SPINE & JOINT INSTITUTE

REDLANDS COMMUNITY HOSPITAL

Your Step-by-Step Guide to Spine Surgery

PRE- and POST-Operative Instructions
Exercises & Nutrition

The Hospital Experience
Frequently Asked Questions

Steps to Success FOR SPINE SURGERY

redlandshospital.org

Your Care TEAM PARTNER

The Navigator

You will have a partner to help you prior to your surgery, during hospitalization and after you return home. This care team partner is called the Navigator. You can reach the Navigator by calling **(909) 793-4383**.

Your Navigator's name is:

_____

_____

_____

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Welcome to the SPINE & JOINT INSTITUTE *at Redlands Community Hospital*

You have taken the very first step toward a healthier lifestyle with your decision to have elective spinal surgery. Each year, thousands of Americans make the decision to end their chronic spinal pain by undergoing spinal surgery and are enjoying life again.

We offer a unique program. Our program is designed return you to an active lifestyle as quickly as possible. Each step of the program is carefully choreographed to give you the best possible results. Here are just a few of the special features you may enjoy:

- **Nursing staff dedicated specifically for patients having joint surgery**
- **Coach's program for your family, spouse or friend**
- **Dedicated staff trained to work with joint surgery patients**
- **Casual clothes (no drafty hospital gowns)**
- **Daily notes of events and procedures**
- **Group exercise**
- **Coordinated care after discharge**
- **Written instructions**
- **Planned pampering**

*Our team appreciates the opportunity to help you on the road to recovery. You are more than a patient to us; you are **our** patient. We will do our best to make your stay a pleasant one.*

PLEASE NOTE: While you are reading this book, please remember that people are individuals and may vary in terms of their needs.

Important Reminders:

Please call your surgeon's office if you need to reschedule any of the following appointments.

Surgery:

Date:_____

Time:_____

Room:_____

Pre-op Labs:

Tests:	Labs	EKG	Xray
Date:			
Time :			
Room:			

Pre-op Orientation:

Date:_____

Time:_____

Room:_____

My Coach:

Date:_____

Time:_____

Room:_____

Other Instructions to remember:

_____

_____

Steps to Success for SPINAL SURGERY

Steps to Success for Spinal Surgery is designed to be a handy, one-source reference guide that will take you through your upcoming spinal surgery and recovery period with ease.

Even an elective surgery such as spinal surgery, can be an unsettling prospect. Most patients and their families do not know what to expect. They trust their doctors and nurses, but are still apprehensive about the unknown.

The Spine and Joint Institute team understands your concerns. We will take every step possible to make your surgical experience pleasant and enjoyable. Keeping you informed is key. You will know what to expect and when, and what is considered normal healing. You will also learn what you need to do to hasten your own recovery process.

As you read Steps to Success for Spinal Surgery, you will find answers to frequently asked questions, checklists to prepare you for surgery, what to expect during the hospital stay, exercises and other helpful information.

Please follow your healthcare professional's advice in terms of adding to or changing any of the guidelines presented in this book.

prepare for SURGERY

The time before your surgery can be a busy one and it does require a little planning. Use the following list as your guide.

PRE-REGISTERING WITH THE HOSPITAL

Once your surgery is scheduled, you will be contacted by the Navigator to arrange a date and time to confirm your pre-op orientation where you will pre-register for your surgery at the hospital.

OBTAINING YOUR MEDICAL AND ANESTHESIA CLEARANCE FOR SURGERY

Your surgical team will need to be aware of any existing health conditions in order to avoid potential complications during your surgery. If a potential problem is detected, then additional steps will be taken to ensure a successful surgery.

You will need to undergo a brief physical to obtain medical and anesthesia clearance for surgery. Your surgeon's office will need to start this process immediately.

MAKING AN APPOINTMENT FOR LABORATORY TESTS

Your surgeon's office will order any tests needed to be completed prior to surgery.

REQUIRED PRE-OP ORIENTATION CLASS

The pre-op class is a very important part of your preparation for surgery. The class is designed to give you the opportunity to meet our staff, other patients and their families. During this time, you will be given valuable instructions to prepare you for the days to come. Our staff will be available to answer any questions and concerns that you or your family may have. The Navigator from Redlands Community Hospital will contact you with information on the upcoming pre-op orientation class and any lab and EKG tests needed (if ordered).

BLOOD TRANSFUSIONS

During surgery, blood can be lost. It is extremely rare that a blood transfusion is necessary. When a transfusion is needed, the blood is usually supplied by a Blood Bank. You may have blood drawn for a type-and-screen the morning of surgery.

prepare for SURGERY

The time before your surgery can be a busy one and it does require a little planning. Use the following list as your guide.

REVIEW "EXERCISE YOUR RIGHT"

The law requires that everyone being admitted to a medical facility has the opportunity to make advanced directives concerning future decisions regarding their medical care. Although you are not required to do so, you may make the directives you desire.

If you have advanced directives, please bring copies to the hospital on the day of surgery.

START PRE-OPERATIVE EXERCISE

Many patients with arthritis favor their joints and consequently become weaker. This can interfere with their recovery. It is important that you begin an exercise program before surgery.

MEDICATIONS AND SURGERY

Your pre-op nurse will confirm with you what and how to take your medications.

Discuss your current medications with your physician to see if and when you should modify your medication schedule. Remember to include any over the counter drugs as well as vitamins and herbal supplements. It is important that your healthcare team know all of the medications, nutritional and herbal supplements that you are currently taking, as they may cause problems such as excessive bleeding during your surgery. This may or may not be relevant to you depending on a number of factors including:

- The surgical procedure you are having
- Your medical history
- The medications/supplements you are taking

Remember, it is very important to provide accurate information to your healthcare team. Do not stop or change any of your medications unless instructed.

BLOOD PRESSURE MEDICATIONS

In general, patients are told to continue taking these medications at the normal scheduled time. Some blood pressure medications are not taken the morning of surgery. Your pre-op nurse will confirm with you what and how to take your blood pressure medications before surgery.

prepare for SURGERY

DIABETES MEDICATIONS

The diabetic medications that you take have a direct effect on your glucose levels, the way your body produces insulin and responds to storing glucose. Each medication is cleared by various organs in the body. Certain medications will be held up to 2 days before surgery, stopped the morning of surgery, or the dosage reduced.

- If you take an oral medication such as Metformin®, you may be told not to take it the day of surgery. Other oral medications such as Glucophage® may be stopped for several days or more prior to surgery as this medication may cause serious side effects while under anesthesia.
- Insulin will be continued, but usually at a different dose in order to prevent your blood sugar from dropping too low during fasting.
- It is important to discuss what your medication regimen should be regarding your diabetes medications prior to surgery with the Navigator and/or your doctor.

This list is by no means exhaustive, so please check with your doctor before taking any of your own medications

Feel free to ask any questions you may have.
The more you know, the better prepared you will feel.

prepare for SURGERY

BLOOD THINNERS

Medications such as warfarin and aspirin should be stopped seven to ten days prior to surgery. With some patients, however, the benefits of this medication may outweigh the risks of discontinuing this medication until the day of surgery. This is why your medical history is so important, not just what you are taking, but why. **Please discuss this with your surgeon at least two weeks prior to your scheduled surgery.**

ASTHMA/BREATHING MEDICATIONS

Patients are normally instructed to continue taking these medications according to their regular schedule.

ANTI-INFLAMMATORY MEDICATIONS

These medications usually need to be stopped seven to ten days prior to your scheduled surgery, as they increase the risk of bleeding. These medications include:

- Ibuprofen (Advil, Motrin, Nuprin)
- Naproxen (Anaprox, Naprosyn, Aleve)
- Ketoprofen (Orudis, Oruvail)
- Diclofenac (Voltaren, Cataflam)
- Indomethacin (Indocin)
- Piroxicam (Feldene)

Any other medications that contain aspirin will need to be stopped as well.

This list is by no means exhaustive, so please check with your doctor before taking any of your own medications.

Pre-operative class

The Spine and Joint Institute is not a typical hospital unit. There are no sick patients there, only people who are committed to relieving their spine or joint pain. Treated in a group setting, patients are ready to work towards regaining the quality of life they had before the onset of pain. Therefore, spine patients have their own area and there own set of guidelines which are very different from the rest of the hospital.

Prior to your surgery, you will be attending a pre-op orientation class. This is your time to learn about what to expect over the next few weeks and, more importantly, what will help speed your recovery.

During the required pre-op class, you and your coach will have the opportunity to meet the staff, as well as other patients and their families. Questions will be addressed and other vital information will be discussed.

We highly recommend that you designate your spouse, friend, or family member who will be caring for you after surgery as your official coach. The coach will be at your side, helping you with your exercises, keeping you motivated and generally doing what is necessary to get you back on your feet again and enjoying life. Be sure to invite your coach to attend the pre-op class with you.

Depending upon your progress, you may be going directly home shortly after surgery. Once home, you may need special equipment or training to help with your recovery. The pre-op class is the perfect time for you and your coach to start preparing for your homecoming.

This is your opportunity to learn what is in store for you in the upcoming weeks and what you can do to make your surgery a success. Feel free to ask any questions you may have. The more you know, the better prepared you will feel.

CLASS PREVIEW

- Meet and greet
- Preparing for surgery
- What to expect during your recovery
- How to maximize your recovery
- Questions and answers
- Activity following your surgery

Feel free to ask any questions you may have.
The more you know, the better prepared you will feel.

PLEASE NOTE: Depending on your progress, you may be going directly home the day of or the day after surgery.

The importance of your coach

Friends and family are a major part of everyone's life and during this experience, their involvement is very important. We encourage you to choose a family member or close friend to act as your coach as you go through the spinal surgery process. The coach works with you the entire time; from pre-op preparation, to inpatient recovery and into your discharge to home. Their help and support will make your journey easier.

Here are the things your coach can do to help you through your spinal surgery experience.

BEFORE SURGERY

- Attend the pre-op education class with you.
- Prepare for your return home.
- Complete the pre-op checklist on the next page.

AT THE HOSPITAL

- Offer support and encouragement during exercise.
- Keep your morale high by sharing time and doing things that you like (board games, watching movies, etc.).
- Encourage you to participate in planned activities.
- Keep you focused on a healthy lifestyle and recovery.

AT HOME AFTER DISCHARGE

- Make sure you do the exercises. **No Exceptions!**
- See that you use assistive devices recommended to you as directed.
- Increase your activity level and to do things gradually as you gain your strength back.
- Oversee that you are following post-op instructions.
- Prepare healthy meals rich in vitamin C, calcium and iron.

Recovery Tip!

We encourage you to choose a family member or close friend to act as your coach as you go through the joint replacement process.

pre-operative HOME CHECKLIST

Preparing for your homecoming prior to your surgery will make your post-op days go smoother. Being prepared is the key to a relaxed recovery. ***Complete the list below.***

- ❍ Make arrangements to have someone stay with you until you are comfortable being on your own. You will need help with bathing, dressing, meals and medications for a few days. Have enough food on hand or arrange to have someone go shopping for you.
- ❍ Do the laundry, change the linens etc., before leaving for the hospital.
- ❍ Bring a pair of comfortable shoes with non-skid soles for the hospital.
- ❍ Have easy access to a bed and bathroom on the downstairs level.
- ❍ Install a handrail if possible for any steps you may take routinely.
- ❍ Remove any obstacles that may cause you to trip: throw rugs, extension cords, low hanging bedspreads, pots, toys, pet toys etc.
- ❍ Make arrangements for your pets, mowing the lawn and bringing in the mail.
- ❍ Fill prescriptions for pain medication as well as routine prescriptions. Stool softeners, laxatives, Extra-Strength Tylenol® are examples of other medications you may need.
- ❍ Take care of financial matters such as bill payments, having cash on hand, etc.
- ❍ Arrange your plates, cups and utensils within easy reach to avoid using a step stool.
- ❍ Plan how you will transport your food to the table.
- ❍ Have a phone within easy reach with emergency numbers handy.
- ❍ Have a comfortable chair or couch with arms to help when getting up.
- ❍ Orthopedic surgeons require that you have your teeth cleaned prior to having a joint replacement.

The hospital

WHAT YOU SHOULD BRING

We suggest that you bring some comfortable bed clothes, including a robe, pajamas or nightgown and slippers. You are welcome to bring your own toiletries. We will have some items for you if you need them. You may also want to bring your own books and magazines.

The most important item you should bring with you to the hospital is a list of your current medications. Be sure to include the current name, dosage and when you take them. Please include any over-the-counter medications, herbal supplements and vitamins. Be prepared to share this information when the Navigator calls.

VALUABLES

The hospital does not assume responsibility for valuables. This includes jewelry, dentures, hearing aids, watches, wallets, purses, eyeglasses, contact lenses and other personal items. Cell phones are particularly vulnerable to loss. Please make sure your coach has control of your cell phone at all time. They are small and easily left in sheets. If you should need items such as eyeglasses and hearing aids, keep them with you. When you go for surgery hand them over to a family member or your coach to hold or deposit them in the hospital safe. Money is best left at home.

PATIENT BILL OF RIGHTS

The law requires that every healthcare provider or facility provide you with a copy of the "Patient Bill of Rights and Responsibilities." These rights and responsibilities are reviewed with you upon admission to the hospital, and signed by you and the admitting representative.

INFORMED CONSENT

As a patient, you have the right to informed participation in decisions involving your healthcare. This participation should be based on a clear, concise explanation of your condition and of all proposed technical procedures. This would include any risks, side effects, problems related to recuperation, probability of success or mortality. You should not undergo any procedure without your voluntary, competent understanding of the consent or the consent of your legally authorized representative.

pre-operative CHECKLIST

ROLE OF THE SPINE AND JOINT INSTITUTE NAVIGATOR

The Navigator

The Navigator will be responsible for managing your care from the pre-operative course through discharge including after discharge follow-up.

The Navigator will help you:

- Assess and plan for your return home, as well as your coach availability.
- Assess and plan for your specific care needs, such as medical equipment and medical clearance for surgery.
- Coordinate your discharge to outpatient services, home or skilled facility in the unlikely event continued care is needed.
- Assist you in getting answers to insurance questions.
- Act as your liaison throughout the course of treatment from pre-op through your discharge.
- Answer questions and coordinate your hospital care.

Shortly after your surgeon's office has scheduled your spinal surgery, you will be contacted by the Navigator who will:

- Confirm your scheduled pre-op class and check that your pre-op medical testing is complete.
- Act as a liaison for coordination of your pre-op care between the doctor's offices, the hospital and testing facilities as necessary.
- Verify that you have made an appointment, if necessary, with your medical doctor and verify that you have obtained the pre-op tests your doctor has ordered.
- Answer questions and direct you to specific resources within the hospital including admissions or other departments as needed.

You may call the Navigator at anytime with questions or concerns about your upcoming surgery. **The Navigator's office is open from 9:30 am until 6:00 pm. (909) 793-4383.**

health QUESTIONNAIRE

A tool to gather your medical history in preparation for the pre-op assessment call.

1. **Height and weight.**
2. **Any advanced directive** (document stating your medical wishes), **medical decision maker emergency contact name and phone number.**
3. **Privacy password:** (needed by family/friends to obtain information about you).
4. **Anesthesia/Drugs/Latex/Food/Environmental allergies and reactions.**
5. **Any over-the-counter medication including herbs, supplements, diet pills, vitamins** (ex. Aspirin/Motrin, fish oil, ginkgo biloba).
6. **Prescription medications** (dosage & frequency).
7. **Previous surgeries and hospitalizations including year of occurrence.**
8. **Exercise regimen and can you climb a flight of stairs without chest pain?**
9. **CONDITIONS:** (including duration, frequency, and history of)

A. Heart

- ❍ **Heart attacks/chest pains/shortness of breath/dizziness**
- ❍ **Heart surgery/angioplasty/stents/pacemaker**
- ❍ **Irregular heart rate/palpitations/heart murmur/mitral valve proplase**
- ❍ **Congestive Heart Failure/Swollen Ankles**
- ❍ **High blood pressure**
- ❍ **Blood clots/pulmonary embolism**

B. Respiratory

- ❍ **COPD/asthma/emphysema/bronchitis**
- ❍ **Pneumonia/tuberculosis**
- ❍ **Lung cancer/cystic fibrosis**
- ❍ **Sleep apnea/CPAP, BIBPAP use/snoring while asleep**

C. Urinary

- ❍ **Renal failure/dialysis**

❍ Kidney stones/bladder tumors
❍ Prostate trouble
❍ Urinary frequency/urgency/incontinence/urinary tract infections

D. Gastrointestinal

❍ Hepatitis/cirrhosis/pancreatitis/diverticulitis
❍ Abdominal pain/constipation/diarrhea/bowel obstruction
❍ Gastric reflux/hernia/ulcers

E. Diabetes/thyroid

F. Central nervous system

❍ Seizures/strokes/numbness/tingling/headaches
❍ Dementia/alzheimer's/confusion

G. Blindness/glaucoma

H. Musculoskeletal

❍ Gout/arthritis/contractures
❍ Use of assistive devices

I. Skin conditions

❍ CDIFF/MRSA/VRE
❍ Open wounds/lacerations
❍ Eczema/psoriasis/shingles/rash

J. Behavioral disorders

❍ Bipolar/schnizophrenia/depression/suicidal thoughts/anxiety

K. Date of last influenza and pneumonia vaccines

L. Tobacco/caffeine/alcohol/drug use & frequency

M. Pain control

❍ Frequency and duration of chronic pain
❍ Effectiveness of pain medications

10. **Pain control while in hospital**

A. **Use pain control scale 0 – 10** (0=no pain, 10=worst pain)

10. **Pain control while in hospital** (continued)

B. **Pain control goal after surgery**

❍ **Your tolerable functioning pain level** (Some pain is expected after surgery. Realistically, your pain will not be zero. We will make you as comfortable as possible.)

11. **Discharge planning**

A. **Do you have a coach?**

❍ Assists during hospital stay/with home care and transporation

B. **Any medical equipment needed?**

12. **You will be asked to participate in a survey about your physicians at the Spine and Joint Institute at Redlands Community Hospital.**

The study which you are about to participate in is designed to examine your views about your health before your surgery; there is no right or wrong answers to this survey. You will also be called in 6 months and one year post-op to participate in the same survey. This helps us to see how you are healing after your surgery and how your quality of life has improved.

Please use this area to write down any questions, notes, concerns, etc. We look forward to speaking with you. Please have the answers to these questions available for your pre-op telephone assessment. We look forward to speaking with you.

Together, at the Spine and Join Institute, we are committed to providing exemplary care in an encouraging, healing and rejuvenating atmosphere. Enthusiastically, we motivate and nurture your recovery with integrity and coordination with our patients, family and team members.

Thank you from the SJI team.

four weeks BEFORE SURGERY

START SUPPLEMENTS

Prior to your surgery, your surgeon may instruct you to start taking supplements to build up your body's healing mechanics. Typically, these are multivitamins with iron or with the iron taken separately.

READ "FREQUENTLY ASKED QUESTIONS" (FAQS)

Learn more about your surgery and what you can do to speed your recovery by reading the "Frequently Asked Questions" section.

REVIEW ADVANCED DIRECTIVES

In the event that you are unable to speak for yourself, having an advanced directive will ensure that your wishes concerning your healthcare decisions are honored.

Advanced directives require some thought, as well as paperwork. Prior to your surgery, the hospital will explain your options and assist you with completing the appropriate paperwork. Advanced directives are optional and require your signature in order to be enforced.

Please review the Advanced Directives section in this book on page 49.

ten days BEFORE SURGERY

STOP MEDICATIONS THAT INCREASE BLEEDING

Several medications, over-the-counter pain medications and even some vitamins may increase bleeding. Stop all anti-inflammatory and other medications that can cause bleeding 10 days prior to surgery. This includes aspirin, Motrin, naproxen, glucosamine, chondroitin, MSM, vitamin E, etc. If you need pain relief during his period, you can use Extra-Strength Tylenol®.

Discuss all medications with your doctor. Do not stop other prescribed medications without your doctor's direction.

Alert your doctor if you are currently taking a blood thinner like Coumadin, Lovenox, Plavix, or aspirin. Your doctor will give you special dosing instructions for stopping these medications.

three to five days BEFORE SURGERY

PREPARE YOU HOME FOR YOUR RETURN

The first week or two after surgery, you may want to take it easy. It is best to have our house clean, the laundry done, the linens changed, monthly bills paid, etc., before you leave for the hospital. That way, when you come home, you can relax and focus on getting back into shape.

- Stock up on nonperishable food, *including pet food* if you have an animal.
- After surgery, you will need an **ice pack**. You can use a re-sealable bag filled with ice or any commercial ice bag. A bag of frozen peas works well because the bag readily conforms to any part of the body. The bag of peas can be refrozen and used repeatedly and then discarded when you no longer need it.
- **Prepare several meals in advance and freeze them.** That will make meal preparation after your return much easier. Likewise, arrange to have someone cut your grass, walk the dog, bring in your mail, etc.
- **Check your house for possible fall risks and remove any hazards**. Household items such as throw rugs and electrical cords in walkways that can cause you to trip.
- If you have not done so already, **place a rubber mat or non-skid adhesive strips on the bottom of your tub or shower.** Rent or purchase a bath seat if needed.
- **Remove any obstacles that may cause you to trip:** throw rugs, extension cords, low hanging bedspreads, pots, toys, pet toys etc.
- **Make sure that items you will be using are within easy reach.** Using a step stool or reaching a bottom cabinet may be a challenge when you first come home.

PRESCRIPTIONS

If you are currently taking medications, be sure you have an adequate supply to take you through the first few weeks. Fill any prescriptions the surgeon gives you for pain medication or blood thinners before you go to the hospital.

Have some Extra-Strength Tylenol® on hand, as well as stool softeners or laxatives.

the night BEFORE SURGERY

DO NOT EAT OR DRINK AFTER MIDNIGHT

Have a nice relaxing dinner the night before your surgery. Take any recommended medications. However, it is important that you **do not have anything to eat or drink after midnight**. This includes water, chewing gum and medications. ***Eating or drinking after the recommended time could postpone your surgery. Please review the ERAS (Early Recovery After Surgery) handout and review instructions for pre-operative nutrition clear drink program with the Nurse Navigator.***

Please make sure to tell the Navigator if you are diabetic and you will be instructed accordingly.

If you normally take morning medications, wait until you get to the hospital. The pre-op nurse will give you instructions.

PACK THE FOLLOWING FOR THE HOSPITAL

- ❍ Steps to Success Guidebook
- ❍ Your email address and password for the Patient Wellbeing Survey
- ❍ Your insurance card
- ❍ Any co-payment required by your insurance company
- ❍ A driver's license or other photo ID
- ❍ Contact phone numbers
- ❍ Personal hygiene items
- ❍ Comb, brush, makeup, tooth brush
- ❍ Battery operated razor (no electric razors)
- ❍ Underwear and socks
- ❍ Flat shoes or tennis shoes
- ❍ Robe and sleepwear

BEST TO LEAVE A HOME

For your protection, please **do not bring** the following:

√ Electrical items
√ Valuables
√ Jewelry
√ Large amounts of money

Follow ERAS Guidelines

Do NOT eat or drink after midnight. Eating or drinking after midnight could postpone your surgery. If you normally take medications in the morning WAIT until you get to the hospital. The nurse will give you instructions.

Day of surgery

PRE-OP PREPARATION

Once you have been checked-in, you will be directed to the waiting area. You will speak to your anesthesiologist and operating room nurse as well as your surgeon. They can answer any last minute questions you may have.

As part of the surgical preparations, you will be given a surgical gown to wear and asked to remove any make up. It is not necessary to remove nail polish. After confirming which shoulder is to be operated on, the nurse may remove any hair in the surgical area, thoroughly scrub your shoulder with an antibacterial solution and start an IV. The use of an IV is necessary to administer fluids and medications during and after your surgery.

A Foley catheter may also be inserted to collect your urine during and for a short time after surgery.

MOVE TO RECOVERY

Immediately following surgery, you will be taken to the recovery room or Post-Anesthesia Care Unit (PACU). You will remain in the PACU for approximately ninety minutes after surgery while the anesthesia wears off.

- Your blood pressure and other vital sign will be closely monitored
- Pain control measures will be started
- Your doctor may have an x-ray taken of your new shoulder

SURGICAL WAITING AREA

While you are in surgery, your family and loved ones will be asked to wait in a waiting area. Once you are out of surgery, the surgeon will contact them and let them know your status. It is our goal to move you to your room within 90 minutes of surgery finish. Your family is able to wait for you in your room.

Recovery Tip!

Most people are brought directly from recovery to their rooms. Prepare to get started with your activity within 60-90 minutes of being settled into your room. You may start activity in the PACU depending on the time of day. You may have visitors the day of surgery; however limit your visitors to one or two close friends or family members.

IN YOUR ROOM

Most people are brought directly from recovery to their room.

- Prepare to start your rehab activity as soon as you are fully awake from your anesthesia.
- The nurse will review how to do your exercises. These exercises are important; do them routinely.
- The nurse will be periodically checking your circulation and apply ice to your incision and help manage your pain.

one day AFTER SURGERY

Now it is time to get to work on your recovery. The staff will help you get set up for breakfast. You can also expect a visit from your surgeon, his assistant and/or medical doctor. The staff will help you get ready for your day and possibly ready for discharge.

Physical and Occupational Therapy will be done in your room today. They will help you to sit up for breakfast and you will begin work with the therapist. The therapist will begin focusing on activities of daily living to help you get ready for a smooth transition from the hospital to your home.

Medications for pain will be available at your request depending on your doctor's orders. It will be necessary to take pain medication. We want to plan the medications around your therapy sessions to avoid dizziness while trying to exercise. Switching to tablets rather than IV medications may be an option.

Dressings on your spine will remain in place. The doctor's request that the dressings are not removed from your surgical site unless they request it be changed. If you have drainage, we will reinforce your dressing.

CHANGE OF MEDICATION

Depending on your progress, the IV will be replaced with oral medications. Oral medications are more effective than IV pain medications as they provide longer lasting pain relief.

PUT YOUR COACH TO WORK

Your coach is encouraged to be with you as much as possible during your hospital stay. Aside from keeping you company, this is an excellent opportunity for them to learn how to take care of you once you arrive home.

PLANNING YOUR DISCHARGE

Discharge time is 10 am.

Believe it or not, it's time to start planning on your return home.

Discharge planning

Discharge planning will start today. ***Your Navigator will talk to you about your plans and needs for discharge.***

Excited about going home? Your nurse can help you with that! You can request a sleeping pill at bedtime to help you rest so you'll be ready to go home in the morning.

DISCHARGE PLANS

Most spinal surgery patients will be recovered enough to go home today. If you are not ready for discharge today, we will plan for tomorrow. Your Navigator will have all arrangements made for you whenever you are able to go home. You will have therapy until time of discharge unless you have met all of your goals and your coach has taken over.

DISCHARGE DAY

Today is your discharge day. You will have therapy again today and it will focus on making sure you are able to get in and out of your car.

Your doctors or their assistant will see you today before you go home. Write down any questions that you may have so you can ask your doctor before you go home. Your doctor will write prescriptions for pain medications, if needed, to get filled on your way home. The nurse will instruct you and your coach on the medications and side effects before you are discharged.

Your nurse will also give you written instructions for your medications, physical therapy, home equipment, follow-up appointments, contact numbers, restrictions and incision care. Please follow these instructions closely. If you have any questions once at home, do not hesitate to call with any concerns.

Most patients may go home by private car.

The Navigator will talk to you to assure your needs are met once you arrive home.

home CARE

You made great progress while you were in the hospital, but you are not fully recuperated yet. There is still work to be done.

GENERAL INFORMATION

- It is quite normal to feel tired and drained for a while after surgery. Do not let this get you down. It may take several weeks to get over this.
- When you can return to work is of course dependent on the type of work you do. Your doctor will discuss this with you.
- **No smoking, please. Smoking can increase the risk for surgical failure by 30%.**
- Swelling after surgery is normal for the next 7-14 days. As you heal, this swelling will subside. Walking and completing your exercises given to you by your therapist will help to decrease this swelling and make your more comfortable.

BE COMFORTABLE

It is human nature to avoid things that cause discomfort. If you are in pain, you are less likely to move or do your exercises. Inactivity can cause stiffness and will slow your recovery, undoing all your excellent work during your hospital stay.

- Take your medications 20-30 minutes before you begin your exercise at home or at physical therapy. This will make moving easier.
- Control discomfort by applying ice or using your ice equipment from the hospital. A bag of frozen peas works well because it will conform to any shape.
- Do not ice the surgical area for more than 15 minutes per hour. Non-stop ice can cause tissue damage and slow the healing process.
- Change your position every 45 minutes.

KEEP NAPPING TO A MINIMUM

During your recuperation, avoid napping during the day. This will allow you to sleep better at night.

eating right for FAST RECOVERY

How you treat your body the week before and after your surgery has a direct impact on how you heal. Now is the time to make the necessary preparations to give your body the building blocks it needs for a fast recovery. Don't wait for your surgery to be over – start the healing now.

- Exercise to increase muscle tone (See pre-op exercise section).
- Stop smoking and do not start again at least until 4 weeks post-op.
- Avoid alcohol usage – especially 48 hours before surgery.
- Begin your healthy eating plan at least 10 days before surgery and continue for 10 days after surgery.
- Eat a well-balanced diet rich in iron, vitamin C and calcium.

On the following page are tables of iron, calcium and vitamin C rich foods you may want to add to your diet. You will also find a sample menu you can use as a guide.

HEALTHY EATING PLAN

Foods are divided into five basic food groups: vegetables, fruits, grains, milk and lean protein (meat, chicken and fish). ***Unless you are on a specific diet prescribed by your doctor***, follow a daily well-balanced diet that includes:

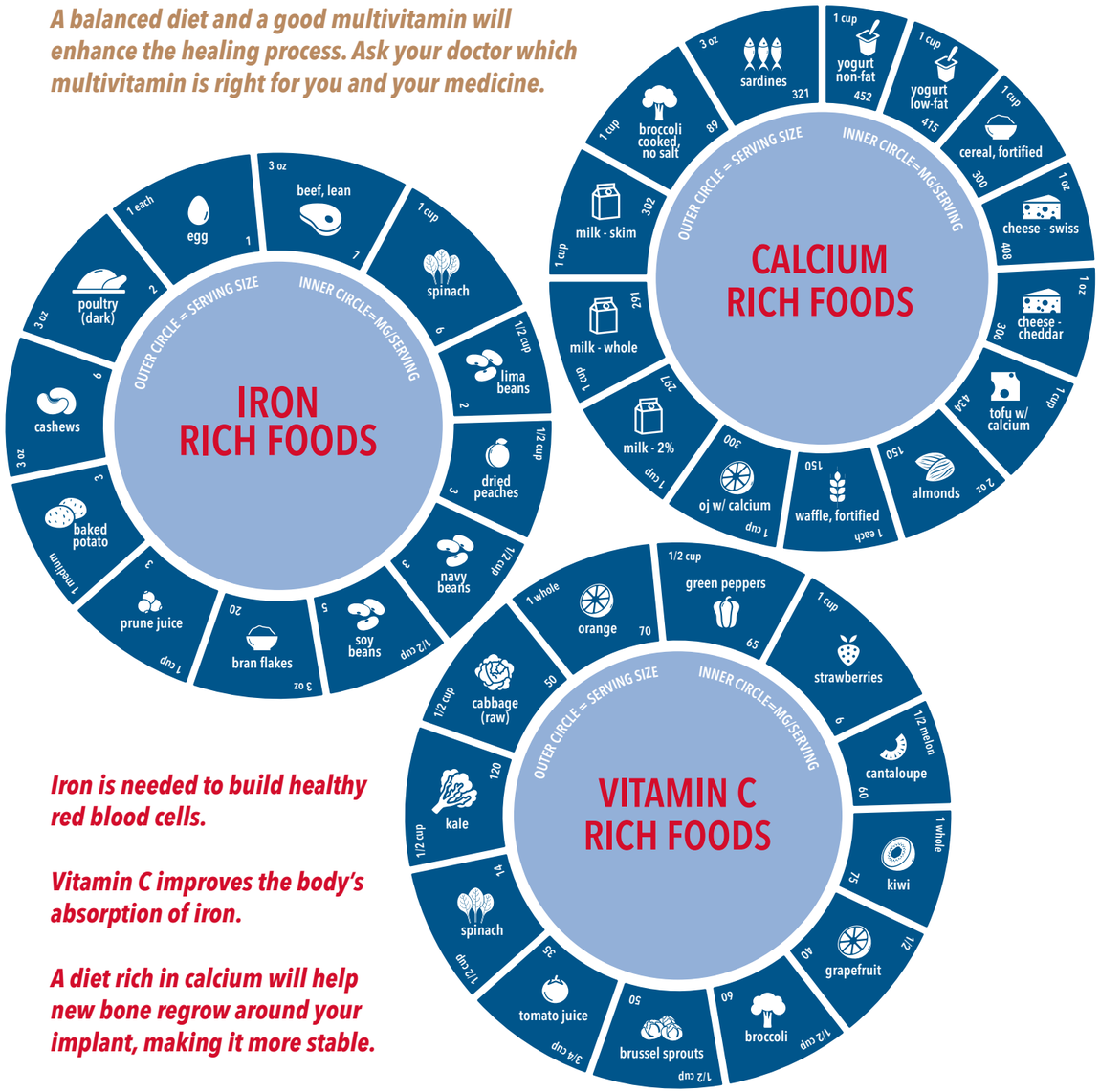
- 2-3 servings of kale and orange vegetables such as carrots, squash and sweet potato
- 2 cups of fruit, but limit juices
- 6 ounces of grains: whole grain cereal, bread, crackers, brown rice
- 24 ounces of dairy: low-fat or skim, yogurt, low-fat cheeses
- 5-6 ounces lean protein and beans: lean meats, poultry, fish, pinto beans, lentils or kidney beans

IMPORTANT: Diabetics and people on other restricted diets should consult their doctor prior to starting this diet. People taking any types of prescribed medications, especially Coumadin and Plavix, should also check with their doctor before starting this diet. A sudden intake of increased green, leafy vegetables could react with your medication.

eating right for FAST RECOVERY

Try to incorporate as many high calcium, iron and vitamin C foods as you can into your diet.

A balanced diet and a good multivitamin will enhance the healing process. Ask your doctor which multivitamin is right for you and your medicine.



Iron is needed to build healthy red blood cells.

Vitamin C improves the body's absorption of iron.

A diet rich in calcium will help new bone regrow around your implant, making it more stable.

THE FOLLOWING IS A SAMPLE TO GET YOU STARTED:

BREAKFAST

- 1 egg cheese omelet with 1 slice low fat cheese, spinach and other vegetables
- 8 ounces of low-fat or fat-free milk/ may substitute milk with calcium added lactose free products
- 1 whole orange
- 1 piece of whole grain bread or toast

MORNING SNACK

- 1 cup of strawberries with low-fat plain yogurt

LUNCH

- 1 ½ cups fresh spinach salad
- 2 ounces poultry (dark) baked, broiled or grilled
- ½ cup brown rice or 1 slice of whole grain bread
- 6 ounces low-fat or fat-free milk (may substitute milk with calcium added supplement)

AFTERNOON SNACK

- Green peppers with 2-3 ounces yogurt dip

DINNER

- 3 ounces lean meat, poultry or fish (baked, broiled or grilled)
- 1 medium baked potato
- ½ cup broccoli
- ½ cup of tomato

EVENING SNACK

- 1 cup low-fat or fat-freee pudding or custard

*pain*CONTROL

Pain control during and after surgery is one of the most common concerns of our replacement patients. With today's pain management techniques, you can be kept relatively comfortable.

ANESTHESIA DURING SURGERY

Anesthesia is the loss of sensitivity to pain brought about by various drugs known as anesthetics. There are several types to choose from. Your anesthesiologist will explain the one best suited for you.

General anesthesia ***is*** *the most common form of anesthesia.* The patient is put into a deep sleep and will not feel any sensation.

Spinal, regional or epidural anesthesia *targets a specific area, like a joint, and totally numbs it. Although you are awake, you will not feel any pain.* Typically with epidural anesthesia, another medication is administered to make you very relaxed and enter a light sleep state.

POST-OP PAIN CONTROL

There are several different kinds of pain control methods available that will keep you comfortable after surgery. Your doctor will choose the method right for you based upon your medical history, the amount of pain you are having and your phase of recovery.

- **Oral medications** are often used to control pain. These may also be administered prior to surgery to get a start on pain control and may be continued throughout your hospital stay. In some cases, oral medications are a substitute for other pain control methods later in the recovery process. Most likely, you will be given a prescription for oral medication for use at home following discharge from the hospital.

- **Pain medications** can be given intravenously (IV) through a vein in the arm.

Regardless of the type of pain management being used, it is very important for you to communicate with your health care team if the pain medication is not sufficient, if you are nauseated or even if you are not as alert as you feel you should be. Adjustments can always be made to make you more comfortable.

PREVENT THE PAIN CYCLE

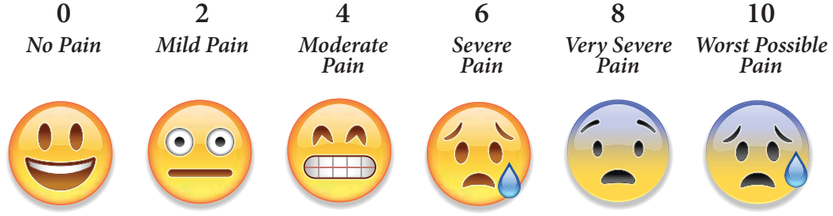
Pain has a cycle. It begins and increases until the pain medication interrupts it. The way of good pain control is to stop pain before it becomes intolerable.

If you begin to feel the pain increasing, please call your nurse. This is one time you do not want to "tough it out." Once the pain cycle takes hold, it will be very hard to control it.

PAIN SCALE

You will be asked to use a pain scale to help describe your pain level. If "0" means no pain and "10" is the worst pain possible, how would you rate the pain level? To relieve your pain most effectively, your healthcare team needs to know how well pain relief measures are working for you. Medications can be adjusted to meet your needs.

Wong-Baker Faces



Numeric Pain Scale 0 1 2 3 4 5 6 7 8 9 10

OTHER METHODS TO DECREASE PAIN

It is very important to relax after your surgical procedure. When you are relaxed, pain medications work better. You can also position yourself for comfort and ease of breathing. Applying ice to the area for 15-minute intervals may help.

Deep breathing can help relax tense muscles. Soft music can also help you relax.

Continue to use these pain control methods once you return home.

Recovery Tip!

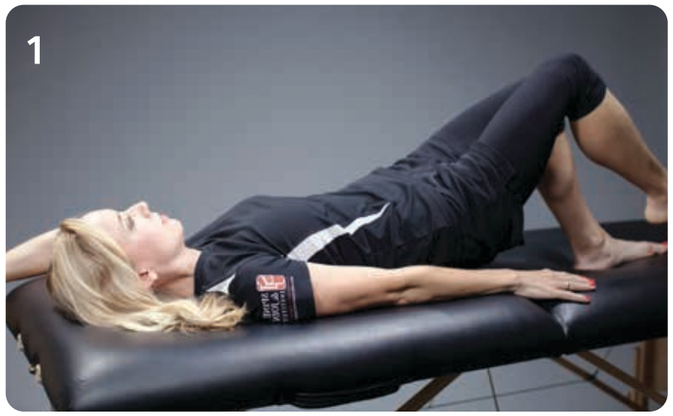
Deep breathing can help relax tense muscles. Soft music can also help you relax. Continue to use these pain methods once your return home.

It is not completely up to your surgeon to heal your back. You must partner with your surgeon for optimal results. It is important to start strengthening your muscles before surgery in order to get a jump-start on your recuperation. Start doing the exercises provided in this booklet and continue to do them until your surgery.

Keep in mind that you need to strengthen your entire body, not just your back. It is very important as you will be relying on your arms to help you get in and out of bed, in and out of a chair, walk and to do your exercises after surgery.

Your first exercise after surgery is walking. The following exercises can be restarted a few weeks following surgery and should be done three or more times a day. Discuss with your therapist when to begin these exercises.

Remember, stop doing any exercise that is too painful.



DEAD BUGS EXERCISE

1. Lie on your back with knees bend
2. Engage core (tighten your stomach muscles)
3. Lift opposite arm/leg together slowly holding core engaged
4. Return to start position
5. Continue with other arm/leg holding core engaged
6. Repeat 10 times

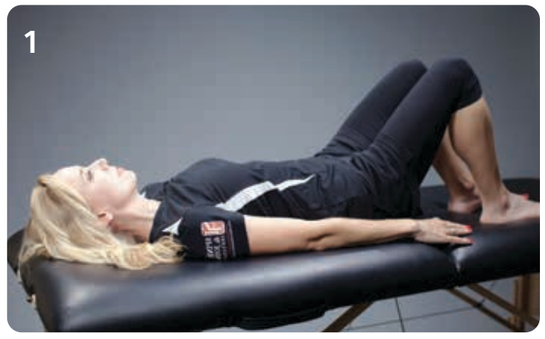
exercise your JOINT

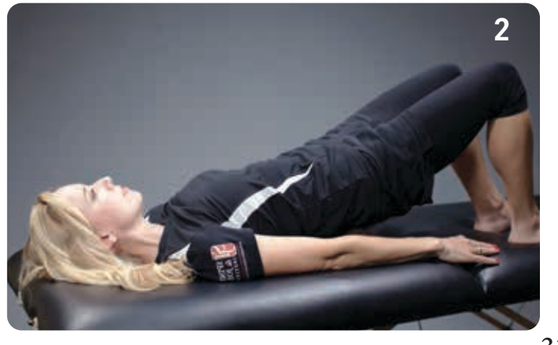
MINI SIT-UPS

1. Lie on back with knees bend
2. Engage core (tighten your stomach muscles) with arms crossed
3. Lift upper chest keeping core engaged
4. Return to start position
5. Repeat 10 times

BRIDGE EXERCISES

1. Lie on back with knees bend
2. Squeeze glutes
3. Lift bottom off surface
4. Hold
5. Return to start position
6. Repeat 10 times





WEAN YOURSELF FROM PAIN MEDICATION

By the time you get home from the hospital, you will notice your need for pain medication decreasing. When you think you are ready, try substituting Extra-Strength Tylenol® in place of one dose of narcotic pain medication. Gradually increase the number of substitutions until you are no longer taking narcotics.

If you are taking a blood thinner, check with your doctor prior to taking any other type of pain relievers. Many common, over-the-counter pain relievers may interact with your blood thinner and cause problems.

Patient portal

Access to your medical records anytime, anywhere! ***"My Health Info"*** provides you with the access to review and print lab results, discharge instructions, operative reports and more. Access to your health information is important to you. By using "My Health Info" you have your hospital history at your fingertips. You can access health information, update personal information, view upcoming appointments and access it all from your computer, smartphone, or tablet. If you would like to sign up, please visit our website at **www.redlandshospital.org** or call **Medical Records @ 909.335.5602**.

You made great strides while you were in the hospital, but you are not quite fully recuperated yet. There is still some work to be done.

BE COMFORTABLE

It is human nature to avoid things that cause us discomfort. If you are in pain, you are less likely to move or do your exercises. Inactivity can cause the joint to stiffen and will slow your recovery, undoing all your excellent work during your hospital stay.

- Take your pain medication 20 to 30 minutes before you begin your exercises at home or at physical therapy. This will make moving the joint much easier.
- Control discomfort by applying ice to the joint. A bag of frozen peas works well because the bag readily conforms to the shape of the spine.
- DO NOT ice the spine for more than 15 minutes per hour. Nonstop use of ice can cause tissue damage and slow the healing process.
- Change your position every 45 minutes.

PREVENT CONSTIPATION

Changes in your daily routine, as well as taking narcotic pain medicines, can result in constipation. Take measures to prevent constipation before it becomes a problem.

- Eat fiber rich foods like grains, fresh fruits and vegetables to help keep your system moving.
- Drink plenty of water. This adds fluid to the colon and bulk to the stools, making bowel movements softer and easier to pass.
- Avoid liquids that contain caffeine, such as coffee and cola drinks. Caffeine flushes your colon of fluids and causes dehydration. Stools become dryer and harder to pass.
- Avoid alcohol. It also causes dehydration and contributes to constipation.
- Incorporate a daily walk or two into your exercise routine to keep your system well-balanced.
- Wean yourself from narcotic medications as soon as possible.

In the event you do become constipated, use stool softeners or laxatives such as milk of magnesia, as necessary.

BLOOD CLOTS AND ANTICOAGULANTS

Blood clots after surgery can cause serious problems. However, there are steps that can be taken to prevent them.

- Adhere to daily exercise
- Incorporate a daily walk or two

What to do if you suspect blood clots in the legs? By exercising, wearing the compression stockings as prescribed and taking your anticoagulation medication faithfully per your doctor's instructions, your chance of developing a blood clot is minimal. However, it can happen. Prompt treatment usually prevents further complications.

- Call your surgeon IMMEDIATELY if there is swelling in your thigh, calf or ankle that does not decrease if you lie down with your feet elevated above heart level.

- Contact your surgeon if there is pain and tenderness in the calf of EITHER leg. DO NOT take a "wait and see if it gets better" attitude.

If a clot occurs, it may be necessary to be admitted to the hospital to receive intravenous blood thinners for a short period of time.

Pulmonary embolus A pulmonary embolus is a blood clot that breaks away from the vein and travels through the blood into the lungs. This can be life threatening!

- **CALL 911 IMMEDIATELY** if you experience sudden chest pain, difficult or rapid breathing, shortness of breath, sweating or confusion. ***DO NOT take the time to call your surgeon.***

The best way to avoid a pulmonary embolus is to recognize and treat any potential blood clots. **If you suspect a blood clot, call your surgeon IMMEDIATELY.**

PHYSICAL THERAPY

Your full participation in physical therapy is an essential element in the success of your spinal surgery. The physical therapist will teach you the exercises your doctor has approved. Your Navigator will be in to visit you to help you arrange for any assistance that you may need at home.

PAIN

Pain is common and is to be expected after this type of surgery. Medication will be prescribed for you. Take as directed. Oral pain medication may cause nausea, constipation and a light-headed sensation. You should not drink alcohol or drive while on this medication. You may switch to over-the-counter pain medication such as Extra-Strength Tylenol® when your pain subsides.

INCISION

You should keep your dressing dry and in place until after your follow-up appointment with your surgeon, unless your surgeon has directed you otherwise. If you note any redness, swelling or drainage from your wound, please call your surgeon. You may be able to shower or take a tub bath until you return for your follow-up appointment. The incision has not healed yet and getting the incision wet puts you at risk for infection. After the doctor allows you to, you can take a shower and let the water run over the wound. Pat the wound dry after you finish showering. Do not go into a tub, swimming pool or jacuzzi to soak the wound for at least a month.

Precautions in positioning and movement at home

Avoid activities that require bending, twisting, lifting more than 5 pounds (about 1 gallon of milk), or push/pulling

Do not stand or sit for too long, Sitting puts the most stress on your back

Talk to your surgeon about whether you can go up or down stairs, for some people, stair climbing may be restricted for the first week or two after surgery

If you have had a spinal fusion, avoid lifting objects above your head until the fusion is fully healed

Avoid long car rides if you can while you are healing

The general rule is to never sit with your knees higher than your hips, it may be helpful to put a wedge or firm pillow on your car seat, sofa, and favorite chair

Purchase a raised toilet seat, preferably one with arms to assist you when sitting and getting up off the toilet

TEMPERATURE/FEVER

Your temperature may be slightly elevated for several days after your surgery. However, if fever persists above 101°F and is accompanied by chills, sweats, increased pain or drainage, you should call your doctor. These may be signs of infection.

Swelling is common post-op. Normal swelling is reduced in the morning and gradually accumulates throughout the day. If the swelling is severe in the morning when waking you should contact your surgeon.

ANTIBIOTICS

Prior to any dental, urological, gastrointestinal or surgical procedure, you must notify your doctor that you have had a joint replacement. You may need to take antibiotics to protect your joint replacement from infection.

PREVENTING COMPLICATIONS

As with all surgical procedures, there is a risk of complications such as deep vein thrombosis (DVT) or blood clot, atelectasis of lungs and infection.

DVT: While in the hospital, if the patient has a risk of DVT or a high risk medical history, the surgeon may also order anticoagulation medications. To prevent DVT, you should be out of bed on the first post-op day. You should initially ambulate with assistance.

Atelectasis or partial collapse of the lungs: You will be encouraged to deep breathe and cough and to use an incentive spirometer to decrease the risk of post-op respiratory issues. Early mobilization and ambulation also increases deep breathing and lung ventilation.

Infection: After discharge, you will be asked to notify your doctor if you develop new redness, swelling or drainage from your wound. It is important to keep your incision clean, dry and follow discharge instructions regarding the care of your incision. Also, notify your doctor if you have a fever above 101° and increase in pain.

MEDICATIONS AFTER DISCHARGE

Patients who go home after discharge will need to get their prescriptions filled soon after discharge, or better yet, prior to surgery.

PAIN PILLS

Pain pills may be needed for the first few days after surgery. You will notice, however, your need for narcotic pain medication will be decreasing. You can substitute Extra-Strength Tylenol® when you think you are ready to stop prescription pain medication. If you are taking a blood thinner, check with your doctor before taking any other type of over-the-counter pain medication since some may increase the effects of blood thinners.

Remember that many prescription pain medications can cause constipation. Take measures to prevent constipation such as:

- Drink plenty of water which adds fluid to the colon, making bowel movements softer and easier to pass.
- Eat fiber rich foods like grains, fresh fruits and vegetables to help keep your system moving.
- Avoid liquids that contain caffeine such as coffee, and cola drinks which cause dehydration.
- Avoid alcohol which also causes dehydration.
- Try to incorporate a daily walk into your exercise routine to keep your system well balanced.

By exercising and taking blood thinners (if your doctor deems necessary), your chance of developing a blood clot is minimal. However, if you notice these symptoms, please call your doctor.

Prompt treatment can prevent further complications:

- If you notice swelling of your thigh, calf or ankle, lie down with your feet elevated above the level of your heart. If the swelling does not go down, call your doctor immediately and do not put any weight on the swollen leg. Avoid rubbing your leg even if it's painful.
- ***Contact your doctor if there is pain in the calf of EITHER leg***. DO NOT take a "wait and see" attitude if you have pain in your calf.
- If you suspect a blood clot, call your surgeon immediately.

If a blood clot occurs, it may be necessary to be admitted to the hospital to receive intravenous (IV) blood thinners for a short period of time.

If admitted to the hospital, DO NOT TAKE THE TIME TO CALL YOUR DOCTOR. The hospital will notify your doctor once you are admitted. The best way to avoid a pulmonary embolus is to recognize and treat any potential blood clot.

ASPIRIN

Ongoing studies indicate that aspirin may be useful in preventing blood clots after surgery. Because aspirin has anticoagulant properties, it should not be used when taking other anticoagulants.

Your nurse will tell you how much aspirin to take if your doctor has prescribed it.

REPORT ANY ANTICOAGULANT RELATED SIDE EFFECTS IMMEDIATELY

If taken according to your surgeon's instructions, anticoagulants are safe and effective. However, in some cases, there may be warning signs that require prompt treatment.

If you fall, have a traumatic injury or if you experience any of the following, call your surgeon immediately:

- Bleeding or oozing from surgical wound
- Bleeding at the site of injection
- Nosebleeds
- Blood in your urine
- Coughing or vomiting blood
- Excessive bleeding when brushing your teeth
- Spontaneous bruising (not caused by a blow or any apparent reason)
- Pain or swelling of any part of your leg, foot or knee
- Dizziness, numbness or tingling
- Rapid or unusual heartbeat
- Chest pain or shortness of breath
- Vomiting, nausea or fever
- Confusion

PREVENTING SURGICAL SITE INFECTIONS

Infections, although rare, do sometimes occur after surgery. It is important to note any changes in your incision. During the first two years after spinal surgery, you are susceptible to infection.

SIGNS OF INFECTION

- Some redness, swelling and bruising around the incision are perfectly normal. Call your doctor/surgeon if the redness increases or the pain doesn't subside.
- Report any fever or night sweats to your doctor/surgeon.
- Call your doctor/surgeon if you notice any increase in drainage, if the clear discharge changes color or if an odor is present.
- Call your doctor/surgeon if you notice an increase in pain (not associated with normal exercise).

PREVENTING INFECTION

The first step: Taking proper care of your incision and dressing.

The second step: Notify your healthcare provider prior to any procedure that may break the skin. This includes dental procedures. If you see a new doctor, be sure to include the joint replacement surgery in your medical history.

Obtain a prescription for antibiotics prior to any procedure or dental procedure including dental cleanings. Your provider will tell you how many doses you need to take.

Your doctor will give you specific instructions for the care of your dressing before you are discharged from the hospital.

GENERAL INSTRUCTIONS INCLUDE:

- Keep the incision clean and dry. You may have a water resistant dressing.
- Do not use any lotions, rubs, ointments, etc. on your wound unless directed to do so by your home health care nurse or doctor.
- Examine your wound daily when dressing changes are done and report any sign of infection to your doctor.

- Do not get the incision wet in the shower until instructed by your doctor.
  Do not immerse under water until after seen on follow-up appointment with your doctor.

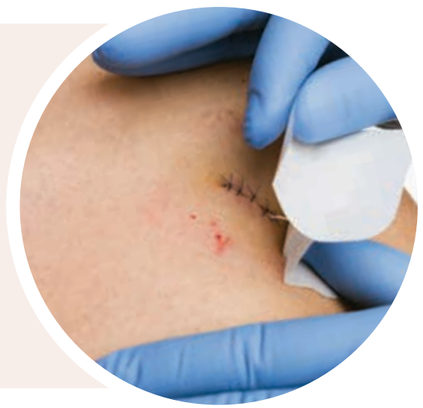
DRESSING OVER INCISION:

Your dressing may need to be changed daily. If you have home health care, the nurse will change the dressing for you.

- If you need to change the dressing yourself, begin by washing our hands thoroughly with warm soapy water, rinse and dry.
- Assemble and open all dressing materials. Remove the old dressing pads from wound.
- Inspect the wound for any signs of infection such as increased swelling, redness, yellow or green discharge and odor. Report any abnormal findings to your surgeon.
- Swab the incision area with Betadine antiseptic solution, if desired.
- Pick up the dressing pad by the corner. Do not touch the part of the pad that is laid over the incision. This could introduce bacteria into the wound and cause an infection.

Recovery Tip!

Take a proactive approach to prevent infection. Taking Proper care of your incision is the first step. The second Step is to notify your healthcare provider prior to any Procedure which may break the skin.
This also applies to any dental procedures.



FOLLOW-UP VISITS

Keep your scheduled post-op visit. If you do not have one, please call your doctor's office to schedule it.

SELF-CARE

The best thing to do is to think before you act. Ask yourself if the activity you are about to perform can be done so safely. Taking a moment to assess the situation will also make you more aware of the alignment of your body and arm. Allow plenty of extra time for normal, daily activities. Do not hesitate to ask for assistance in performing any activity, even if it seems simple. Let your family, friends and co-workers be a part of your healing. Remember, they know of your procedure and want the best possible outcome for you.

BATHING

Make sure all surfaces are dry before you get into the tub or shower. Walk-in showers are recommended over baths because they are easier to get in and out of. Long-handled bath sponges and hand-held shower hoses are helpful. If showering, hang a shower caddy over the shower nozzle to keep your bath articles within easy reach. You can place a waterproof armchair in the shower for safety. If possible, have your coach supervise you during your first few times getting in and out of the shower/tub. Keep in mind that you might want a rubber mat on the floor of the shower or the tub to help protect against slipping.

TOILET

During the first few weeks after surgery, you may need extra time to complete toileting tasks. It may also be helpful to use a raised toilet seat or bedside commode.

SINK/COUNTER ACTIVITIES

Do not bend over the sink or counter. Open the cabinet directly under your working area. Elevate one foot by placing it on the bottom shelf of the cabinet. Place once hand on the counter to support your weight and bend at the hips, not at the back.

RESTING AND SLEEPING

Use a firm mattress or couch. Soft pillows can provide support for your neck and legs (under your knees) while lying on your back. Do not use pillows that cause your neck to misalign with your back. You will not have complete control over your sleeping positions while you sleep, but

it is important to begin the process of sleeping in a position that keeps your neck and back properly aligned. Sleeping promotes healing, it is important that you get sufficient rest as you recuperate.As you rest, you may become stiff, so get out of bed slowly.

GETTING IN AND OUT OF BED

Sit on the edge of the bed. Using the arm closest to your pillow for support, lower your upper body sideways while gently swinging your legs and feet onto the bed. This results in you lying on your side. To get out of bed, reverse this procedure. This technique is commonly referred to as the log roll method. Keeping your head adn back aligned, placed your hands on your thighs. Push against your thighs as you stand up. You may also use a nightstand for support.

DRESSING

Allow yourself plenty of extra time to dress. Hurrying may result in improper arm motions. Loose fitting clothes, such as sweatpants or shorts with elastic waists, and slip on shoes are recommended. Your therapist might recommend using a sock aid. Carefully dress using a chair for support and to protect against loss of balance while you are not able to use your surgical arm.

***Call 911 Immediately** if you experience sudden chest pain, difficult or rapid breathing, shortness of breath, sweating or confusion. DO NOT take the time to call your surgeon.*

PLEASE NOTE: If you fall or have a traumatic injury, call your surgeon immediately.

KITCHEN ACTIVITY

Whenever possible, keep frequently used items on the counter top. This includes pots, pans, bowls, storage containers and spices. You may not like the way the counter looks, but it will be back to normal soon. The use of a reacher is highly recommended to pickup items either above or below the counter. If you must reach something below the counter, lower yourself to one knee. Grab the item and place it on the counter. Using the counter or a chair as support, slowly stand up. If you must reach something above the counter, use a low stool whenever possible. Place one hand on the counter for balance and reach with the grabber. Since you must limit the weight you carry for the first six weeks, it is best that you do not carry groceries. Do not hesitate to obtain assistance at the store and at home.

After six weeks, you may carry light bags close to your body. If you feel any strain on your back, the bag is too heavy for you. When loading a dishwasher, place all items on the counter above the dishwasher. Drop down to one knee to load the items. Reverse this procedure to unload. Use the coutner for support when standing up. Take advantage of family or roommates for help until you are back to normal.

LAUNDRY

If using a top or front-loading machine, stand close to the washer and maintain your balance. Small loads are much easier on you than large loads. Wet clothes weigh much more, so remove them slowly, no more than one or two items at a time.

LIFTING

Avoid lifting as much as possible and ask for assistance. Do not lift objects that are awkward or weigh more than 5 pounds until your doctor says you may lift more. Move slowly and avoid sudden, jerky movements. Be sure you test the weight of the object prior to attempting to move it. As an example, most people do not know that a gallon of milk weighs over seven pounds. Your doctor may increase lifting limits by a pound or two per week. If you must lift something, bend your knees, keep the object close to you and let your leg and arm muscles do the work — not your back. Move slowly and avoid sudden jerky movements. Be sure and test the weight of the object before you completely lift it. Do not bend or twist; pivot on your heels instead. Tightening your stomach muscles also relieves pressure from your back. When lifting an item from a lower position, use your legs and keep your back properly aligned. When lifting an object from a table, slide it to the edge of the table so that you can hold it close to your body. If lifting a child, bend down on one knee and place the child on your thigh. Bring the child close into your upper body. Keeping your back and neck aligned, slowly push off with your bent leg into a standing position, keeping once or both arms under the child's buttocks. If possible, have the child stand on a chair or couch before picking him or her up. Do not carry a child on a hip for more than a few minutes at a time.

DRIVING/RIDING IN A CAR

Do not drive until you receive you surgeon's approval. You may want to add a firm pillow on the seat to make it higher. You may also incline the backrest and push the car seat backwards in order to have more space to get in and out of the vehicle. When getting in, sit first, and then slowly swing both your legs in at the same time.

SITTING

Sitting puts more pressure on your spine than lying or standing. You may need to avoid sitting for the first few days after your surgery. If approved by your surgeion, you may begin to sit in 10-15 minute increments — about as long as it takes to eat a meal. When you do sit, use a chair with a striaght backrest. Arm supports will make it easier for you to sit down and get up. You may place a small towel or pillow between your chair and your lower back to help maintain your normal lumbar curve. There are also back cushions that may be tied to a chair. Stand up and change positions if you begin to feel any discomfort in your back. A high seat at about knee level will help you get up with minimal pain. If the chair is too low, you can place a firm pillow on the seat. When you are working in a sitting position, make sure your feet are flat, your work is close to you and you do not slouch. You can also turn the chair around backwards and sit with legs straddled. This position promotes proper alignment. When getting up, it is important to move

to the edge of the furniture before you stand. Use armrests when possible to slowly push yourself into a standing position.

STANDING

Make sure that you keep your posture upright to maintain a natural standing posture. Maintain the three natural curves of your back. If you are standing for more than a few minutes, place one foot on a stool or lower cabinet shelf whenever possible. Keep your head, shoulders and hips aligned. If you cannot elevate one foot, standing with your feet shoulder-width apart is recommended for balance. Keep the height of your working surface close to your waist if possible. If you must work in a stooped (forward) position, you must interrupt your posture on a regular basis. Stand upright and slowly bend backward three to five times every 10 to 15 minutes.

DEPRESSION & MOTIVATIONAL HEALING

It is normal to feel discouraged and tired for weeks after your surgery. These feelings may be your body's natural reaction to the cutback of extra hormones it provided you with to handle the stress of surgery. Although emotional let down is not uncommon, you must not be allowed to get in the way of the positive attitude essential to your recovery. If you were particularly energetic, on the go and/or kept your body in good shape before your surgery, having to 'take it easy' may be a blow to your active, independent lifestyle. You may resent the fact that you did not 'plan' on this happening to you. Feeling this way is entirely normal.

You are going through a type of loss — a loss controlling the lifestyle that you had been living until this time. In a sense, you are grieving for the person you were before your back or neck pain. You may experience emotions you are not used to feeling . . . sadness, frustration, anger and resentment to name a few. Some patients lose the definition of who they are.

Grief can show up in numerous ways, i.e. loss of appetite, insomnia and withdrawing from friends/family to name a few. This grief is normal, but you must focus on positive results. Granted, you may not be the same person you were before, but you have to redirect your energies into things you choose, as opposed to things you did. Use this down time to reflect on wha tyou want in the future and not dwell upon the past. If you did not like your lifestyle before your surgery, you can choose a different lifestyle for your future.

everyday LIVING

PREVENTING WEIGHT GAIN

Weight gain is not uncommon after surgery. Between decreased activities, boredom associated with limited mobility, depression and pain, those extra pounds can creep up on you before you know it. Unfortunately, excess weight only fuels the vicious cycle of increased pain, decreased activity and depression.

These suggestions may be helpful in preventing excessive eating and weight gain after surgery:

- ***Drink at least two quarts of water each day.*** This will help you to feel full and you will be less likely to overeat.
- ***Fill your refrigerator and cupboards with healthy foods.*** The internet and library are endless resources for healthy eating habits and low-fat recipes.
- **Chew foods with a lot of "chewing power".** It actually takes 20 minutes for your stomach to tell your brain it is full. If you are chewing a long time, you will be satisfied with smaller portions. Healthy foods with "chewing power" include:
  - * Popcorn (easy on the butter and salt)
  - * Pretzels
  - * Apples
  - * Celery
  - * Carrots
  - * Bagels
  - * Chewing gum also works.

For example, picture how many apples you can eat in 20 minutes. Now picture how much ice cream you can eat in 20 minutes.

Keep your mind and your hands busy. Watching TV for extended periods of time is not only bad for your spine recovery, but commercials often entice us to eat when we are not hungry. Focus on crossword puzzles, building models, needlepoint, knitting, card games, board games or anything else that will divert your attention away from TV and the refrigerator. This is a great opportunity to spend some quality time with family and friends.

advanced DIRECTIVES

Any kind of surgery carries a certain amount of risk. We will take every precaution to assure that your surgery is successful and without incident. However, in the event of an unexpected complication, we want to honor your wishes and individual considerations. It is very important to put your healthcare preferences in writing prior to your surgery.

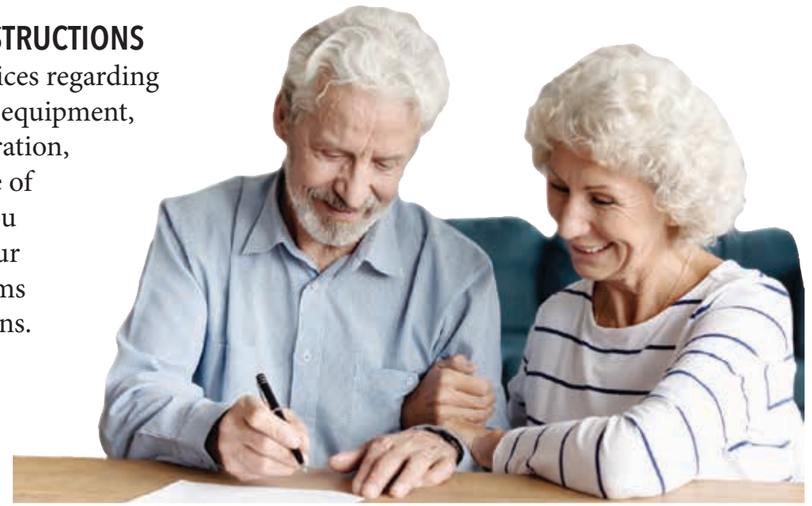
Advanced directives are a means of directing your medical care in the event that you are unable to do so for yourself. Once the advanced directives are on file, the doctor, your family and hospital staff are committed to honoring your wishes. There are many forms that can be obtained either from the internet, i.e., "Five Wishes" or you can ask the Navigator to provide forms at orientation.

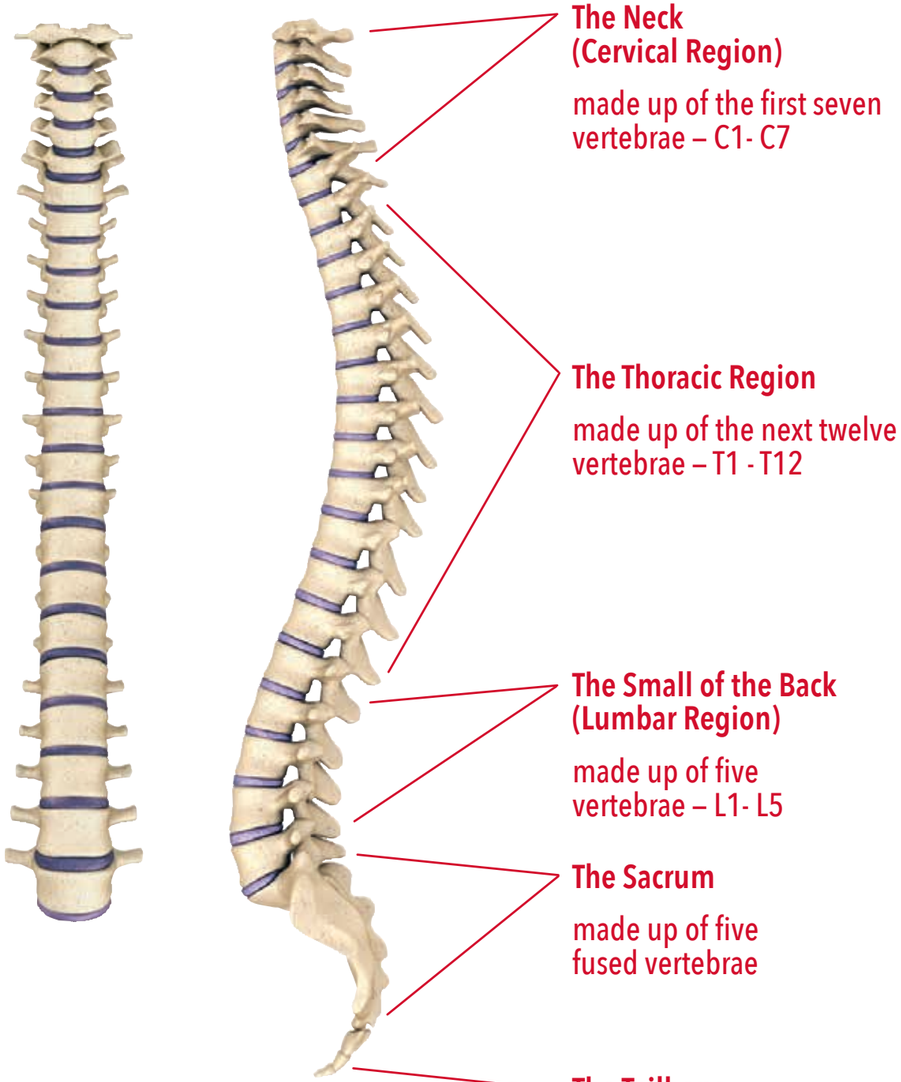
THREE TYPES OF ADVANCED DIRECTIVES

1. LIVING WILLS detail your wishes for healthcare if you have a terminal condition or irreversible coma and are unable to communicate. Normally, this refers to the level of life support measures you would like to have administered in order to prolong the dying process when death is eminent.

2. APPOINTMENT OF A HEALTHCARE AGENT is a process that authorizes a person of your choice to make medical decisions for you in the event you are unable to do so for yourself. It is more flexible than a living will because it can cover any healthcare decision, even if you are not terminally ill or permanently unconscious. This type of advanced directive is also referred to as a Medical Power of Attorney.

3. HEALTHCARE INSTRUCTIONS are your specific choices regarding use of life sustaining equipment, blood products, hydration, nutrition and the use of pain medications. You should also make your wishes known in terms of any organ donations.





The Neck (Cervical Region)

made up of the first seven vertebrae – C1- C7

The Thoracic Region

made up of the next twelve vertebrae – T1 - T12

The Small of the Back (Lumbar Region)

made up of five vertebrae – L1- L5

The Sacrum

made up of five fused vertebrae

The Tailbone (Coccyx)

the final bone in the spinal column, made up of three to five vertebrae fused

ANATOMY OF THE SPINE

See the Spine image on page 50.

In order to better understand the most common injuries and diseases of the spine, it is essential to have a fundamental understanding of spine anatomy and its role in the body. The human spine is a remarkable structure, and it performs a number of important functions:

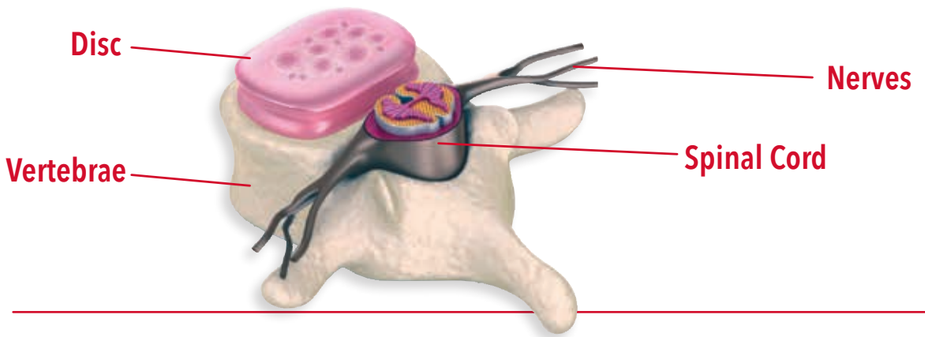
- *It provides protection for the spinal cord*
- *It provides the support needed to walk upright*
- *It allows the torso to bend and twist*
- *It supports the head and allows movement from side-to-side and up and down*

The spine can be divided into three regions and is made up of a column of 26 bones. These bones extend in a line from the base of the skull to the pelvis. Twenty-four of these bones are called vertebra (plural: vertebrae). When viewed from the side, the spine has a natural "S" curve.

CROSS SECTION OF A VERTEBRAE

The spinal cord travels from the brain through the entire length of the spine. Nerves branch out from the spinal cord and along its course.

- *The nerves that exit C1 through C7 take care of everything that is going on in the face, eyes, ears shoulders, hands and fingers.*
- *The nerves exiting the thoracic vertebrae (T1 through T12) look after the GI track, the liver, ureters, some of the colon and the blood vessels in the abdomen.*
- *The nerves leaving the spinal cord at L1 through L5 take care of the colon, the rectum. As well as the blood vessels, muscle function and the sensation in the legs, feet and toes.*



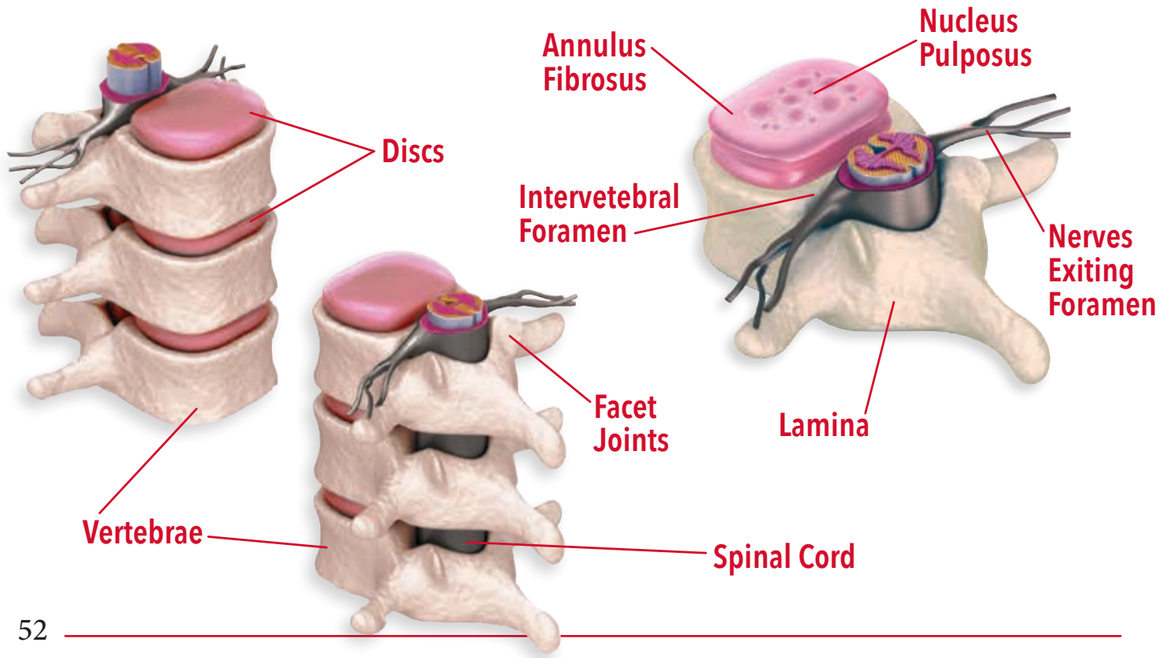
the human SPINE

STRUCTURES OF THE SPINE

Also see the Spine image on page 50.

In addition to the vertebrae, there are a number of structures and features of the spine that are important to understand:

- ***Intervertebral Discs (Discs)*** *– These are pads of cartilage between vertebrae that act as shock absorbers.*
- ***Facet Joints*** *- Joints located on both sides and the top and bottom of each vertebra. They connect the vertebrae through which the nerves leave the spine and extend to other parts of the body.*
- ***Intervertebral Foramen*** *– An opening between vertebrae through which the nerves leave the spine and extend to other parts of the body.*
- ***Ligaments*** *– Elastic bands of tissue that support the spine by preventing the vertebrae from slipping out of line as the spine moves. A large ligament often involved in spinal stenosis is the ligamentum flavum, which runs as a continuous band from lamina to lamina in the spine.*
- ***Lamina*** *– Part of the vertebra at the upper portion of the vertebral arch that forms the roof of the canal through which the spinal cord and nerve roots pass.*



problems of the SPINE

In the majority of cases, back and neck pain can be related to disc problems. Before discussing how disc problems can cause back and neck pain, it is useful to first understand the role of a healthy disc in the spine and the anatomy. The disc, located between the individual vertebrae, has several important purposes, including functioning as a spacer, shock absorber and as a motion unit.

SPACER

The height of the disc maintains the separation distance between the adjacent bony vertebral bodies. This allows motion between the vertebrae to occur, with the cumulative effect of each spinal segment yielding the total range of motion of the spine in any of several directions. Proper spacing is also important because it allows the intervertebral foramen (the opening the nerve must pass through) to maintain its size, which allows the individual nerve roots room to exit without being compressed or pinched.

SHOCK ABSORBER

Shock absorption allows the spine to compress and rebound when the spine is stressed during such activities as jumping and running. Importantly, it also resists the downward pull of gravity on the head and trunk during prolonged sitting and standing.

MOTION UNIT

The elasticity of the disc allows “motion coupling” so that the spinal segment may flex, rotate, and bend to the side all at the same time during a particular activity. This would be impossible if each spinal segment were locked into a single axis of motion.

The jelly-like central portion of the disc is called the Nucleus Pulposus. It is composed of 80-90% water. The solid portion of the nucleus is a very special type of connective tissue.

The outer ligamentous ring around the nucleus pulposus is called the Annulus Fibrosus, which completely seals the nucleus, and allows pressure inside the disc to rise as the disc is loaded. The annulus has overlapping radial bands, not unlike the plies of a radial tire, and this allows forces to be handled by the annulus without rupture under normal stress.

The disc functions as a hydraulic cylinder. The annulus interacts with the nucleus. As the nucleus is pressurized, the annular fibers serve a containment function to prevent the nucleus from bulging or herniating. The gelatinous nuclear material directs the forces outward, and the hoops of annular fibers help distribute that force without injury.

problems of the SPINE

PAIN CAUSED BY THE DISC

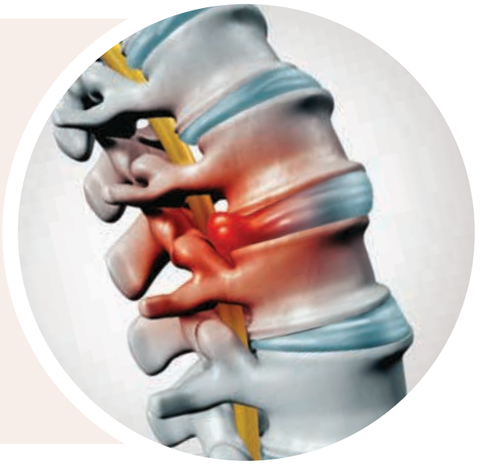
As people age, the inner nucleus can dry out (dehydrate), causing the disc space to narrow, and the annular ligaments to bulge. With progressive nuclear dehydration the annular fibers can crack and tear.

This narrowing of the disc space may also allow the spinal segment to "sublux" (shift or slide), leading to osteophyte formation (bone spurs), foraminal narrowing, instability and pain.

Disc disease can cause pain and other symptoms in two ways:

Herniated Disc

If annular fibers stretch or rupture, allowing the pressurized nuclear material to bulge or herniate and compress nerves, arm, leg pain and weakness may result. This is the condition called a pinch nerve, slipped disc, or herniated disc. This condition will typically cause sciatica or radiating leg pain as a result of the irritation against the nerve root.



The majority of patients with a herniated disc and sciatica heal without surgery. If surgery is indicated, it involves removal of the portion of herniated disc material through discectomy or microdiscectomy.

Degenerative Disc Disease – Movement over time as well as trauma from an accident can also cause disc degeneration and pain. For example, the disc may be damaged as the result of some trauma that in turn overloads that ability of the disc to withstand the forces passing through it, and the inner or outer portions of the annular fibers may tear. These torn fibers may be the focus for inflammatory response when they are subjected to increased stress and may cause pain directly or indirectly by muscle spasms as the back muscles try to compensate. This mechanical pain syndrome can become unresponsive to conservative treatment and disabling to the individual's way of life. If this occurs, it is generally addressed by spinal fusion or artificial disc technologies.

procedures of the SPINE

OTHER CONDITIONS INCLUDE THE FOLLOWING:

Spondylolisthesis is the condition when the vertebrae are displaced either forward or backward on the vertebra below it.

Scoliosis is the lateral curvature either right or left of the spine that can involve one or more levels and include both directions called an "S" curve.

Kyphosis is the abnormal bowing of the back usually the upper back.

Radiculopathy, also called radiculitis, refers to any disease of the nerve root and usually involves inflammation.

Compression fracture is usually an osteoporotic condition and may or may not involve trauma. In someone with advanced osteoporosis, this can occur by simply coughing or rolling out of bed.

LAMINOTOMY

Laminotomy creates a small window in the bony roof overlying in the spinal canal to remove a herniated disc or bone spur that is impinging on a nerve causing leg pain.

LAMINECTOMY

Laminectomy is the procedure of removing the lamina or bony roof of the spinal canal to help increase the size of the spinal canal. This gives more room for the spinal cord and the nerve roots, relieving the pressure caused by a narrow spinal canal (spinal stenosis), or by bone spurs (osteophytes). A discectomy (removal of a disc) can be performed if needed. This is to remove the part of the disc that is pressing on the nerve and/or spinal cord.

The operation is done while the patient is lying on his or her abdomen, or side. A small incision is made in the lower back. The surgeon then uses instruments to pull aside the fat and muscle, revealing the lamina portion of the vertebrae. The portion of the lamina is removed to expose the compressed nerve root. The source of the pressure varies and can be relieved by removing part of a herniated disc, a disc fragment, or a rough bony growth, often called a bone spur. Once the cause of this pressure is removed, the nerve(s) can begin to heal. It is normal to have discomfort after the surgery, especially in the lower back. It is important to note that this DOES NOT mean the operation was unsuccessful or that your recovery will be delayed. It is also not uncommon to experience leg aching as it takes time for the previously compressed nerve to heal, and for localized swelling to fade. Muscle spasms in the back, and even down the legs can also occur, and medications will be given to help control pain and relieve spasms.

LUMBAR FUSION

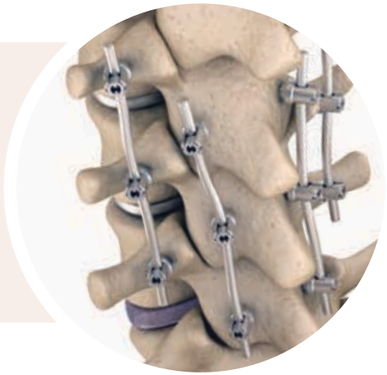
The surgical procedure referred to as spinal fusion is usually done to treat pain caused by motion between two affected vertebrae. This is accomplished by removing all or most of the disc between the two vertebra and replacing it with bone graft and usually a plastic or metal spacer. Typically, additional instrumentation in the form or rods, plates or screws will be used to help stabilize the vertebra as it fuses.

The bone graft may come from your body, sometimes from your pelvic (hip) bone, or the bone that is removed from your spine may be reutilized as the bone graft. Bone from a bone bank may also be utilized. The bank bone is treated before it is used as a graft, making the risk of getting a disease from the bone graft very low.

The approach for the fusion may be through your back (posterior fusion), the side of your abdomen or through the front of your abdomen (anterior fusion). If an anterior fusion is performed, a general or vascular surgeon may assist with the surgical exposure.

Three Types of Fusion

Matchstick Bone Graft
Structural Bone Graft or Cage/Spacer
Pedicle Screws (pictured)



THORACIC LAMINECTOMY

Laminectomy is the procedure of removing the lamina or bony roof of the spinal canal to help increase the size of the spinal canal. This gives more room for the spinal cord and the nerve roots, relieving the pressure caused by a narrow spinal canal (spinal stenosis), or by bone spurs (osteophytes). A discectomy (removal of a disc) can be performed if needed. This is to remove the part of the disc that is pressing on the nerve and/or spinal cord. The procedure is in the mid part of the back where the ribs attach.

The operation is done while the patient is lying on his or her abdomen, or side. An incision is made in the back. Then the surgeon uses instruments to pull aside the fat and muscle, revealing the lamina portion of the vertebrae.

procedures of the SPINE

The portion of the lamina is removed to expose the compressed nerve root. The source of the pressure varies and can be relieved by removing part of a herniated disc, a disc fragment, or rough bony growth, often called a bone spur. Once the cause of this pressure is removed, the nerve or nerves can begin to heal. It is normal to have discomfort after the surgery. It is important to note that this DOES NOT mean the operation was unsuccessful or that your recovery will be delayed. It is also not uncommon to experience leg aching as it takes time for the previously compressed nerve to heal, and for localized swelling to fade. Muscle spasms in the back, and even down the legs can also occur, and medications will be given to help control pain and relieve spasms.

It is very important to remember that maintaining a positive attitude in the early post-operative period is crucial for a successful recovery.

THORACIC FUSION

Also see the Fusion infographic on page 56.

The surgical procedure referred to as spinal fusion is usually done to treat pain caused by motion between two affected vertebrae. The procedure fuses vertebrae in the mid part of the back. The surgical treatment for this pain usually involves eliminating the motion between affected vertebrae by removing all or most of the disc and replacing it with a bone graft, or an instrumentation device such as a metal plate, screws or a cylindrical cage.

Your surgeon may discuss this and other options with you. Sometimes a thoracic fusion surgery will include a procedure called a thoracotomy which is removing part or all of a rib and entering the chest cavity and exposing the thoracic spine.

CERVICAL DISCECTOMY AND FUSION

Injury, arthritis wear and tear can damage the discs in the cervical or neck area of the spine. This damage can cause the disc, which is located between two vertebrae, to bulge placing pressure on nerves, nerve roots or spinal cord resulting in severe pain and numbness in the neck and arms. To relieve this condition, a surgical procedure called a cervical discectomy maybe performed. Basically, the bulging or herniated disc is removed and the pressure on the other structures is eliminated. The doctor will most often reach the cervical spine through a small incision in the front of the neck (anterior), through in some cases, the incision will be in the back (posterior) of the neck.

The disc material and bone spurs pressing on the nerve are removed, decompressing the area. In most cases, the adjacent vertebrae are then fused together using bone graft alone or bone graft and a metal plate.

Frequently ASKED QUESTIONS

Jot down any other questions you may have in the journal section of this workbook.

People who are facing spinal surgery typically ask the same questions. However, if you have questions that are not covered in this section, please ask your surgeon or anyone on the joint care team. We are here to help.

LAMINOTOMY/ LAMINECTOMY

COULD SURGERY COMPLICATIONS ARISE?

As with any procedure, there are general risks of surgery and anesthesia although they are very low. These include uncontrollable bleeding, wound infection, blood clots, pulmonary embolism, abdominal problems, loss of bowel or bladder control, impotence, retrograde ejaculation, heart attack, paralysis, and death.

WILL I NEED A BLOOD TRANSFUSION?

Not typically. For more extensive procedures, you may be asked to give a blood sample to type and screen for a potential transfusion. If there are any reasons you do not wish to have a blood transfusion, please discuss this with your surgeon.

HOW LONG WILL I BE IN THE HOSPITAL?

This is an outpatient surgery for most. If root or spinal cord damage occurs, 1-2 days is the usual length of stay. Possible complications include numbness and/or weakness in the leg. The possibility of these complications is very low. Damage to the tube that contains spinal fluid can occur, causing a spinal leak. If that occurs your surgeon will repair it and you may need to stay flat in bed for 1-2 days after surgery.

DO I NEED A BACK BRACE?

Occasionally, a corset-type brace may be used to remind you not to bend.

HOW LONG WILL IT TAKE FOR ME TO RECUPERATE?

Approximately two months. Four weeks at home and six weeks light-duty work.

DO I NEED TO BE ON A STOOL SOFTENER?

Not as a rule, but it may be a good idea as sometimes constipation develops while in the hospital, or if you have problems with constipation prior to surgery. Another factor to consider is the fact that narcotic pain medications can promote constipation.

WILL I NEED PHYSICAL THERAPY AFTER SURGERY?

Yes, this will begin in the hospital. There will be instruction on an immediate home exercise program and a lifelong home exercise program. Further physical therapy after discharge may be ordered by your doctor.

Frequently ASKED QUESTIONS

HOW LONG BEFORE I CAN RETURN TO WORK?

This varies from person to person and of course will depend on the type of surgery and type of work you were doing prior to surgery. Your surgeon will discuss with you a plan to safely return to work.

HOW DO I TAKE CARE OF MY SURGICAL INCISION?

See the Incision Care Section on page 37 & 40.

These instructions will be given you in the hospital and demonstrated by your nurse. It will be important to keep the wound clean and to be sure to call your surgeon if you have any fever, increased redness around the wound edges, drainage from the wound, or any neurological changes such as weakness, decreased sensation, or difficulty controlling your bowels or bladder. It is normal to have some redness around the staples and wound edges. In some cases, the home health nurse will check your wound, or a family member will be instructed in the proper care.

HOW LONG BEFORE I CAN DRIVE?

It is possible to have both knees done at the same You will need to make-arrangements for someone to drive you home from the hospital. We generally recommend no driving for approximately two weeks after surgery, but that depends on the length of time you are taking narcotic pain medication. Driving will depend on your not having any physical or medication impairment while driving. Taking pain medication will influence the decision to resume driving.

WHEN CAN I TAKE A BATH OR GO SWIMMING?

You need to wait approximately three weeks after your surgery, once the staples have been removed, or the sutures dissolved, to take a bath or go swimming. Be sure to ask your doctor to confirm when bathing and swimming are okay. You may shower when your surgeon says it is okay to do so. Prior to this, you may take sponge baths.

HOW LONG WILL MY SUTURES STAY IN PLACE?

Most sutures are underneath the skin and will dissolve on their own. If your sutures are visible, they are usually removed in 10-14 days. Sometimes skin staples are used and are usually removed in 10-14 days.

WHEN CAN I WALK, AND WILL I NEED A WALKING AID?

We will have you up and walking the day of surgery. The use of a walking aid will depend on you and how well your strength and balance are prior to being discharged from the hospital.

WILL I BE ABLE TO WALK UPSTAIRS?

Yes.

HOW LONG BEFORE I CAN FLY IN A PLANE?

You will not be able to fly for at least two weeks after the surgery. Your surgeon will give you more specific information for your particular situation.

CAN I SLEEP ON A WATERBED?

Yes, just be sure to follow any movement precautions, which are given to you at the time of discharge from the hospital.

WILL I BE ABLE TO HAVE SEXUAL RELATIONS?

Yes, however we request you wait approximately two to four weeks after surgery and use a dependent position.

WHEN WILL MY PAIN IMPROVE?

Most patients get relief of the leg pain early in the post-operative period. During the first two months, you may get episodes of pain because of inflammation around the nerve. This will usually pass in time as the tissues heal.

For more information, read the Pain Control section of this book.

LUMBAR FUSION

WHY DOES MY BACK HURT?

Your back pain could be caused by one or more damaged discs and / or arthritis. This may result in misalignment or instability of the vertebrae in your spine. Nonsurgical measures can frequently control the pain. Only you can decide if the level of pain you are experiencing is acceptable or not. If you are experiencing pain at an unacceptable level, or if you can't function because of this pain, then surgery is indicated. The fusion procedure often involves the removal of the disc(s) from between the affected vertebrae. Bone graft is then packed into the empty space. To keep your spine steady and promote fusion, extra support may sometimes be needed. A synthetic or metallic cage may be placed in the now empty disk space or instrumentation (metal screws and plates or rods) may be needed.

WILL I NEED A BLOOD TRANSFUSION?

Not typically. For more extensive procedures, you may be asked to give a blood sample to type and screen for a potential transfusion. If there are any reasons you do not wish to have a blood transfusion, please discuss this with your surgeon.

WHERE DOES THE BONE COME FROM?

If bone from the patient's own body is used, the bone is usually taken from the pelvis. The bone may be taken through the incision made for the fusion, or through a separate incision. The area of from where the bone is taken may be quite painful until it heals. Bone from bone banks may also be utilized. The bone is treated before it is used as a graft and the risk of getting a disease from bone graft is very low.

COULD SURGERY COMPLICATIONS ARISE?

As with any procedure, there are general risks of surgery and anesthesia although they are very low. These include uncontrollable bleeding, wound infection, blood clots, pulmonary embolism, abdominal problems, loss of bowel or bladder control, impotence, retrograde ejaculation, heart attack, paralysis, and death. Nerve root or spinal cord damage can also occur which results in numbness and / or weakness in the leg. The possibility of these complications is very low. Damage to the tube that contains spinal fluid can occur, causing a spinal fluid leak. If that occurs your surgeon will repair it and you may need to stay flat in bed for 1-2 days after surgery.

Frequently ASKED QUESTIONS

HOW LONG WILL I BE IN BED?

You will normally be up and walking the day of your surgery. In fact, walking is the best exercise for this type of surgery, you are encouraged to walk daily.

HOW LONG WILL MY SUTURES OR STAPLES STAY IN?

Many patients have dissolvable sutures. If staples are used, they typically stay in for 10-14 days.

HOW DO I TAKE CARE OF MY SURGICAL INCISION?

See the Incision Care Section on page 37 & 40.

These instructions will be given you in the hospital and demonstrated by your nurse. It will be important to keep the wound clean and to be sure to call your surgeon if you have any fever, increased redness around the wound edges, drainage from the wound, or any neurological changes such as weakness, decreased sensation, or difficulty controlling your bowels or bladder. It is normal to have some redness around the staples and wound edges. In some cases, the home health nurse will check your wound, or a family member will be instructed in the proper care.

WHAT WILL MY LIMITATIONS BE AFTER MY SURGERY?

Limitations will vary. You will be given written instructions to take home with you. Generally, you should avoid lifting heavy objects (10-15lbs). Avoid twisting and repetitive bending. Your therapist will review proper lifting techniques with you.

WILL I REQUIRE PHYSICAL THERAPY?

Yes, this will begin in the hospital. There will be instruction on an immediate home exercise program and a lifelong home exercise program. Further physical therapy after discharge may be ordered by your doctor.

WHEN CAN I WALK, AND WILL I NEED A WALKING AID?

We will have you up and walking the day of surgery. The use of a walking aid will depend on you and how well your strength and balance are prior to being discharged from the hospital.

HOW LONG BEFORE I CAN DRIVE?

You will need to make-arrangements for someone to drive you home from the hospital. We generally recommend no driving for approximately two weeks after surgery, but that depends on the length of time you are taking narcotic pain medication. Driving will depend on your not having any physical or medication impairment while driving. Taking pain medication will influence the decision to resume driving.

HOW LONG WILL IT TAKE ME TO RECUPERATE?

You can usually resume your normal activities in two to three months. Times vary based on the procedure performed. Consult with your surgeon.

HOW LONG WILL I BE OUT OF WORK?

Your surgeon will discuss this with you as there are various factors to consider.

CAN I EXERCISE?

Yes. Your doctor will review which types are best for you.

THORACIC LAMINECTOMY

WILL I NEED A BLOOD TRANSFUSION?

Not typically. For more extensive procedures, you may be asked to give a blood sample to type and screen for a potential transfusion. If there are any reasons you do not wish to have a blood transfusion, please discuss this with your surgeon.

HOW LONG CAN I EXPECT TO STAY IN THE HOSPITAL?

For most patients this is an outpatient surgery. Otherwise, one to two days is the usual length of stay for uncomplicated procedure.

WILL I BE ABLE TO HAVE SEXUAL RELATIONS?

Yes, however we request you wait approximately two to four weeks after surgery and use a dependent position.

WHEN CAN I TAKE A BATH OR GO SWIMMING?

You need to wait approximately three weeks after your surgery, once the staples have been removed, or the sutures dissolved, to take a bath or go swimming. Be sure to ask your doctor to confirm when bathing and swimming are okay. You may shower when your surgeon says it is okay to do so. Prior to this, you may take sponge baths.

CAN I SLEEP ON A WATERBED?

Yes, just be sure to follow any movement precautions, which are given to you at the time of discharge from the hospital.

DO I NEED A BACK BRACE?

Occasionally, a corset-type brace may be used to remind you not to bend.

WHAT IS THE APPROXIMATE TIME IT WILL TAKE FOR ME TO RECUPERATE?

Approximately two months. Four weeks at home and six weeks light duty.

HOW DO I TAKE CARE OF MY SURGICAL INCISION?

See the Incision Care Section on page 37 & 40.

These instructions will be given you in the hospital and demonstrated by your nurse. It will be important to keep the wound clean and to be sure to call your surgeon if you have any fever, increased redness around the wound edges, drainage from the wound, or any neurological changes such as weakness, decreased sensation, or difficulty controlling your bowels or bladder. It is normal to have some redness around the staples and wound edges. In some cases, the home health nurse will check your wound, or a family member will be instructed in the proper care.

Frequently ASKED QUESTIONS

WHEN CAN I WALK, AND WILL I NEED A WALKING AID?

We will have you up and walking the day of surgery. The use of a walking aid will depend on you and how well your strength and balance are prior to being discharged from the hospital.

WILL I BE ABLE TO WALK UPSTAIRS?

Yes.

WILL I REQUIRE PHYSICAL THERAPY?

Yes, this will begin in the hospital. There will be instruction on an immediate home exercise program and a lifelong home exercise program. Further physical therapy after discharge may be ordered by your doctor.

HOW LONG BEFORE I CAN RETURN TO WORK?

This varies from person to person and of course will depend on the type of surgery and type of work you were doing prior to surgery. Your surgeon will discuss with you a plan to safely return to work.

HOW LONG BEFORE I CAN DRIVE?

You will need to make-arrangements for someone to drive you home from the hospital. We generally recommend no driving for approximately two weeks after surgery, but that depends on the length of time you are taking narcotic pain medication. Driving will depend on your not having any physical or medication impairment while driving. Taking pain medication will influence the decision to resume driving.

HOW LONG WILL MY SUTURES STAY IN PLACE?

Most sutures are underneath the skin and will dissolve on their own. If your sutures are visible, they are usually removed in 10-14 days. Sometimes skin staples are used and are usually removed in 10-14 days.

WILL I BE ABLE TO HAVE SEXUAL RELATIONS?

Yes, however we request you wait approximately two to four weeks after surgery.

HOW LONG BEFORE I CAN FLY IN A PLANE?

You will not be able to fly for at least two weeks after the surgery. Your surgeon will give you more specific information for your particular situation.

DO I NEED TO BE ON A STOOL SOFTENER?

Not as a rule, but it may be a good idea as sometimes constipation develops while in the hospital, or if you have problems with constipation prior to surgery. Another factor to consider is the fact that narcotic pain medications can promote constipation.

CAN I SLEEP ON A WATERBED?

Yes, just be sure to follow any movement precautions, which are given to you at the time of discharge from the hospital.

WHEN CAN I TAKE A BATH OR GO SWIMMING?

You need to wait approximately three weeks after your surgery, once the staples have been removed, or the sutures dissolved, to take a bath or go swimming.

Be sure to ask your doctor to confirm when bathing and swimming are okay. You may shower when your surgeon says it is okay to do so. Prior to this, you may take sponge baths.

WHEN WILL MY PAIN IMPROVE?

Most patients get marked relief of the leg pain early in the post-operative period. Sometimes during the first two months, you may get episodes of leg pain because of inflammation around the nerve. This will usually pass in time as the tissues heal.

For more information, read the Pain Control section of this book.

THORACIC FUSION

WHY DOES MY BACK HURT?

Your back pain could be caused by one or more damaged discs and/or arthritis. This may result in misalignment or instability of the vertebrae in your spine.

HOW CAN IT BE FIXED?

Nonsurgical measures can frequently control the pain. Only you can decide if the level of pain you are experiencing is acceptable or not. If you are experiencing pain at an unacceptable level, or if you cannot function because of this pain, then surgery in indicated. The fusion procedure often involves the removal of the disc(s) from between the affected vertebrae. Bone graft is then packed into the empty space. To keep your spine steady and promote fusion, extra support may sometimes be needed. A synthetic or metallic cage may be placed in the now empty disk space or instrumentation (metal screws and plates or rods) may be needed.

WHERE DOES THE BONE COME FROM?

If bone from the patient's own body is used, the bone is usually taken from the pelvis. The bone may be taken through the incision made for the fusion, or through a separate incision. The area of from where the bone is taken may be quite painful until it heals. Bone from bone banks may also be utilized. The bone is treated before it is used as a graft and the risk of getting a disease from bone graft is very low.

COULD SURGERY COMPLICATIONS ARISE?

As with any procedure, there are general risks of surgery and anesthesia although they are very low. These include uncontrollable bleeding, wound infection, blood clots, pulmonary embolism, abdominal problems, loss of bowel or bladder control, impotence, retrograde ejaculation, heart attack, paralysis, and death. Nerve root or spinal cord damage can also occur which results in numbness and/or weakness in the leg. The possibility of these complications is very low. Damage to the tube that contains spinal fluid can occur, causing a spinal fluid

Frequently ASKED QUESTIONS

leak. If that occurs, your surgeon will repair it and you may need to stay flat in bed for 1-2 days after surgery.

WILL I BE HOSPITALIZED?

Yes. The usual stay is 1-2 days. Several factors can affect the length of time you are hospitalized, such as the type of surgery performed, your health and your age. If there are complications, you may be in the hospital longer.

HOW LONG WILL I BE IN BED?

You will normally be up and walking the day after your surgery. In fact, walking is the best exercise for this type of surgery, and you are encouraged to walk daily.

WILL I NEED A CANE TO WALK?

Usually, patients require the use of a walking aid. This depends on your strength and your balance while hospitalized.

HOW LONG BEFORE I CAN RETURN TO WORK?

This varies from person to person and of course will depend on the type of surgery and type of work you were doing prior to surgery. Your surgeon will discuss with you a plan to safely return to work.

HOW LONG WILL IT TAKE ME TO RECUPERATE?

You can usually resume your normal activities in two to three months. Times vary based on the procedure performed.

HOW DO I TAKE CARE OF MY SURGICAL INCISION?

See the Incision Care Section on page 37 & 40.

These instructions will be given you in the hospital and demonstrated by your nurse. It will be important to keep the wound clean and to be sure to call your surgeon if you have any fever, increased redness around the wound edges, drainage from the wound, or any neurological changes such as weakness, decreased sensation or difficulty controlling your bowels or bladder. It is normal to have some redness around the staples and wound edges. In some cases, the home health nurse will check your wound or a family member will be instructed in the proper care.

WHAT WILL MY LIMITATIONS BE AFTER MY SURGERY?

Limitations will vary. You will be given written instructions to take home with you. Generally, you should avoid lifting heavy objects (10-15lbs). Avoid twisting and repetitive bending. Your therapist will review proper lifting techniques with you.

WILL I REQUIRE PHYSICAL THERAPY?

Yes, this will begin in the hospital. There will be instruction on an immediate home exercise program and a lifelong home exercise program. Further physical therapy after discharge may be ordered by your doctor.

HOW LONG BEFORE I CAN DRIVE?

You will need to make arrangements for someone to drive you home from the hospital. We generally recommend no driving for approximately two weeks after surgery, but that depends on the length of time you are taking narcotic pain medication. Driving will depend on your not having any physical or medication impairment while driving. Taking pain medication will influence the decision to resume driving.

HOW LONG WILL MY SUTURES OR STAPLES STAY IN?

Many patients have dissolvable sutures. If staples are used, they typically stay in for 10-14 days.

HOW LONG WILL I BE OUT OF WORK?

Your surgeon will discuss this with you as there are various factors to consider.

CAN I EXERCISE?

Yes. Your doctor will review which types are best for you.

WILL I BE ABLE TO HAVE SEXUAL RELATIONS?

Yes, however it is suggested that you wait approximately two to four weeks. Your progress will dictate the specific time period.

WHEN CAN I TAKE A BATH OR GO SWIMMING?

You need to wait approximately three weeks after your surgery, once the staples have been removed, or the sutures dissolved, to take a bath or go swimming. Be sure to ask your doctor to confirm when bathing and swimming are okay. You may shower when your surgeon says it is okay to do so. Prior to this, you may take sponge baths.

CAN I SLEEP ON A WATERBED?

Yes, just be sure to follow any movement precautions, which are given to you at the time of discharge from the hospital.

CERVICAL DISCECTOMY AND FUSION

WHY AM I EXPERIENCING PROBLEMS?

You have pressure on either the nerve roots or the spinal cord in the neck. Conditions that lead to pressure on the nerve roots or the spinal cord can include a herniated disc, bone spurs, calcium deposits, tumors, bony fragments from a fracture or infection. The pressure can cause arm numbness and pain.

HOW CAN IT BE FIXED?

Nonsurgical measures can frequently control the pain. Only you can decide if the level of pain you are experiencing is acceptable or not. If you are experiencing pain at an unacceptable level, or if you can't function because of the pain, then it is time to consider surgery.

Very often decompressing nerves in the neck is done together with a fusion. However, there are occasions when the cervical spine is considered stable enough that a fusion is not necessary and only decompression of the nerve, by means of a laminectomy, is required. A laminectomy involves removing the lamina (the bony covering to spinal canal) where the nerve roots and spinal cord are situated.

COULD COMPLICATIONS ARISE BECAUSE OF THE SURGERY?

As with any surgery, complications can take place. Although problems are very infrequent, the risks associated with this procedure include, but are not limited to bleeding, infection, meningitis, chronic neck or arm pain, damage to vocal cords causing hoarseness, future spinal instability, paralysis or weakness in the arm(s) or leg(s), loss of bowel and/or bladder function, sexual dysfunction, leakage of

cerebral spinal fluid, anesthetic complications, coma and death.

WILL I BE HOSPITALIZED?

Most cervical surgeries can be completed as an outpatient procedure, while some may require a one-day hospital stay.

DO I NEED A NECK COLLAR OR BRACE?

It depends. If your surgeon requires you to wear one, you will need to use it for approximately six weeks after surgery.

HOW LONG WILL MY SUTURES OR STAPLES STAY IN?

Most patients have dissolvable sutures. Staples typically stay in seven to ten days.

WHAT WILL MY LIMITATIONS BE AFTER MY SURGERY?

Limitations will vary. You will be given written instructions to take home with you. Generally, you should avoid lifting heavy objects (10-15lbs). Avoid twisting and repetitive bending.

HOW DO I TAKE CARE OF MY SURGICAL INCISION?

See the Incision Care Section on page 37 & 40.

These instructions will be given you in the hospital and demonstrated by your nurse. It will be important to keep the wound clean and to be sure to call your surgeon if you have any fever, increased redness around the wound edges, drainage from the wound, or any neurological changes such as weakness, decreased sensation, or difficulty controlling your bowels or bladder. It is normal to have some redness around the staples and wound edges. In some cases, the home health nurse will check your wound, or a family member will be instructed in the proper care.

HOW LONG WILL I BE OUT OF WORK?

Your surgeon will discuss this with you as there are various factors to consider.

CAN I EXERCISE?

Yes. Your doctor will review which types are best for you.

WILL I BE ABLE TO HAVE SEXUAL RELATIONS?

Yes, however it is suggested that you wait approximately two to four weeks. Your progress will dictate the specific time period.

WHEN CAN I TAKE A BATH OR GO SWIMMING?

You need to wait approximately three weeks after your surgery, once the staples have been removed, or the sutures dissolved, to take a bath or go swimming.

Be sure to ask your doctor to confirm when bathing and swimming are okay. You may shower when your surgeon says it is okay to do so. Prior to this, you may take sponge baths.

WILL I REQUIRE PHYSICAL THERAPY?

Yes, this will begin in the hospital. There will be instruction on an immediate home exercise program and a lifelong home exercise program. Further physical therapy after discharge may be ordered by your doctor.

HOW LONG BEFORE I CAN DRIVE?

You will need to make arrangements for someone to drive you home from the hospital. We generally recommend no driving for approximately two weeks after surgery, but that depends on the length of time you are taking narcotic pain medication. Driving will depend on your not having any physical or medication impairment while driving. Taking pain medication will influence the decision to resume driving.

GENERAL FAQS

ARE THERE MAJOR RISKS ASSOCIATED WITH THIS TYPE OF SURGERY?

All surgeries carry a certain amount of risk. However, because of our proactive approach in preventing possible complications, most of our surgery patients are just fine and are ready to leave the hospital in a couple of days.

We take special care to safeguard you from infection following surgery. You will be given antibiotics both before and after the surgery. To further minimize the risk of infection, we have streamlined the surgical procedure to take less time. The less time your wound is open, the less chance of infection.

Following surgery, blood clots can become a problem. You will be given medication to reduce the risk of blood clots forming. Your surgeon may prescribe an anticoagulant such as aspirin, Coumadin®, Lovenox® or Rivaroxaban®. Getting you up and walking soon after surgery is another way to reduce the risk of blood clots.

HOW LONG DOES SPINAL SURGERY TAKE?

The surgery itself takes about one or two hours. After the surgery, you will be monitored closely in a special unit called the Post Anesthesia Care Unit (PACU) the anesthesia wears off. Once you are awake and stable, you will be transferred to your room.

WHO WILL BE DOING THE SURGERY?

Your orthopedic surgeon will be performing your surgery. An assistant often helps during the surgery. You or your insurance may be billed separately for the assistant's services.

Frequently ASKED QUESTIONS

WILL I BE AWAKE DURING THE SURGERY?

During the surgery, an anesthesiologist will administer an anesthetic that will provide total pain relief. There are many types of anesthetics: a general anesthetic will put you into a deep sleep, while a regional anesthetic will numb specific areas only. In a normal situation, regional anesthetics are given with another medication that will make you very relaxed and put you into a light, dreamlike state.

You and your anesthesiologist will discuss which method is best for you prior to your surgery. Feel free to discuss concerns you may have.

For any concerns about anesthesia read the Pain Control section of this book.

WHAT WILL MY SCAR LOOK LIKE?

Several different techniques are used for spinal surgery. The type of technique will determine the number, location and length of the scar(s). Your surgeon will discuss which technique is right for you.

There may be some numbness around the scar after it is healed. This is normal and should not cause concern. The numbness usually disappears over time.

WILL I NEED A PRIVATE NURSE AFTER SURGERY?

There will be no need for a private nurse. Our joint center's care team are the experts.

HOW LONG WILL I BE IN THE HOSPITAL?

Surgery patients usually stay with us one day; however, some may leave later. Before you leave, you must meet certain goals. You will learn more about these goals in your exercise class.

CAN I GO DIRECTLY HOME, OR DO I HAVE TO GO TO A NURSING HOME/ REHAB CENTER?

Occasionally, patients may require a short stay of three to five days in a skilled nursing facility, but this is the exception rather than the rule. Your care team will be monitoring your progress daily and will determine if you are ready to go directly home.

WILL I NEED HELP AT HOME DURING THE FIRST WEEK?

Although you will be well on your way to recovery when you leave the hospital or skilled nursing facility, arrange to have someone assist you with meals, medication, dressing, etc., at least for the first week or two. If you go directly home from the hospital, the SJI care team can arrange for a home health care nurse to visit your home, as needed. Be sure to alert the care team if you live alone. This may or may not be covered by your insurance.

To make the transition to home easier, plan ahead. Prior to coming to the hospital, take care of such things as getting prescriptions filled, changing the beds, doing the laundry, washing the floors, arranging for someone to cut the grass, walk the dog, stocking up on groceries, etc. Your main job after surgery is to focus on your recovery, not household tasks.

WILL I NEED PHYSICAL THERAPY WHEN I GO HOME?

Some patients receive physical therapy after they are discharged from the hospital. The care team will make arrangements for outpatient physical therapy either per contract through your insurance or by a facility of

your choice. If you cannot attend physical therapy, an in-home therapist may be arranged.

The number of physical therapy sessions is based on your individual progress. To a large extent, your progress will be determined by how much effort you put into your exercise routines. Instructions for your pre- and post-op exercises are included in this book.

WHY SHOULD I EXERCISE BEFORE SURGERY?

The better the condition your muscles are in prior to the surgery, the easier and faster your recuperation is expected to be. It is important to learn the exercises and be comfortable with them prior to the surgery so that you can continue them once you return home. Starting the exercises now will build muscle tone and pave the way to a quick recovery.

Begin doing the exercises immediately. Your new joint will be happy that you did.

AFTER LEAVING THE HOSPITAL, WHEN DO I NEED TO SEE MY SURGEON AGAIN?

You should plan a follow-up visit as scheduled with your surgeon. You will be given specific instructions as to the follow-up schedule at the time of discharge from the hospital.

ARE ANY ACTIVITIES BETTER THAN OTHERS?

Exercise is important to the entire body to maintain health. It is especially beneficial for your new joint. Ask your doctor when it is safe for you to incorporate low impact activities such as dancing, golfing, hiking, swimming, bowling, gardening, etc. back into your normal routine.

ARE THERE ANY ACTIVITIES THAT I SHOULD AVOID INITIALLY?

Keeping your new joint moving will help your recovery process. However, you should return to your normal activities gradually. In some instances you may have to work your way up to a particular activity. Taking a five mile walk on your first time out, for example, is not realistic. Rather, walk until you begin to get tired. Add distance to each subsequent walk until you have reached your goal.

You will be instructed by your care team to avoid specific positions of the joint that could put stress on your new joint. Avoid high impact activities, such as jogging, tennis, basketball, downhill skiing, football, etc. Consult you surgeon prior to participating in any high impact or injury-prone sports.

WHEN CAN I RESUME HAVING SEXUAL INTERCOURSE?

After surgery it will take time to regain your strength, as well as confidence in your new spine. Most people feel able, physically and mentally, to engage in sexual activity about four to six weeks after surgery.

Although individuals vary in their healing rate, at the four to six week point the incision, muscles and ligaments are usually sufficiently healed to consider resuming sexual activity. Talk to your surgeon if you have any questions.

WHAT IF SEXUAL INTERCOURSE DOESN'T GO WELL?

Remember, you are still in the healing process. Just like other activities that you are returning to, it may take some time to regain your former stamina. Realize that these changes to your sex life are temporary and are needed to protect your new spine joint. Just relax. You will be back to your old self in no time.

Frequently ASKED QUESTIONS

WILL MY MEDICATIONS AFFECT MY ABILITY TO ENGAGE IN SEXUAL INTERCOURSE?

Some medications can affect your performance and/or enjoyment during intercourse. Many narcotic pain relievers and cortisone medications can decrease sexual performance. Other common medication-related side effects are a decrease interest in sex, abnormal erections, vaginal dryness, and delayed orgasms.

If you sense that your medication is causing these side effects, try having sex in the morning before taking your first dose or in the evening before your last dose.

DO NOT adjust or stop taking your prescribed medicine without consulting your surgeon. Normally, a simple adjustment or change in medication can eliminate unwanted side effects.

WILL MY NEW SPINE SET OFF SECURITY SENSORS WHEN TRAVELING?

The prosthesis is made of a metal alloy and may or may not be detected when going through some security devices. If you wish to have a copy of your operative report, please ask a member of your care team to assist you with this.

WHAT ABOUT MY CURRENT MEDICATIONS?

Discuss your current medications with your physician to see if and when you should modify your medication schedule. Remember to include your over-the-counter drugs as well as vitamins and herbal supplements that you are currently taking because some may cause problems such as excessive bleeding during surgery.

This may or may not be relevant to you depending on a number of factors, including:

- The surgical procedure you are having.
- Your medical history.
- The medications/supplements you are taking.

It is very important to give accurate information to your healthcare team. Do not stop or change any of your medications unless instructed.

SHOULD I CONTINUE TO TAKE MY BLOOD PRESSURE MEDICATION?

If you take an oral diabetes medication such as glyburide, you may be told not to take it the day of surgery. Other oral medications such as Glucophage® may be stopped for several days prior to surgery as this medication may cause serious side effects while under anesthesia.

Insulin will be continued, but usually at a different dose in order to prevent your blood sugar from dropping too low during fasting.

DO NOT ADJUST OR STOP TAKING YOUR PRESCRIBED MEDICINE WITHOUT CONSULTING WITH YOUR SURGEON. Normally, a simple adjustment or change in your medication can eliminate unwanted side effects.

Frequently ASKED QUESTIONS

ANESTHESIA FAQS

WHO ARE THE ANESTHESIOLOGISTS?

The Operating Room, Post-Anesthesia Care Unit (PACU) and Intensive Care Units at the Spine and Joint Institute are staffed by board certified and board eligible physician anesthesiologists. Every anesthesiologist is an individual practitioner with privileges to practice at the Spine and Joint Institute.

DURING SURGERY, WHAT DOES THE ANESTHESIOLOGIST DO?

The anesthesiologist is responsible for your comfort and well-being before, during and immediately after your surgical procedure. In the operating room, the anesthesiologist will manage vital functions, including heart rate and rhythm, blood pressure, body temperature and breathing.

The anesthesiologist is also responsible for fluid and blood replacement, when necessary.

WILL I HAVE ANY SIDE EFFECTS?

The anesthesiologist will discuss the risks and benefits associated with the different anesthetic options, as well as any complications or side effects that can occur with each type of anesthetic. Nausea and vomiting may be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medications to treat nausea and vomiting will be given if needed. The amount of discomfort you experience will depend on several factors, especially the type of surgery.

Your doctors and nurses can relieve pain with medications. Your discomfort should be tolerable, but do not expect to be totally pain free.

WHAT WILL HAPPEN BEFORE MY SURGERY?

You will meet our anesthesiologist immediately before your surgery. The anesthesiologist will review all the information needed to assess your general health. This includes your medical history, laboratory test results, allergies and current medications. They will then determine the type of anesthesia best suited for you. He or she will also answer any additional questions you may have.

You will also meet your surgical nurses. Intravenous (IV) fluids will be started and pre-op medications may be given. Once in the operating room, monitoring devices, such as a blood pressure cuff, EKG and other devices will be attached to you for your safety. You are now ready for anesthesia.

If you would like to speak to the anesthesiologist before you are admitted to the hospital, the Navigator may be able to arrange this for you.

WHAT CAN I EXPECT AFTER THE OPERATION?

After surgery, you will be taken to the PACU. You will be watched closely by specially trained nurses. During this time period your breathing and heart functions will be closely monitored and you may be given extra oxygen, if necessary.

An anesthesiologist is available to provide care as needed for your safe recovery.

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DAY OF SURGERY

DATE: _____

POST-OP: DAY ONE

DATE: _____

POST-OP: DAY TWO

DATE: _____

POST-OP: DAY THREE

DATE: _____

QUESTIONS OR CONCERNS

QUESTIONS OR CONCERNS