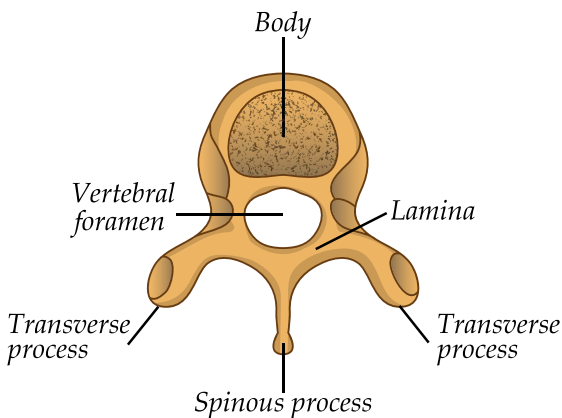
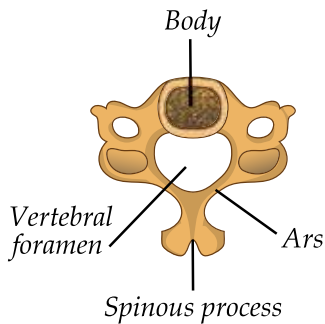
Each disc is made up of two parts: the annulus fibrosus and the nucleus pulposus. The annulus fibrosus is a sturdy tire-like outer structure that encases a gel-like center, the nucleus pulposus.

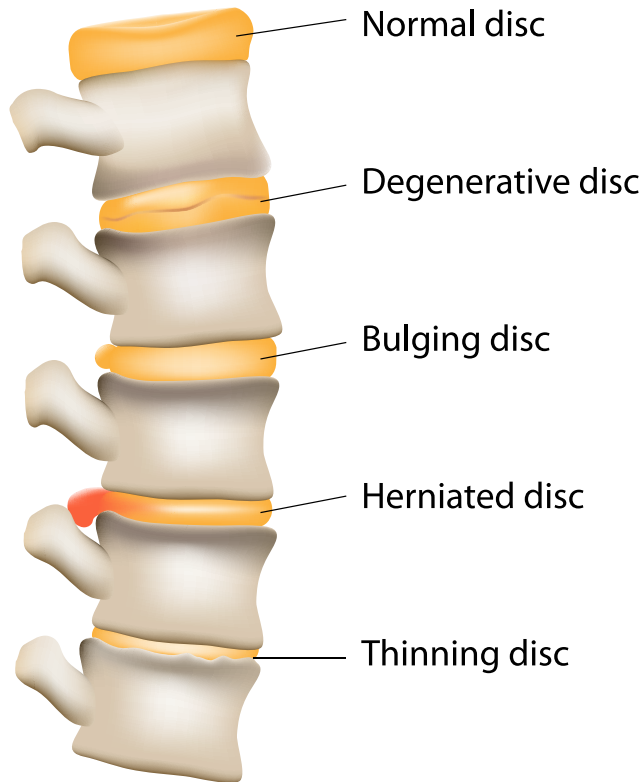
Muscles, Tendons and Ligaments

Spinal muscles, tendons and ligaments work together to keep the spine stable at rest and during the activity. The muscles contract to cause the body to move.

Tendons connect the spinal musculature to the spine. Tendons are sturdy bands of fibrous connective tissue.

Spinal ligaments are non-elastic fibrous bands or sheets of connective tissue that hold the bones together. Ligaments limit motion and, if overstretched can contribute to joint instability.





SPINE FACTS

- The spine is not straight; it is made up of four continuous curves. These curves allow for flexibility and help the spine in its role as a shock absorber.
- Muscles in the abdomen, back, buttocks and thighs help support and maintain the four curvatures. Keeping these muscles strong and flexible helps keep your spine in alignment.
- The spine is strongest in the upright position.

For more information on the Spinal Anatomy, visit piedmontspinecenter.org

SPINAL DISORDERS

Herniated Disc

A disc herniation occurs when the outer wall of the disc (annulus fibrosus) tears, breaks open or ruptures. Some of the matter inside the disc (nucleus pulposus) leaks out and compresses nearby spinal nerves and/or the spinal cord. Although a disc herniation can occur at any level of the spine, the lumbar spine (lower back) and cervical spine (neck) are the most common locations affected. The location of the herniated disc determines where the symptoms are experienced in the body. Symptoms such as numbness and tingling, pain and/or muscle weakness may be experienced in the arm(s) or leg(s) as a result of a herniated disc.

Degenerative Disc Disease

This spinal condition comes from the normal wear-and-tear process of aging. As we age, our discs lose some of their flexibility, elasticity and shock-absorbing ability. Degenerative disc disease may become problematic if the disc height is reduced or if the disc becomes thin and stiffen.

Spinal Stenosis

Spinal stenosis is a condition characterized by the progressive narrowing of one or more areas of the spine. Spinal stenosis can result in the compression of the spinal nerves and spinal cord. Although spinal stenosis can occur anywhere in the spine, the cervical and lumbar areas are most often affected. This condition can lead to the development of pain, numbness, weakness in the arms and/or legs or balance disturbances.

Spondylosis

Spondylosis is arthritis of the spine, and is often called spinal osteoarthritis. Spondylosis can occur in the cervical, thoracic or lumbar spine. As with other joints in the body, osteoarthritis causes progressive degeneration of cartilage. Some patients are asymptomatic (have no symptoms) and learn they have spondylosis as a result of X-ray or examination for another problem.

Spondylolisthesis

Spondylolisthesis comes from the Greek words spondylo, meaning vertebrae, and listhesis, meaning slipping or sliding. Spondylolisthesis is a spinal condition in which one vertebra slips forward over the vertebra below. This disorder most commonly occurs in the lumbar spine. Although spondylolisthesis can cause spinal instability, not all patients experience pain.

Radiculopathy

Radiculopathy is not a disease itself, but the result of direct pressure or compression on a nerve root due to a herniated disc or degenerative changes. The nerve roots are branches of the spinal cord that carry signals to the rest of the body at each level along the spine. The location of the radicular symptoms depends on the area supplied by the specific nerve root that is compressed.

Myelopathy

Myelopathy is a term used to describe a disease or disorder of the spinal cord (for example, spinal cord compression). Myelopathy can occur at any age and is often due to the compression of the spinal cord by bone or disc material in the cervical spine.

ITEMS TO DISCUSS WITH YOUR SURGEON

- You'll want to discuss specific details about your procedure with your surgeon including the risks and benefits of our procedure, the location of incision(s) and which vertebral levels will be affected.
- Postoperative activities and recovery time such as:
 - o Ask how many nights, if any, can I expect to stay in the hospital?
 - o When can I expect to return to work/school?
 - o When will I be able to resume driving?
 - o Will I need rehabilitation after surgery?
 - o Any other questions you have.

Having a thorough understanding of what to expect from your surgical procedure will not only guide you to better decision-making about your care, it also will help you feel more comfortable during the entire experience.

Chapter 3 • PREPARING FOR SURGERY

Once you have decided to have surgery, there are a number of preparations to make. Remember that you don't have to do everything alone! We're here to help you as much as possible.

PRE-REGISTRATION AND ADMISSIONS TESTING AT PIEDMONT HENRY HOSPITAL

Once your surgery is scheduled, a staff member from your surgeon's office will arrange an appointment for you to visit PAT. This appointment is usually no more than 7 days before your surgery. At the appointment, the PAT staff will conduct an assessment and obtain any tests that may be needed prior to your surgery.

The PAT staff will take all your information and compile your medical record in advance of your surgery. Your medical record will be available for members of the surgical team, including the anesthesiologist, to review prior to your surgery. The PAT staff will also give you any instructions you need in regard to eating, drinking, and taking medicine immediately before your surgery. Contact your surgeon for more information about the PAT.

QUESTIONS TO ASK AT YOUR MEDICAL CLEARANCE APPOINTMENT

- Which medications should I take the morning of surgery?
- If I take anticoagulants, such as Coumadin®, when should I stop taking them before surgery?
- When should I stop taking aspirin products and non-steroidal anti-inflammatory medicines (NSAIDS), such as Advil® or Aleve® before surgery?
- Don't forget to mention any vitamins, herbs, supplements or other over-the-counter medications you take.
- Are there any other special instructions I should follow as I prepare for my surgery?

VERIFY INSURANCE COVERAGE

If you have health insurance, both the hospital and the surgeon's office will need to contact your insurance company before surgery to verify our coverage. However, we strongly recommend that you also contact your insurance company to verify your benefits. The following is a list of questions to ask your insurance provider before your surgery:

- Does my hospital stay need to be pre-approved? If yes, who should pre-approve my hospital stay?
- What do I need to do to receive pre-approval?
- How many days in the hospital have been approved?
- Will additional hospital days be covered if there are complications? If yes, how many extra days are allowed?
- What is my out-of-pocket maximum?
- What is my policy's lifetime maximum?
- Is a second opinion required? If I can't return to my prior living arrangements immediately upon discharge, do I have benefits for rehabilitation and physical therapy?

OTHER THINGS TO DO TO PREPARE FOR YOUR SURGERY

Smoking

Smoking is detrimental to your health, especially during and after spine surgery. Smokers are at greater risk for lung and heart complications during surgery. After surgery, smokers have a higher likelihood of incomplete or delayed healing of spinal fusions.

It is important to tell your surgeon if you are a smoker. It is ever more important to quit altogether. Don't wait until the day of surgery to start planning how to quit smoking.

Advanced Directives

All hospitals are legally required to provide information on advanced directives to every patient. Advanced directives are legal documents containing information about your healthcare decisions. If you already have advanced directives, please bring a copy to the hospital.

PREPARING YOUR HOME FOR A SAFE RETURN HOME

Preparing your home ahead of time will help make your recovery easier.

Before Surgery

- Arrange for a family member, friend or spine coach to be with you for several days after you return home. This is very important as you will need help mobilizing, caring for yourself and performing household tasks. Make sure your family and friends will not be on vacation or unavailable on the days following your discharge from the hospital.
- Remove throw rugs and other potential obstacles from the floor. These can cause you to slip or fall.
- Put frequently used items such as bath towels, dishes and other day-to-day items where they can be easily reaching. Remember that it may be painful and unsafe to bend down or reach up.
- Consider preparing and freezing meals in advance so they can be easily re-heated. You may not feel like cooking or cleaning for several days after your procedure.
- After surgery, you might find it easier to sit in a recliner. It will be more difficult to get up from low furniture than from furniture that sits higher.
- Consider arranging for help with yard work, laundry, grocery shopping, pet care, child care and transportation to and from appointments.

WHAT TO BRING TO THE HOSPITAL

- ❑ The spine surgery pre-op packet containing this booklet, your pathway to healing, and any information you received preoperatively regarding your surgery and hospitalization.
- ❑ Loose and comfortable clothes. For example, a shirt with buttons for patients undergoing neck surgery, a nightshirt or draw-string/elasticized pants or pajama bottoms for patients undergoing lumbar support.
- ❑ Lumbar brace. If your surgeon requires you to wear a lumbar brace after surgery, arrangements for measuring/obtaining the brace will need to be made prior to surgery. We recommend wearing a cotton T-shirt under your brace.
- ❑ Proper shoes to walk in the halls after surgery and for discharge home. Preferably, these are shoes with a non-skid sole. Avoid "flip-flops" or slippers that do not enclose the heel of the foot.
- ❑ A current list of your medications, including dosages and times you take them.
- ❑ Your advanced directive (living will, power of attorney) if you have one.
- ❑ Your insurance information. The hospital will bill your insurance company directly.
- ❑ Personal care items, such as toothbrush, toothpaste, denture cleaner, comb or brush, skin care products, deodorant, make-up and shaving kit.
- ❑ Glasses, contacts, dentures or hearing aides, as well as storage containers these items.
- ❑ Something to pass the time (reading materials, knitting, crossword puzzles).
- ❑ Personal CPAP equipment if you use a CPAP machine while sleeping.

DO NOT bring valuables! Piedmont Henry Hospital cannot be responsible for lost or stolen items. Please leave these items at home or with your family.

THE MORNING OF SURGERY

You will be given detailed preoperative instructions regarding your medications and surgery during your Pre-Admissions Testing Area visit and/or by your surgeon. If you have any questions regarding these instructions, please ask your surgeon.

Important Reminders

- Leave jewelry and all valuables at home except for ID and insurance or payment information.
- Bring container for contact lenses, glasses or removable dental work.
- Do not wear any facial make-up.
- Do not wear cologne or perfume

ARRIVAL AT THE HOSPITAL

Your pre-admissions nurse will provide you with your arrival time the day prior to your surgery.

On the night before your surgery, do not eat or drink anything after midnight. This is very important for your safety. If you do eat or drink after midnight, your surgery will be delayed or canceled.

Registration

Check in at the Surgery Waiting Room in the hospital's South Tower. You will be escorted to Pre-op area.

For All Surgery Patients

The registration representative will ask you to fill out forms about how you will pay for surgery. If you have insurance, please have your card ready. You will be given an ID bracelet that includes your name, date of birth and doctor's name.

GETTING READY FOR SURGERY

After you've finished registration, you'll be taken to the surgical waiting area or proceed directly to the Pre-op area. Here, a nurse will make sure you're prepared for surgery and answer any questions you may have.

Family members or friends will wait in the surgical waiting area during your time in the pre-op area and the operating room.

In the pre-op area, you'll be asked to remove any of the following items:

- Dentures and bridges
- Hearing aids
- Contact lenses/glasses
- Body piercing/jewelry
- Wigs, hairpins, combs and barrettes

The nurse might ask you to shower with an antibacterial soap, or he/she may wash the area where the surgery will be performed. You'll also be asked to remove your clothes and change into a hospital gown, cap and foot covers. The nurse will place a needle into a vein in your arm or wrist.

This needle is attached to a tube that will supply your body with fluids, medication or blood during and after the surgery. This is called an intravenous (IV) line. You will remain in the pre-op area until the surgical team is ready for you.

Patient safety is our number one priority. The nurse will ask you:

- What kind of surgery are you having?
- Do you have any allergies?
- When was the last time you had anything to eat or drink?
- Which side of your body are your symptoms on?

When you are completely ready for your surgery, an anesthesiologist will see you for your preoperative consult to review your surgical and medical history, your upcoming surgery and to answer any questions. After the anesthesiologist has seen you and all other paperwork and examinations are completed, either anesthesia personnel or the pre-op nurse may give you medication to help you relax.

GOING TO THE OPERATING ROOM

When the surgical team is ready, the operating room nurse will take you via a stretcher to the operating room. Anesthesia personnel will then attach monitors to your chest, arms and other parts of your body before you're asleep. When you're asleep, a catheter may be placed in your bladder to drain urine and elastic wraps will be placed on your legs to prevent blood clots. The length of time in the operating room will depend on your condition and the procedure. Your surgeon is the best person to give you an estimated length of surgery.

RECOVERY ROOM

After the operation, the surgeon will talk with your family, briefing them on the surgery and giving any instructions. At that time, family and friends may remain in the family waiting area. They will be notified when you are in your room and ready for visitors.

WAKING UP

Typically, anesthesia medications are discontinued when the surgical procedure is complete, allowing you to wake up moments after surgery. You'll be taken to the Recovery Room, where specially trained staff and equipment monitor patients closely after surgery. While in the recovery room, you might continue to feel quite groggy. In fact, you might not even recall your time in the Post Anesthesia Care Unit (PACU).

If you are having outpatient surgery, you will remain in the recovery room for one to two hours, then transferred to phase 2 for discharge. When ready to go home, you will be given discharge instructions and prescriptions. You **MUST** have someone to drive you home. If for any reason your doctor feels you should remain overnight, Piedmont Henry Hospital offers observation care. That way you receive the benefit of professional nursing care, yet retain your same-day surgery status if you are discharged within 23 hours.

If you stay in the hospital past midnight, your insurance company may require your stay be

classified as an inpatient visit and subject to a deductible. We strongly recommend that you contact your insurance company about the specifics of your policy. The most common side effects after anesthesia include nausea, sore throat and dizziness or headache. The recovery room nurses will make you as comfortable as possible and minimize any side effects as you awaken.

WHAT TO EXPECT AFTER SURGERY

Once you're more fully awake and your vital signs are stable, you'll be moved by stretcher to your hospital room. Once in your hospital room, the nurse will perform an initial assessment and help you get settled in your room. You can expect:

- Frequent assessments of your blood pressure, heart rate, respiratory rate and temperature.
- Frequent questions about pain, muscle spasms and nausea.
- Frequent questions relating to your spinal surgery and whether you are experiencing any numbness, tingling or weakness.
- Frequent assessment of your surgical dressing.

These are very important questions, and although it may seem like we just want to wake you up and bother you, we take these items very seriously. Your surgeon is depending on us to ask these questions. When you return to your room after surgery, you might also have one or more devices attached to you.

For example:

- An oxygen tube in your nose
- An IV tube in your arm
- A drain in your incision
- A catheter draining urine from your bladder

Below is information for you regarding your hospital stay from immediately after surgery to discharge.

Activity

Depending on your type of surgery, your doctor will order what activity is appropriate for you. Examples include “bed rest only,” “may get up to the bathroom only,” or “may walk as tolerated.” It is very important for you to understand what you are allowed to do—then do it. A physical therapist (PT) may visit you on the day after surgery. It is important for you to move either in bed or be up and walking with the nurse and/or floor staff prior to your first PT visit. Remember to use proper body mechanics when ambulating—the staff can demonstrate these for you. Not only will your PT visit be more productive if you have already been up and walking, but your recovery will be better, and you also will be preventing complications such as blood clots in your legs.

It is not uncommon to experience dizziness, lightheadedness or nausea the first time you sit on the side of the bed or stand up. It is also normal to have increased pain the first few times you try moving. The dizziness, nausea and pain will subside the more you get up and are moving.

Pain Control

After surgery, you'll experience varying levels of pain. You can expect the nursing staff to assess your pain level frequently. At Piedmont Henry Hospital, we use a pain scale that you will see posted in your hospital room. It is a scale from 0-10, with 0 being no pain and 10 being the most pain you could imagine. There is no right or wrong answer—the rating merely helps us to assess your pain and monitor your progress with pain medications.

When you request pain medicine, it will be given to you either by mouth, injection into a muscle or through an IV. Remember that it is important to control your pain level; don't let our pain become severe before you ask for your pain medication.

Your surgeon will order pain medication you can take by mouth. He can also order pain medication to be given by injection if the pain becomes too severe. Remember that these medications are also PRN (as needed), so let the nursing staff know when you're in pain and need medication.

Medications

After surgery, you will resume the medications you routinely take at home. Your surgeon may make exceptions and will discuss these with you. The medication you take while in the hospital will come from the hospital pharmacy and be given by your nurse. Please do not bring your own supply of medications to the hospital.

Nausea

It is not uncommon to have some nausea and/or vomiting after surgery. If this happens, please notify the nursing staff. Medications are available on a PRN (as needed) basis, so you must ask for them.

Muscle Spasm

In order for your surgeon to gain access to specific areas of your spine during surgery, certain muscles attached to or surrounding your spine may be cut or manipulated. As a result, you may experience muscle spasms or muscle cramping during your post-operative period. Muscle spasms can be quite painful. Depending on the type of spine surgery performed, your surgeon may order medications for muscle spasms that are available to you during your stay in the hospital, on either a scheduled or as needed basis.

Constipation

For a variety of reasons, patients become constipated (have trouble having a bowel movement) after surgery. If this is a problem, please tell your nurse. Medications and other options are available to relieve constipation.

Drains

Depending on the type of surgery, you may have a drain in your surgical incision. The drain will be placed during the surgery. The drain promotes healing by draining fluid from the wound or incision and preventing swelling and pooling of blood. The drain is sometimes removed on the day after surgery but could remain in longer depending on the amount of drainage. The drainage is monitored by the nursing staff.

Nutrition and Diet

Depending on your type of surgery and your condition after surgery, you may be offered a clear liquid diet when you return to your hospital room. If you do not experience nausea or vomiting, your diet may be advanced to a regular diet as tolerated. You and your nurse can determine this together. Eating a healthy, well-balanced diet after surgery can help with wound healing. A menu based on the diet your doctor has ordered for you will be available. A Meal Service Representative will deliver your food and return to pick up the tray when you are finished. All we ask is that if you have diabetes, please let your nurse know before you eat your meal.

PREVENTION OF COMPLICATIONS

As your physician discussed with you, there is a potential for complications after your surgery. We will do what we can to prevent any such complications.

PNEUMONIA

Deep-Breathing Exercises

Deep-breathing exercises are performed to prevent pneumonia. Your nurse will show you how to use a device called an incentive spirometer.

The spirometer helps open your airways after surgery, bringing in as much oxygen as possible. This exercise involves breathing in slowly and deeply, holding it for approximately 10 seconds and then exhaling. Perform this exercise 3-4 times a daily.

DEEP VEIN THROMBOSIS

The following devices help to prevent blood clots in your legs. Such clots are known as deep vein thrombosis.

Sequential Compression Device (SCD)

SCDs are devices that wrap around your legs from your ankle to your thigh. They periodically fill up with air to gently squeeze your legs and help with

the circulation in your legs. You'll wear SCDs from the time you have surgery until you are walking the length of the hallways two or three times a day.

WHAT TO EXPECT ON POST-OPERATIVE DAY ONE

The day after surgery through discharge may be filled with instructions, exercises and rest. Your nurse will see that you continue to do your breathing exercises and assist you in managing your pain. If your doctor has ordered a brace, you will have been measured and/or made the necessary arrangements for the brace prior to surgery. Depending on the type of surgery, you will also be discharged on this day.

Physical Therapy

On post-operative day one, if ordered by your surgeon, a physical therapist (PT) will visit you to assess your mobility and strength. The PT and the nurse will work together to make sure you have received pain medicine before you physical therapy visit. During your session, the PT will instruct you on proper body mechanics and ways to protect your spine. The PT can also assess whether you need a walker for support. The walker may only be required temporarily during your hospitalization. The number of visits from the PT may vary from patient to patient. The PT will determine if you need more than one or two visits.

If the PT feels that you would benefit from more physical therapy after you go home, the PT will work with your physician and patient care coordinator to obtain the appropriate orders. In the hospital, you'll be walking at least two to three times per day with the nursing staff, other floor staff or a PT. The PT can also instruct you on stair climbing (if you have stairs at home) and how to put on and take off the brace (if a brace is required after your surgery).

Occupational Therapy

If you need help with Activities of Daily Living (ADLs), an occupational therapist (OT) visit can be ordered. Occupational therapy focuses on restoring your ability to perform self-care tasks, such as getting in and out of a bed or chair, getting dressed, going to the bathroom, taking a shower and preparing meals.

To develop your OT goals, the therapist will ask many questions about your home environment, assessing possible obstacles you may encounter once discharged. Then, the OT will teach you and your family or spine coach how to perform certain activities using proper body mechanics and spine precautions.

WHAT TO EXPECT DURING THE REMAINDER OF YOUR HOSPITAL STAY

- Tell your nurse if you are feeling constipated, experiencing increased pain, nausea, muscle spasms or difficulty urinating.
- Continue to assess your pain regularly and ask for pain medication as needed.
- Continue to walk either with the clinical partner, nurse, PT or on your own.
- Continue to eat a healthy diet.
- You will still tire easily and need rest periods.
- Continue to use your incentive spirometer.

TIPS TO MAKE YOUR HOSPITAL STAY EASIER

Visitors

Your family and friends and/or spine coach are a very important part of your recovery period. Our visitation guidelines are designed to allow time for you to visit with family and friends. Our general visiting hours are 6:30 a.m. to 8:30 p.m. We ask that you limit the number of visitors per room to two at a time. If you have several visitors, please ask them to wait in the lobby area until they may visit.

We welcome your spouse, significant other or spine coach to be with you at any time and encourage them to get adequate rest and eat regularly. One visitor will be allowed to stay overnight with you in your room. Please remind your family and friends that they may be asked to leave the room during nursing shift change, assessments and as deemed necessary by the nursing staff.

You can make your hospital stay more comfortable for yourself and your family by doing a few simple things:

- If you wish, let your friends and/or clergyman know about your surgery well ahead of time so they can call or visit. If you do not want visitors at any time during your hospital stay, ask your nurse to put a notice on your door so you can enjoy your privacy.
- Set a small goal every day, and try to achieve it by the end of the day.
- Take an active role in your care, such as planning your hospital meals, noting your goals and achievements, and keeping track of your medications.
- Get plenty of rest so you'll have enough energy to participate in hospital activities, such as physical therapy.
- Take pain medicine as prescribed so you'll be able to participate in therapies with a limited amount of pain. Ask your nurse when therapy is scheduled so you can take your medications before the therapist arrives.

When you have been discharged from the hospital by your surgeon, your nurse will provide you with printed discharge instructions to guide your recovery at home.

A few things to think about when going home:

- Consider the type of vehicle you are going home in. Make sure you get in and out of the vehicle easily without extreme bending or twisting of the spine. You may want to consider keeping an additional pillow available to provide extra support during your ride home.
- Remember to take home all your belongings in the hospital room including clothing, cell phones, chargers and any personal items.

ACTIVITIES AND EXERCISE

Remember to use correct body mechanics and spine precautions learned in the hospital during your recovery period.

- Do not lift greater than 10 pounds until cleared by your surgeon.
- Minimize bending or twisting at your waist (lumbar surgery patients).
- Minimize bending, twisting or extreme rotation of your neck (neck surgery patients).
- Wear the brace or collar, if ordered, as directed by your surgeon.

Do not run, lift weights or play any kind of sport until cleared by your surgeon. The only exercise that you are allowed to do after your surgery is walking. We recommend walking as much as tolerated: several short walks per day are better than one long walk. Let comfort be your guide as you increase your walking and activity level.

MEDICATIONS

Unless specifically discontinued by your surgeon, you will resume any home medications that you were taking prior to your surgery. You may go home with a prescription for pain medications or any other medications started in the hospital. Take the medicine as prescribed by your surgeon.

DRIVING

You will need someone to drive you home from the hospital. You will not be allowed to drive until your surgeon clears you to drive.

WORKING

Your surgeon will tell you when you may return to work or school. Many factors such as your type of surgery, post-operative condition, and your occupation will influence this decision.

FOLLOW-UP APPOINTMENT

Your discharge instructions will include information concerning post-operative appointments with your surgeon, and when and how to schedule those visits. Your surgeon may order X-rays to be completed prior to your next visit.

Questions to ask at your follow-up appointment:

SPINE SURGERY COUNTDOWN

This Countdown to Spine Surgery Timeline is a useful tool to guide your preparations for surgery and plans for recovery.

3-4 WEEKS BEFORE SURGERY

- Confirm any medications you need to stop taking prior to surgery, (NSAIDS, blood thinners, vitamins).
- Identify your spine coach.
- Consider potential discharge needs. Ask yourself the following questions: Will I be able to go straight home from the hospital after surgery? Will I need to go to a rehabilitation facility? Will I need to sleep in a room downstairs, or stay with a family member/friend/spine coach the first couple of days?
- Smoking cessation plan (if necessary).

1-2 WEEKS BEFORE SURGERY

- Make child care and/or pet-care arrangements
- Arrange brace fitting if required by your surgeon.
- Discuss plans with your spine coach.
- Pre-Admissions testing appointment

THE WEEK BEFORE SURGERY

- Prepare and freeze meals.
- Go shopping and stock up on groceries, frozen meals or any other supplies you may need after surgery.
- Relocate items in the kitchen, bedroom and bathroom for easier access after surgery. Remember, it may be contraindicated or painful to reach up high or bend down at the waist after surgery.
- Pre-Admission testing

THE DAY BEFORE SURGERY

- Pack personal items and appropriate clothing and shoes for your hospital stay.
- Confirm arrangements for the ride home from hospital, pet care or childcare arrangements.
- Review with you spine coach your plans for the first two to three days after you leave the hospital. Who can stay with you, or be available if needed?
