

SPINE SURGERY



St. Elizabeth
HEALTHCARE



WELCOME TO THE ST. ELIZABETH SPINE AND ORTHOPAEDIC CENTER

On behalf of St. Elizabeth Healthcare, your orthopaedic surgeon, and the entire spine care team, we would like to offer you a warm welcome into our family.

This booklet has been designed to assist you in gaining an understanding of the spine surgery process. With the assistance of the St. Elizabeth Spine Center, you will feel better prepared for your surgery, hospital stay, discharge and post-discharge care. This booklet answers many questions about spine surgery and will help to ensure you understand the steps necessary to have a successful experience.

The spine care team is dedicated to providing compassionate care and outstanding patient education material to guide you. The physicians, nurses, physical therapist, occupational therapists, care coordinator, nurse managers and many others will be available to you should you need assistance in any way. There is also a list of important telephone numbers located in the back of the booklet for quick reference.

We hope that you find this booklet valuable while you prepare for your surgical experience. Spine surgery is expected to provide significant relief of your pain and symptoms experienced prior to surgery. By following the advice of your surgeon, therapists, and other healthcare professionals, your spine surgery should put you back on the road to a more active lifestyle.

The St. Elizabeth Healthcare Team

TABLE OF CONTENTS

Get to Know Your Spine

Regions of the Spine.....	6
Spinal Curvature.....	6
Types of Spine Surgeries.....	6

Preparing for Your Spine Surgery

Nutrition.....	7
----------------	---

What to Expect Throughout Your Hospital Stay

Weeks Leading up to Surgery.....	8
Day of Surgery.....	9
During Surgery.....	9

Immediately Following Your Surgery

Helpful Hints for Your Hospital Stay.....	11
Medication Side Effects.....	11

Discharge From the Hospital

Planning for Discharge Transportation.....	12
--	----

Precautions at Home.....

Car Transfers.....	15
--------------------	----

Follow-up Care.....

Other Important Information

Equipment Needs.....	16
Questions Concerning Equipment.....	17
Possible Complications Associated with Spine Surgery.....	17
Frequently Asked Questions Regarding Spine Surgery.....	18
Restrictions.....	18
Activity.....	18
Occupational Therapy After Your Spinal Surgery.....	18

Important Phone Numbers.....

Notes/Questions for My Doctor.....

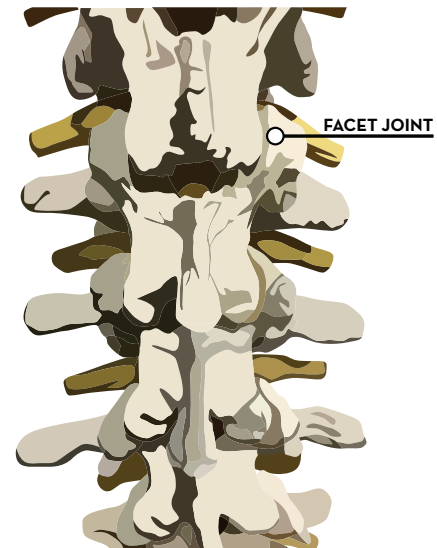
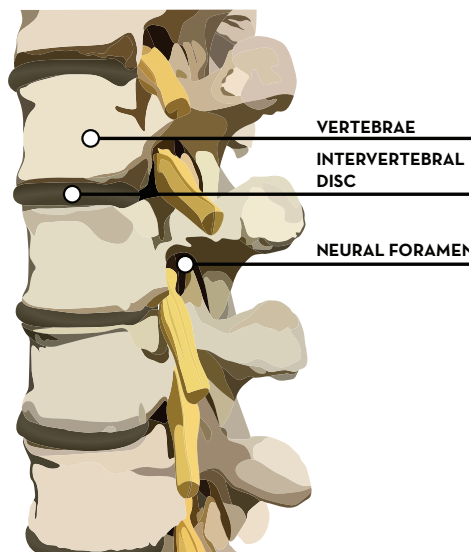


GET TO KNOW YOUR SPINE

The elements of the spine are designed to protect the spinal cord, support the body and facilitate movement.

Vertebrae

The vertebrae support the majority of the weight imposed on the spine. The body of each vertebra is attached to a bony ring consisting of several parts. A bony projection on either side of the vertebral body called the pedicle supports the arch that protects the spinal canal. The laminae are the parts of the vertebrae that form the back of the bony arch that surrounds and covers the spinal canal. There is a transverse process on either side of the arch where some of the muscles of the spinal column attach to the vertebrae. The spinous process is the bony portion of the vertebral body that can be felt as a series of bumps in the center of a person's neck and back.



Intervertebral Disc

Between the spinal vertebrae are discs, which function as shock absorbers and joints. They are designed to absorb the stresses carried by the spine while allowing the vertebral bodies to move with respect to each other. Each disc consists of a strong outer ring of fibers called the annulus fibrosis, and a soft center called the nucleus pulposus. The outer layer (annulus) helps keep the disc's inner core (nucleus) intact. The annulus is made up of very strong fibers that connect each vertebra together. The nucleus of the disc has a very high water content, which helps maintain its flexibility and shock-absorbing properties.

Facet Joint

The facet joints connect the bony arches of each of the vertebral bodies. There are two facet joints between each pair of vertebrae, one on each side. Facet joints connect each vertebra with those directly above and below it, and are designed to allow the vertebral bodies to rotate with respect to each other.

Neural Foramen

The neural foramen is the opening through which the nerve roots exit the spine and travel to the rest of the body. There are two neural foramen located between each pair of vertebrae, one on each side. The foramen creates a protective passageway for the nerves that carry signals between the spinal cord and the rest of the body.

Spinal Cord and Nerves

The spinal cord extends from the base of the brain to the area between the bottom of the first lumbar vertebra and the top of the second lumbar vertebra. The spinal cord ends by diverging into individual nerves that travel out to the lower body and the legs. Because of its appearance, this group of nerves is called the cauda equina – the Latin name for “horse’s tail.” The nerve groups travel through the spinal canal for a short distance before they exit the neural foramen.

The spinal cord is covered by a protective membrane called the dura mater, which forms a watertight sac around the spinal cord and nerves. Inside this sac is spinal fluid, which surrounds the spinal cord.

The nerves in each area of the spinal cord are connected to specific parts of the body. Those in the cervical spine, for example, extend to the upper chest and arms; those in the lumbar spine the hips, buttocks and legs. The nerves also carry electrical signals back to the brain, creating sensations. Damage to the nerves, nerve roots or spinal cord may result in symptoms such as pain, tingling, numbness and weakness, both in and around the damaged area and in the extremities.



Regions of the Spine

Humans are born with 33 separate vertebrae. By adulthood, we typically have 24 due to the fusion of the vertebrae in the sacrum.

The top seven vertebrae that form the neck are called the cervical spine and are labeled C1-C7. These vertebrae are responsible for the normal function and mobility of the neck. They also protect the spinal cord, nerves and arteries that extend from the brain to the rest of the body.

- The upper back, or thoracic spine, has 12 vertebrae, labeled T1-T12.
- The lower back, or lumbar spine, has five vertebrae, labeled L1-L5. The lumbar spine bears the most weight relative to other regions of the spine, which makes it a common source of back pain.
- The sacrum (S1) and coccyx (tailbone) are made up of nine vertebrae that are fused together to form a solid, bony unit.

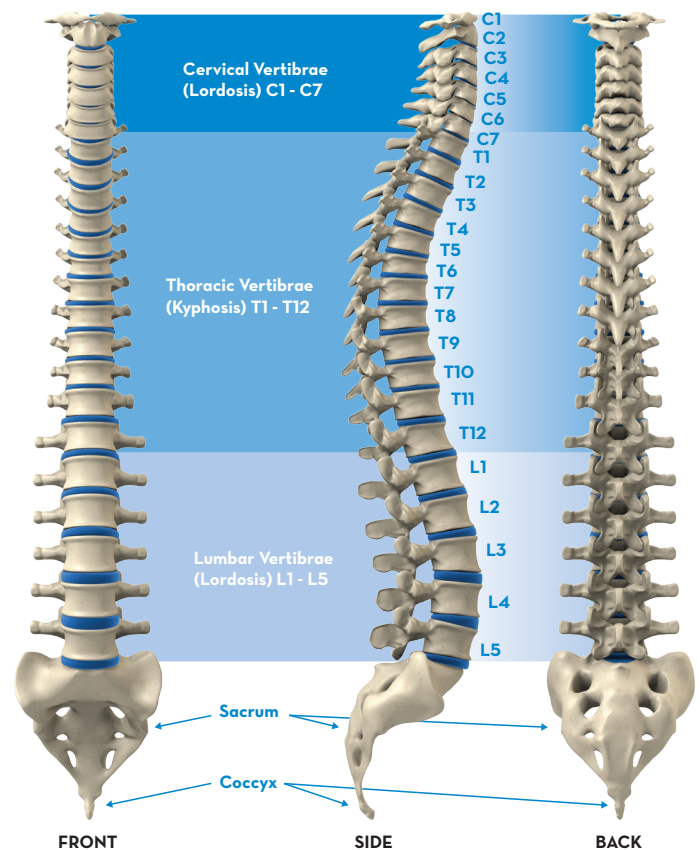
Spinal Curvature

When viewed from the front or back, the normal spine is in a straight line, with each vertebra sitting directly on top of the other. Curvature to one side or the other indicates a condition called scoliosis.

When viewed from the side, the normal spine has three gradual curves:

- The neck has a lordotic curve, meaning that it curves inward.
- The thoracic spine has a kyphotic curve, meaning it curves outward.
- The lumbar spine also has a lordotic curve.

These curves help the spine to support the load of the head and upper body, and maintain balance in the upright position. Excessive curvature, however, may result in spinal imbalance.



The Spinal Column

Types of Spine Surgeries

- Minimally Invasive Lumbar Discectomy.
- Lumbar Laminectomy.
- Anterior Lumbar Interbody Fusion (ALIF).
- Transforaminal Lumbar Interbody Fusion (TLIF).
- Cervical Corpectomy.
- Anterior Cervical Discectomy with Fusion (ACDF).
- Posterior Lumbar Interbody Fusion (PLIF).
- Cervical Disc Replacement.

You are the only one who can decide to have spinal surgery. It is important that you take ownership of this decision, recognizing the limitations your particular physical condition places on the potential success of each of the treatment options. If you choose to have spine surgery, your physical condition and your mental attitude will play a role your body's ability to heal. You must approach your surgery with confidence, a positive attitude, and a thorough understanding of the anticipated outcome. You should have realistic goals and work steadily to achieve those goals.

The decision to have or not to have spinal surgery includes weighing the risks and benefits involved. You will make the final decision; so ask your spine surgeon questions about anything you do not understand. Since medical care is tailored to each person's needs and differences, not all information presented here will apply to your treatment or its outcome. Seek the advice of your physician and other members of the healthcare team for specific information about your medical condition.

PREPARING FOR YOUR SPINE SURGERY

With the help of your surgeon, you have decided to have spine surgery. It is important to realize that you will be responsible for a major portion of your rehabilitation. Rest assured, there will be many healthcare professionals to guide you step-by-step. If you follow the instructions of your doctors, therapists and nurses, and are an active participant in your rehabilitation process, you will soon be on your way to a more active lifestyle.

This booklet is designed to provide helpful information on what to expect with spine surgery. If you have any questions on subjects that are not covered, please ask your doctor or therapist for further information.

Nutrition

Good nutrition is vital for life and even more important before and after spine surgery.

Being prepared for your surgery takes some planning. Putting some time and thought into your nutrition before and after surgery can help you be better prepared for your procedure and support the healing process.

Loading up on nutrient dense food before and after surgery can help aid in your recovery. Here are some points to consider:



Hydrate

- Make sure you drink plenty of liquids, preferably water. Drink nothing at least 2 hours prior to arriving for your surgery.
- Increased fluid intake after surgery can also help to minimize constipation. Limit caffeine if possible.

Fruits and vegetables

- Work on increasing your intake of fruits and vegetables.
- Fruits and vegetables help with the healing process to deliver antioxidants, vitamins, minerals, water, and fiber.
- Try to eat at least 5 or more servings of fruits and vegetables each day.
- Fruits and vegetables provide Vitamin C, magnesium, and potassium to strengthen bones. They also help maintain normal bowel movements due to their fiber content.
- There are health benefits to eating not only green, but also blue-purple, yellow, orange, and red vegetables.

Protein

- Eat enough protein. At least 2 weeks prior to surgery be sure to eat enough protein.
- The amount of protein you need varies on an individual basis, but research does support 65-100 grams per day.
- Protein is a key building block for muscles, bones, and the healing process as it helps to build and repair tissue.
- Eating enough protein also helps support a strong immune system. Some excellent sources of protein include lean meat, seafood, eggs, nuts, seeds, and legumes.

Iron, Vitamin C, and Vitamin D

- Foods higher in iron, vitamin C, and vitamin D are also important for healing and strong bones.
- Iron helps to transport oxygen throughout the body and to your muscles.
- Vitamin C rich foods help with iron absorption.
- Vitamin D is important for bone growth, bone remodeling, and calcium absorption. Getting enough vitamin D supports good immune function and helps reduce inflammation. The recommended intake of vitamin D3 is 2000 - 4000 international units per day.

Finally, it is important to limit processed foods and foods high in processed sugars. These types of foods increase inflammation.

***You should speak with your physician before starting a new diet.*



WHAT TO EXPECT THROUGHOUT YOUR HOSPITAL STAY

Weeks Leading up to Surgery

Your well being is our primary concern at St. Elizabeth Healthcare. We want your spine surgery experience to be the best it can be. Following these instructions will help ensure a safe and smooth transition to a more active lifestyle.

Below is a list of important instructions to follow in the weeks prior to your surgery:

- Stop any medications as instructed by your physician at the appropriate time.
- You must bring a list of your home medications with you on the day of surgery that must include the name of the medication, dosage and how often you take it.
- If you have a Living Will or Durable Power of Attorney, please make a copy and bring it with you on your day of surgery.
- Bring a pair of good walking shoes, pajama pants, shorts or sweatpants, and a robe with you.

Report any of the following to your physician should they arise:

- Fever.
- Breathing problems.
- Open cuts/abrasions/rashes.
- Changes in your medications.
- Tooth pain or infection.
- Bug bites.
- Urinary infections.
- Any change in your current health status.

Please inform your physician if you have been taking any antibiotics prior to surgery. You will need to have a follow-up visit with your prescribing physician.

Day of Surgery

The day you have been waiting for has finally arrived. It is important to understand what will occur from the time of arrival at the hospital until you are discharged. Being knowledgeable and prepared for your spine surgery experience will help to alleviate your fears and anxiety. Be assured that we are dedicated to assisting you every step of the way.

Below is a list of things to expect on the day of your surgery:

- You must NOT eat or drink anything after midnight on the night before your surgery unless directed otherwise.
- Take medications you were instructed to take by the nurse practitioner or physician in Pre-Admission Testing. You may take your medications with a sip of water
- You may brush your teeth on the morning of surgery but DO NOT SWALLOW WATER.
- Do not chew gum or tobacco on the day of your surgery.
- Avoid all alcoholic beverages and stop or reduce smoking for 24 hours prior to surgery.
- Do not wear jewelry, artificial nails, nail polish or makeup on the day of surgery.
- Dentures can be removed before going to surgery. A container will be provided.
- Do not remove hearing aids; you will need to wear them to surgery.
- Please note that there are occasions when the time of your surgery may change. We ask that you be available two hours before and after your scheduled surgery time to accommodate these changes should they occur.
- You will be asked to arrive two hours prior to your scheduled surgery time. This is to allow our personnel time to adequately prepare you for surgery.
- Your partner in care is asked to remain in the waiting area at all times during your surgery.
- Please bring any brace(s) your physician may have given you.
- Family must comply with current COVID restrictions as appropriate.

When you arrive at the hospital, please report to Same Day Surgery unit where the following will occur:

- Your partner in care may be with you in this area.
- The nurse will collect any paperwork you were asked to bring to the hospital.
- The nurse will obtain the cell phone number of your partner in care.
- You will change into hospital attire.
- You will have an intravenous catheter placed for administration of medications.
- You will speak to a physician regarding your past medical history.
- Your surgeon will mark the operative site.



- An anesthesiologist will review your medical information and answer any questions you have. He/she will discuss the anesthetic plan with you.
- Medication will be given to you to help you relax prior to being taken to the operating room.
- You will be given an opportunity to ask any questions that you may still have.
- Our staff are available to ensure your comfort until your surgery.

During Surgery

During surgery, the surgical nurse will keep your partner in care updated on your progress.

**For the well-being of all staff and patrons,
St. Elizabeth Healthcare is a smoke-free facility.**



IMMEDIATELY FOLLOWING SURGERY

Immediately following surgery, you will still be drowsy from the medications given to you. The surgeon will speak to your partner in care regarding the details of your surgery and will update them on your condition.

When surgery is complete, you will be transported to the Post Anesthesia Care Unit (PACU). While in PACU, you will be closely monitored and will remain until you are recovered enough to go home or until your private hospital room is available. Your partner in care will be contacted via cell phone for an update. Patients who are admitted following spine surgery spend the majority of their stay on the spine unit, the designated orthopaedic unit within our facility. Most patients remain on this unit for an average of 2-3 days.

On the Unit

Welcome to the inpatient unit. This is where you will spend the remainder of your surgical experience at St. Elizabeth Healthcare. The staff of the inpatient unit is committed to providing outstanding patient care to our family of spine patients.

While on the unit, you will be cared for by our many highly trained healthcare professionals. These individuals include our orthopaedic nurses, nursing assistants, the nurse manager, physical therapists, occupational therapists, care coordination, and many more. Please let us know if you have any concerns. Our goal is to make your stay at St. Elizabeth Healthcare the best it can be.

Helpful Hints for Your Hospital Stay

- Actively participate in your recovery. No one can do this for you, but we will guide and assist you.
- Communicate your pain levels regularly so adequate medication can be used to help you.
- Set personal goals to maximize your potential and reduce recovery time.
- Follow doctors' orders so that complication risks are lessened.
- Medications, blood clot prevention devices, blood tests, physical therapy, etc. are prescribed to maximize the safety of your surgery and recovery.
- Clearly communicate concerns about any aspect of your care and recovery so that problems can be addressed.

What you can do:

- Call for staff to assist you in getting out of bed.
CALL...DON'T FALL!!!
- Do your breathing exercises, utilizing your incentive spirometer
- Remember the spine precautions you were taught (e.g., "body mechanics, no BLT's (bending, lifting, twisting)").
- Be as active as possible in your therapy.
- Move your ankles and feet often (ankle pumps) to increase circulation.
- Ask questions about your progress.
- Remember to ask for pain medicine before therapy.
- Notify your nurse if you experience a sore throat or nausea following surgery
- Have a list of any questions or concerns ready.
- Bring up any concerns you have about going home.
- Tell the staff if you do not understand any instructions for your care at home.
- Understand that you may have some good days and some bad days.
- Keep a positive attitude.



MEDICATION SIDE EFFECTS

Below is a list of common side effects of the medications we may administer during your hospital stay.

- **Antibiotics:** nausea, sore throat, sensitivity to sun, yeast infection, diarrhea, constipation or dizziness.
- **Anticoagulant (blood thinner):** dizziness or muscle pain.
- **Iron:** constipation, nausea, vomiting, abdominal pain, dark stool, or other GI complaints.
- **Stool softener:** diarrhea, throat irritation, or stomach cramps.
- **Pain medication:** constipation, dry mouth, itching, nausea, vomiting, or upset stomach.
- **Anti-nausea medication:** dry mouth, constipation, drowsiness, or dizziness.

IF YOU EXPERIENCE ANY OF THE FOLLOWING SIDE EFFECTS, CONTACT YOUR NURSE OR DOCTOR IMMEDIATELY

Rash, itching, irregular heartbeat, yellowing of the skin or eyes, difficulty breathing, seizures, bloody stool, vision changes, confusion, red or dark urine, trouble passing urine, severe headache, unusual bleeding, or swelling of the face, lips, or tongue.

DISCHARGE FROM THE HOSPITAL

Preparing for Your Hospital Discharge

It is important to plan ahead for your discharge from the hospital. You will need to think ahead about your needs and support available from family and friends after your hospital stay.

We strongly encourage you to designate one person to act as your Partner in Care. This individual should be able to accompany you through each step of the spine surgery process. One of the most important responsibilities of your partner in care is to be available to you following discharge for 5-7 days until you can function more independently.

A care coordinator will assist you in making home arrangements, or in ordering any equipment you may need. The care coordinator can also assist in making arrangements for transportation if necessary. In some instances, it may be necessary for a healthcare professional to provide follow up care at your home. You may also need continued physical therapy on an outpatient basis. These options will be discussed with you when you are close to being discharged.

Possible discharge options depending on your specific needs include:

Return Home with Outpatient Therapy

- Provides 2-3 days per week of progressive exercise for improving range of motion and strength.

Return Home with Home Health Care

- Provides one hour, 2-3 times per week of therapy.
- Provides skilled nursing and home health aide services if medically appropriate.
- Private-duty nursing services may be available, which are not generally covered by insurance.

Transfer to Acute Inpatient Rehabilitation

- Provides three hours of therapy 5-7 days per week.
- Average length of stay is 7-10 days.
- Individuals would require at least two of the three therapies to qualify for this service.
- Please note that there are strict Medical Necessity Guidelines in order to qualify for this level of care, such as multiple medical issues and ability to participate in intensive therapy.

Transfer to a Skilled Nursing Facility

- Provides 60-90 minutes of therapy 5-6 days per week.
- The average length of stay varies based on medical necessity guidelines.



Planning for Discharge Transportation

Don't forget to arrange a plan for transportation home from the hospital. Most patients can travel by car. If your healthcare team feels it is medically necessary to travel by ambulance or wheelchair van, they will assist you in making these arrangements. If you have concerns about transportation, please let the care coordinator know as soon as possible after surgery.



PRECAUTIONS AT HOME

Your doctor and medical team will determine when you will be allowed to go home based on how well you're healing and how you are getting around. In the hospital, the nurses, therapists and physicians will keep a close eye on you to make sure you are doing everything safely and correctly so you do not injure your spine. Once you are home, there will be different obstacles to overcome.

The following are general do's and don'ts for going home:

- It is strongly recommended that your partner in care be available to assist you for the first 5-7 days after you return home.
- If you have a dog or cat, have someone place your pet in another room and close the door. Once you are in the house, sit down, and then allow your pet to come in and visit with you. This will prevent any unexpected falls caused by your pet jumping on you.
- It is important to be careful in selecting the type of chair you sit in. Avoid sitting in low or overstuffed chairs or sofas. Also avoid sitting in a rocking chair. It is best to sit in a chair that has two arms so that you can push off the chair to stand. If you cannot find a chair that sits high enough off the ground, it may be necessary to place a pillow in the seat of the chair. Adapt seats with pillows so your knees are level with or below your hips.
- Have someone remove any throw rugs until you are walking safely without an assistive device (rolling walker). Throw rugs can easily cause your rolling walker to slip out from under you or trip you while walking. It is also important to watch out for pets and small children while walking. In their eyes, they are just trying to help or are curious, but your balance could be compromised.
- Bathrooms are often a place where accidents happen. Be very careful of water that may have spilled or splashed out in front of the sink or tub.
- Continue your physical therapy as scheduled.
- Be sure to have good lighting, especially at night.
- Do not wear open-toed shoes, shoes without backs or socks by themselves without non-skid bottoms.
- Be aware of loose carpeting or floor boards and uneven flooring surfaces.
- Place frequently used items where they can be easily reached.
- Create an unobstructed path between each essential place in your home. Remove extension cords, phone cords, etc.
- Set up a living area on one floor if possible.
- Do not bend/twist your spine or push/pull with your arms.
- Use braces as instructed.
- Arrange furniture to provide space to walk freely throughout the home.
- Use a walker bag or basket to transport items throughout your home. Buy lightweight and small products in the grocery store to increase ease of transportation. Use containers with lids to transport liquids.
- Use disposable plates, cups and utensils to decrease the need to wash dishes.
- Prepare meals in advance to freeze or purchase easy microwavable meals.
- Use a cordless phone and keep it close to you.

PRECAUTIONS AT HOME

In order to maintain the precautions listed above, you will need to use adapted tools to complete lower body bathing and dressing or have assistance from another person. The following devices allow you to be safe and more independent. Your Occupational Therapy team will assist you in selecting the equipment that best suits your needs. If you have questions, please contact us.

Dressing

Socks:

- Use the sock aide to put on socks and light compression stockings without bending over.
- Use the reacher or dressing stick to remove your socks without bending over.

Pants:

- Use the reacher to place pants over your feet.
- Dress the surgical leg first.

Shoes:

- Elastic shoelaces can be used to avoid bending over to tie shoes.
- Wear sturdy slip-on shoes or shoes with Velcro®.
- Use the long handled shoehorn to help your heel slide into your shoe.



Toileting

- The bedside commode can sit next to your bed at night or sit on top of your commode as a raised toilet seat.
- A raised toilet seat can be placed on top of your commode to raise the overall height of the seat. Please ensure the raised toilet seat is secure, as not all commodes are the same size.
- A handicap height commode provides a higher seat to make it easier to transfer.
- Wall mounted grab bars can help with standing from your commode.



Bathing

Shower stall:

- A bedside commode or shower chair can be placed in a shower stall for seated bathing.

Bathtub:

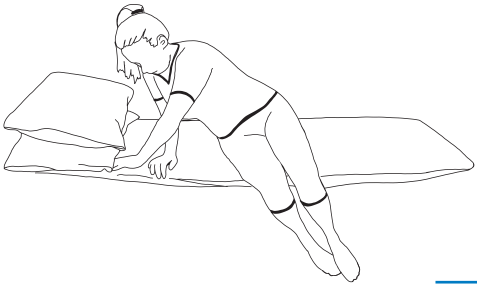
- An extended tub bench sits inside and outside of the tub, therefore you can scoot on the bench to safely transfer in and out of the tub. A shower chair can be used in a walk-in shower or tub once you can safely step over the tub wall.
- Wall mounted grab bars placed in and around the tub or shower will increase safety.
- A hand held shower head makes seated bathing easier as you can remain seated throughout the shower.
- Use a long handled bath sponge to reach your back and lower body.



PRECAUTIONS AT HOME

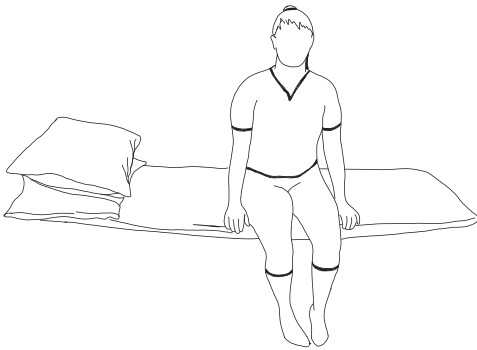
Moving in bed

When getting in and out of bed, your nurses and physical therapist will teach you how to log roll. Roll so that your hips, knees and shoulders stay in line and move together, like a log. Do this anytime you change positions in bed. Avoid any twisting and bending motions.



1

Push up to sitting by pushing against the mattress with your elbow and your hand.



2

Push up with your arms at the same time that you lower your feet.

Car Transfers

It is important to know how to get into the car in a safe manner. First, on the passenger side, make sure the seat is back as far as possible. Stand with your back toward the car, sit, scoot back, and then swing your legs into the car keeping your neck/trunk completely aligned. Position yourself comfortably.

FOLLOW-UP CARE

It is important to follow the instructions of your doctor, therapists, and nurses while in the hospital. It is equally as important to follow-up with your care once you get home. Your doctor will inform you when he wants to see you in his office after you go home and it will be outlined on your discharge instructions. X-rays may be taken after several weeks to verify that fusion is occurring. It will be necessary that you keep these appointments.

OTHER IMPORTANT INFORMATION

Equipment Needs

Cervical collar

Neck brace used to immobilize/stabilize your spine after surgery.

Thoracolumbosacral or “TLSO” brace

Brace applied to your trunk/abdominal area to immobilize/stabilize your spine after surgery. If you are using a TLSO, please bring a separate t-shirt to wear.

A-boots/SCD/Athrombic Pumps

A-boots are intermittent devices applied to lower legs to promote circulation and help prevent blood clots after surgery. These are used for inpatient surgeries only.

Walker

Assistive walking device.

TED hose

Stockings applied to promote circulation and help prevent blood clots after surgery. You will need assistance placing and removing these at home.

Incentive Spirometer

Medical device used to assist patients to improve the function of their lungs.

Before your surgical procedure, you should speak with your physician about any medical devices you may require throughout your spine surgery process. The physician may inform you that you will need a cervical collar brace, a thoracolumbosacral brace, or various types of other medical devices. It is imperative that you bring this equipment with you the day of your surgery if prescribed by your physician. This and other equipment will be utilized in the early post-operative period and throughout your transition home. You may also require durable medical equipment such as a rolling walker, cane, or toilet seat riser/extension for use after your hospital stay. To help lower cost of medical expenses, we encourage you to take inventory of any equipment you or your family may have access to in the instance you require its use after discharge. This will allow a smoother transition home and eliminate additional costs and time spent at discharge.



Cervical Collar

OTHER IMPORTANT INFORMATION

Questions Concerning Equipment

If I require a walker, how long will I need to use this device?

This varies from individual to individual. Everyone has different healing times. You can expect to be getting up to a chair within eight hours of surgery and getting up and walking the day after surgery.

If I require a back or neck brace, how long will I need to use this device?

Depending on the type of spinal surgery you have your doctor may prescribe a neck or back brace for you to wear. Your nurses and physical therapists will instruct you on how to properly apply and remove your brace. Your surgeon will leave instructions on how often the brace must be worn.

A brace does three important things:

1. Immobilizes your spine during healing
2. Stabilizes injured areas
3. Controls pain by restricting movement.

If you were placed in a brace after surgery, you will need to wear it until your first clinic visit.



Possible Complications Associated with Spine Surgery

Pneumonia

Can be a complication after surgery because of immobility and pain medication side effects.

To reduce the risk of developing pneumonia during your recovery period, you should utilize the following:

- Cough and deep breathing exercises.
- Incentive spirometer (IS).
- Early mobility.

Blood Clots

Also known as DVTs – are another possible complication following spine surgery due to immobility.

To reduce the risk of developing a blood clot/DVT during your recovery period, you should utilize the following:

- Athrombic boots while you are lying in bed.
- TED hose.
- Frequent ankle pumps as described by your nurse/therapist.
- Early mobility.

Infection

Another possible complication following surgery.

To reduce the risk of developing infection during your recovery period, you should utilize the following:

- Wash your hands before touching your dressing or incision.
- Do not apply lotions, creams, powders or medications to your incision until approved by your physician.
- Keep your incision clean and dry according to your physician's instructions.
- Do not bathe or soak in a tub, lake, pool, or any body of water until approved by your physician.

Skin breakdown

Another possible complication following surgery due to immobility.

To reduce the risk of developing skin breakdown during your recovery period, you should utilize the following:

- Keep your heels off the bed as instructed by your nurse.
- Inform your nurse if you are sitting or lying on wrinkled or wet/soiled bed linens.
- Healthcare providers will encourage you to turn you every two hours to relieve pressure points that lead to skin breakdown.
- Inspect your skin under the brace whenever possible.

Please speak to your surgeon for a complete list of potential complications associated with your specific spine surgery.

OTHER IMPORTANT INFORMATION

Frequently Asked Questions Regarding Spine Surgery

When will my pain go away?

Due to the surgery itself, you can expect some pain and soreness for several weeks. Everyone is different, so the amount of pain varies from patient to patient; however, the pain you experience will be different from the pain or symptoms you may have experienced prior to surgery.

Pain that you may experience post operatively includes: pain from your surgical site, sore throat, or pain related to your bodies position during surgery. Your surgery should eventually relieve the pain and other symptoms you had prior to surgery.

Is there anything I can do that will damage my post-operative spine?

Your post-operative spine will be very strong and secure after surgery; however, there are some precautions that must be followed to ensure that your spine stays in good condition. Your nurses and physical therapists will review these with you. In general, quick sharp movements, falls, bending and twisting of the trunk/neck and pushing/pulling of the arms should be avoided. Your nurses and physical therapists will teach you proper body mechanics in order to prevent injury.

Restrictions

- Do not smoke and avoid being around anyone who smokes. It is recommended that you avoid all nicotine containing products (e.g., gum, patches, and electronic cigarettes). Smoking delays healing by increasing the risk of complications (e.g., infection) and inhibits the bones' ability to fuse.
- Do not drive for 2-4 weeks after surgery or until discussed with your surgeon.
- Avoid sitting for long periods of time.
- Avoid bending, lifting and twisting.

Activity

Physical therapy will be an important part of rehabilitation after your spinal surgery. You will begin therapy the day after surgery. It will be necessary for you to relearn many everyday movements after your surgery as well as proper body mechanics. The first week after surgery, you may be up and walking about the house. This is a time of healing, so remember not to overdo any activity. Your body needs adequate rest, so if you feel tired, lie down and rest. Activities around the house, such as washing dishes, fixing light meals, and your own personal care are fine. Avoid strenuous activities, such as vacuuming, lifting laundry or grocery bags. Depending on your specific surgical procedure, you may be instructed to avoid lifting anything heavier than 5-20 pounds. Walking is the best way to rebuild strength and stamina. Start slowly and gradually increase the distance a little every week. Walk at a pace that avoids fatigue or severe pain. Do not try to walk several blocks the first day! As you increase the distance, you may feel tired. If so, stop and rest. You should be able to walk several blocks by your first clinic visit.



Occupational Therapy After Your Spinal Surgery

Occupational Therapy will help you become safe and independent with your daily activities after your spinal surgery. Your Occupational Therapy (OT) team will provide instructions on adapted techniques and devices to help you complete dressing, bathing, grooming, toileting and home management tasks. After a spinal surgery, patients need to follow these rules in order to ensure safe healing of the spine. The 3 main precautions are listed below and include some examples.

1. **DO NOT BEND** at the waist. Do not reach below your knees (sitting or standing). Do not reach forward while seated in a chair. Do not sit on a low chair or commode.
2. **DO NOT LIFT** more than 10 pounds. This includes pushing/pulling heavy doors, opening windows, opening tight jars, etc.
3. **DO NOT TWIST** your back or neck. This precaution is especially important when bathing, getting in/out of bed, and when reaching for items.

Summary

This booklet has reviewed and summarized the major points of spine surgery. St. Elizabeth Healthcare hopes that you will find it valuable in preparing for surgery. Your spine surgery should provide years of activity without the pain and symptoms you may have experienced before surgery. It is important that you take care of your spine so that you can continue to be independent in the activities you enjoy doing. If you follow the advice of your surgeon, therapists, and other healthcare professionals, your spine surgery should soon put you back on the road to a more active lifestyle.

We wish you the very best!

Your care team at St. Elizabeth Healthcare