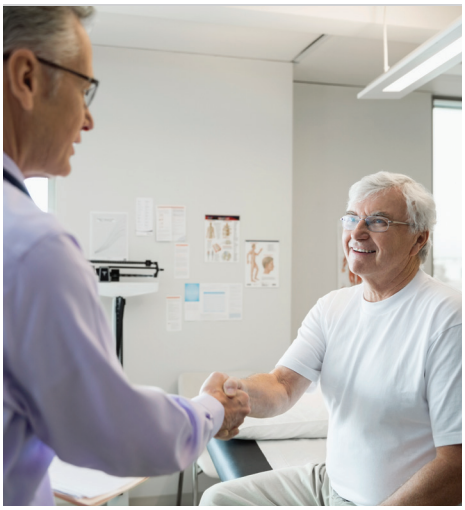
SURGICAL SERVICES

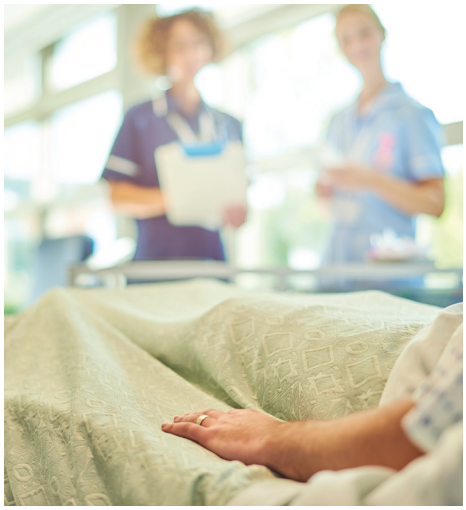
Spine Surgery Guide

From consultation to discharge

Main Line Health®

Well ahead.®





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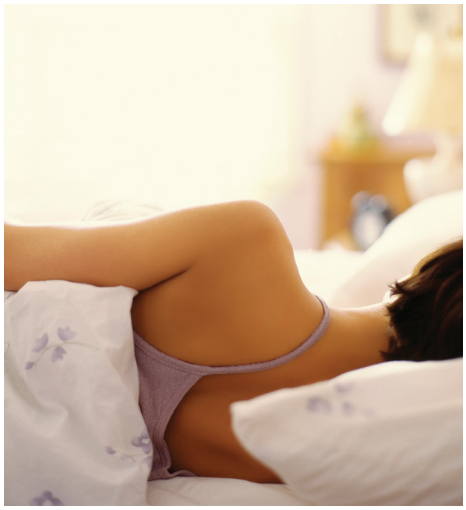


Welcome. Thank you for choosing Main Line Health for your spine procedure. Across its four acute care hospitals, Main Line Health's surgeons perform thousands of spine surgeries annually. Our multidisciplinary team approach to care includes surgeons, nurses, anesthesiologist, therapists and care managers. You can be assured that our team will communicate with you every step of the way.

MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

We want you to be as comfortable as possible for your procedure. This requires you to plan and prepare during the days ahead. To that end, this book will help you:

- Prepare mentally and physically for surgery
- Know what to expect before, during and after surgery
- Understand how your caregivers can help during this time
- Know what equipment will be used while healing
- Know what to expect during recovery

After reading this manual, please check the "pre-op checklist" below each week to ensure you're on track with your preparation. In the meantime, we look forward to taking excellent care of you.

Sincerely,

THE MAIN LINE HEALTH SURGICAL TEAM
Lankenau Medical Center | Bryn Mawr Hospital | Paoli Hospital | Riddle Hospital

Commonly used phone numbers

GENERAL QUESTIONS

Lankenau Medical Center
Kim Hogan | Orthopaedic Program Manager
484.476.8523 | hogank@mlhs.org

Bryn Mawr Hospital
484.337.3412

Paoli Hospital
Donna Levan | Orthopaedic Program Manager
484.565.1537 | levand@mlhs.org

Riddle Hospital
Cara Peck | Assistant Nurse/Orthopaedic Program Manager
484.227.2801 | peckc@mlhs.org

DIRECTIONS AND PARKING
mainlinehealth.org/directions

SURGERY DATE CHANGE/ ILL PRIOR TO SURGERY
Call your surgeon's office.

PRE-SURGERY QUESTIONS

Lankenau Medical Center
Preadmissions: 484.476.2530
Day of surgery issues: 484.476.2364
Billing/financial counseling: 484.476.2128

Bryn Mawr Hospital
Preadmissions: 484.337.4541
Day of surgery issues: 484.337.4905
Billing/financial counseling: 484.337.8905

Paoli Hospital
Preadmissions: 484.565.1087
Billing/financial counseling: 484.565.1257

Riddle Hospital
Preadmissions: 484.227.6236 | vinceg@mlhs.org
Billing/financial counseling: 484.227.8460

AFTER-SURGERY BILLING QUESTIONS
All hospitals
Billing Customer Service: 484.580.4360

Pre-op checklist

- ☐ **Choose a coach.** Select a family member or friend who can drive you to the hospital on the day of surgery, pick up your prescriptions, drive you home on the day of discharge and drive you to medical appointments during recovery.
- ☐ **Be prepared.** For those who have a power of attorney or living will document for medical affairs and decisions, a copy of the document is required for your chart.
- ☐ **Plan ahead.** To make the days following surgery easier, review your home's arrangements to facilitate your recovery.
- ☐ **Attend preadmission testing/clearances.** Follow your surgeon's instructions for preadmission testing and medical clearance, which includes a physical examination, medical history and lab tests.
- ☐ **Take preoperative shower(s).** Follow the special bathing instructions in the preoperative shower section.

An introduction to the anatomy of your spine

The spine consists of bones known as "vertebrae." Vertebrae run from your neck to your low back, and support your body's rotation, bending from side to side, and bending forward and backward. To facilitate these movements, small joints called facet joints exist between adjacent vertebrae. The facet joints contain cartilage on their surface.

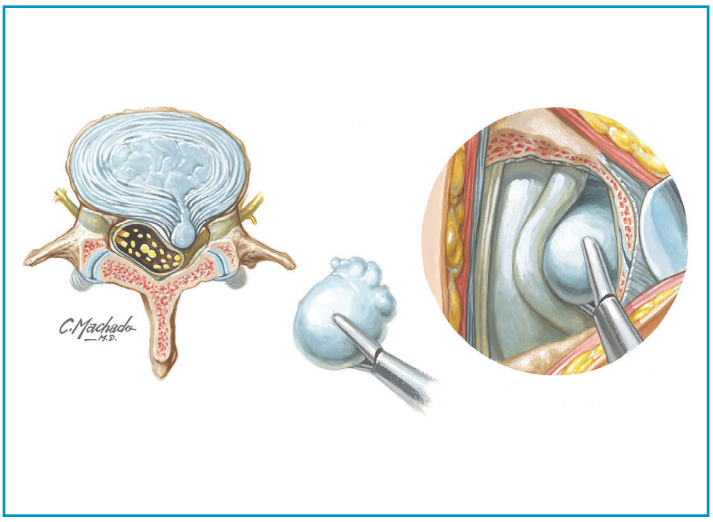
To protect the spinal cord and nerves extending to the rest of your body, vertebrae are surrounded by ligaments and muscles, and are also separated by a half-inch thick, cushion-like, shock-absorbing disk called an intervertebral disk.

As facet joints and intervertebral disks wear down or "degenerate", they can be a source of pain for many patients. In the case of facet joints, this occurs when the cartilage wears off, causing the joint to develop degenerative arthritis. In the case of intervertebral disks, these structures can also wear off and even rupture. Each of these scenarios can cause pain that can be treated with surgery (described in more detail below).

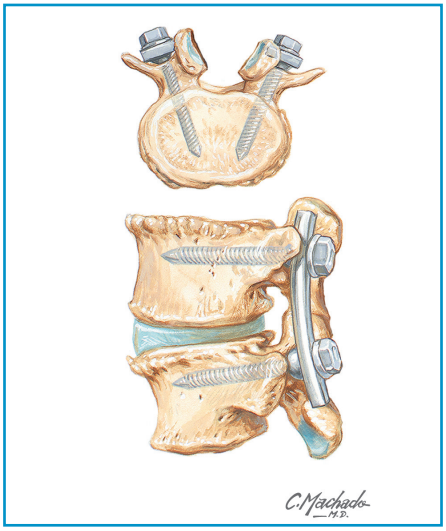
Degenerative changes can lead to disc bulges (herniations) or bony overgrowth (bone spurs) that compress nerves and cause radiating pain, numbness, tingling and/or weakness in your extremities. When this occurs in your neck (cervical spine), symptoms can exist in the upper extremities, such as your arms and hands; when this occurs in your low back (lumbar spine), symptoms can exist in the lower extremities, such as your legs and feet.

To reduce these symptoms, surgeons can perform the following procedures:

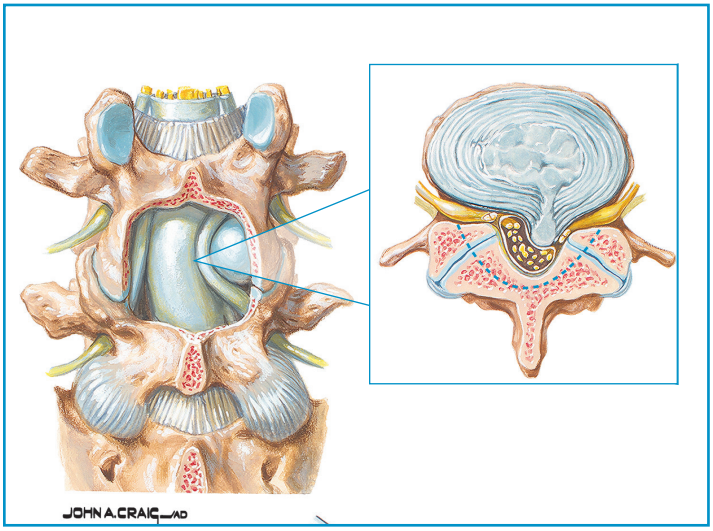
- **Discectomy:** Complete or partial removal of disc to decompress nerves. If this is performed in the neck, it is called a cervical discectomy; whereas performing this procedure in the low back is called a lumbar discectomy.



- **Fusion:** To keep the vertebrae from collapsing in cases where they may otherwise be unstable, adjacent vertebrae are fused with a combination of a plate and screws.

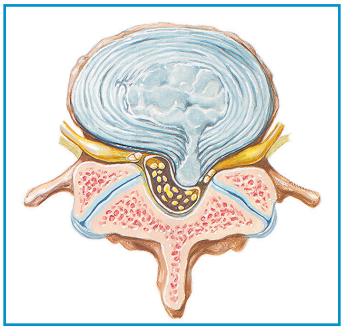


- **A lumbar laminectomy** is a procedure involving removal of bone from the vertebrae to relieve pressure. This also allows more space for the nerves running from the spinal canal.

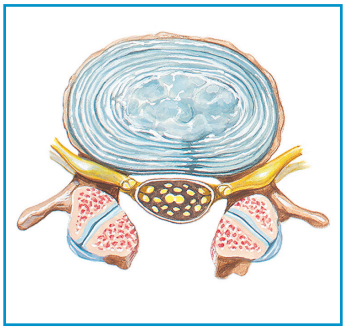


- **Discectomies and fusions** are often performed at the same time. Your surgeon will fill in the space, previously occupied by the removed disk, with bone from either a bone bank or from your hip. When performed on the neck, these procedures are collectively known as a cervical discectomy and fusion; when performed in the low back, they are known as a lumbar discectomy and/or fusion.

  The surgical incision will be performed either through the front (e.g., either an anterior cervical discectomy or an anterior lumbar discectomy and fusion) or the back (e.g., posterior cervical discectomy and fusion or posterior lumbar discectomy).



Before procedure



After procedure

CERVICAL DISCECTOMY AND ANTERIOR CERVICAL FUSION

WHAT TO EXPECT:

- Surgery will last approximately two to four hours.
- You will be in the hospital approximately one night, as per your surgeon and insurance.
- You will generally go home the next day.

POST CERVICAL LAMINECTOMY OR FUSION

WHAT TO EXPECT:

- Surgery will last approximately four to six hours.
- You will be in the hospital one to two nights, as per your surgeon, your procedure and your insurance.

LUMBAR DISCECTOMY

WHAT TO EXPECT:

- Surgery will last approximately one hour.
- In most cases, you will go home the same day as surgery. If you are required to stay in the hospital, you will stay approximately one night, as per your surgeon, your procedure and your insurance.

LUMBAR LAMINECTOMY

WHAT TO EXPECT:

- Surgery will last approximately one to two hours.
- You will be in the hospital approximately one to two nights, as per your surgeon, your procedure and your insurance.

LUMBAR FUSION

WHAT TO EXPECT:

- Surgery will last approximately two to three hours.
- You will be in the hospital approximately one to two nights,as per your surgeon, your procedure and your insurance.

Pre-op arrangements

START WITHIN THREE DAYS OF SCHEDULING SURGERY

- Arrange for a "coach"
- Avoid dental work for up to two weeks before surgery
- Preadmission testing
  - Fill out the Medication Tracker (**Appendix 3**)
- Complete a living will

During the weeks before your surgery, many people will be asking you about your insurance coverage, medical history and legal arrangements. The following may help:

Arrange for a "coach"

Coaches are relatives or friends who:

- Help you prepare for surgery
- Assist with your recovery and rehabilitation
- Drive you to the hospital for your procedure and back home after discharge
- Pick up your outpatient pharmacy medications

Your coach will also be a first contact for updates from the healthcare team after surgery.

Manage your medical health

Speak with your primary care doctor about staying healthy for surgery, especially if you smoke, have diabetes or are obese.

Working with your physician to optimize your health reduces the risk of infections and poor wound healing.

If you are a current smoker, we advise you to:

- Quit smoking and/or using tobacco or nicotine products for at least two weeks **BEFORE** surgery.
- Avoid smoking cessation products such as Nicorette® gum, nicotine patches, nicotine vaping, and second-hand smoke. Nicotine, in any form, can delay bone fusion and healing.

Please discuss smoking cessation plans with your medical doctor. There are new medications available to help with this. Also, you may use the Main Line Health Contact Center at 1.866.CALL.MLH (225.5654) to find out about other resources or cessation classes.

Dental work

TWO WEEKS BEFORE SURGERY

- Avoid extractions and periodontal work.
- If you require this work, please schedule well in advance of surgery.

THE FIRST 60 DAYS AFTER SURGERY

DO NOT schedule dental work—including routine cleanings.

MORE THAN 60 DAYS AFTER SURGERY

- Take one dose of antibiotic before receiving any dental care, if your surgeon recommends.
- Your surgeon will provide additional instructions during follow-up visit.

Preadmission testing and nursing assessment

ATTEND 10-14 DAYS BEFORE SURGERY

- Routine medical test
- Review list of medications

Your surgeon will provide instructions on medical evaluations needed before surgery, such as:

- Health history and physical exam
- Blood work, EKG or X-rays
- Other medical appointments

Please have the following information filled out on the Medication Tracker (see **Appendix 3**):

- Allergies and side effects from medications and anesthesia
- Medications (prescription and over-the-counter)
- Dose of each medication in milligrams (mg), milliliters (mL) or units, and when you take the medications (am vs. pm)

Please provide us with a list of dietary restrictions (e.g., vegetarian, gluten-free, kosher).

Finally, please plan to stay about two hours for pre-op clearance at the hospital or your physician's office.

- Your providers will give you instructions and go through your medication list.
- Your providers will also let you know what medication you can take the morning of surgery, if any are allowed.

Legal arrangements

If you have a power of attorney for medical affairs or a living will, you must provide copies of these documents in advance.

Insurance and copay information

For assistance from a financial counselor,
see page 2.

Plan for surgery and recovery

Seven to 14 days prior to surgery

Follow your surgeon's instructions on discontinuing medications during this time. Those instructions may be in your surgeon's pre-op check list; please refer to that list if you received one.

Please note that for pain, you **CAN** take Tylenol as well as any other medications specifically approved by your surgeon.

If you take blood thinners (e.g., Plavix, Arixtra, Coumadin, Pradaxa, Eliquis or Xarelto), speak with the prescribing physician before stopping any of these medications.

In addition to being discontinued before surgery, some medications may not be resumed for up to 12 weeks after surgery to allow for bone healing. Please check with your surgeon for details on which medications need to be stopped and when your medications can be safely started again.

If you are asked to stop taking medications, please do so 10 to 14 days before surgery or as instructed.

If your surgeon indicates that you need to discontinue taking nonsteroidal anti-inflammatory drugs (NSAID), some of these drugs include the following:

- Ibuprofen (Advil/ Motrin)
- Naproxen (Aleve/Naprosyn)
- Meloxicam (Mobic)
- Celebrex
- Indocin
- Voltaren
- Lodine

You may also be asked to stop taking:

- Aspirin
- Osteoporosis medications (like Fosamax, Actonel)
- Vitamins, especially vitamin E and K and fish oil
- Over-the-counter supplements
- Hormone-related medications

PLAN FOR AT-HOME CARE AFTER SURGERY

Ask yourself: While I'm recovering, who will…

- Help me prepare meals?
- Take me home from the hospital, to my doctor appointments, and to physical therapy?
- Have my prescriptions filled upon discharge?
- Care for my pet while I'm in the hospital?

IMPORTANT: Always wash hands well after contact with pets. Keep pets clean. No sleeping with pets after surgery.

QUICK TIP

Frequent hand washing and daily skin cleansing promotes good health and hygiene. Daily skin cleansing helps remove microbes (germs) that may cause infections. This is especially important if you are having a surgical procedure.

MODIFY YOUR HOME

Consider obtaining or placing:

- Firmly attached bars/handrails in shower/bath
- Stable chair with firm cushion and arm rests
- Raised toilet seat (your care manager can help)
- Items used daily within arm's reach for when you are home after surgery
- Throw rugs away from walking areas, prevent tripping over them during recovery
- Handheld items and aids you may need (per therapist 's advise during recovery)

Prior to discharge from the hospital, your therapists will advise you on what home modifications and aids you may need during your recovery.

Finally, complete your brace fitting (if one is required after surgery) BEFORE surgery and remember to pack your brace and bring it to the hospital the morning of surgery.

Note: Not all insurers pay for assistive devices.

QUICK TIP

How can I gain access to my lab work or care summary after discharge?

Sign up for our Patient Portal before your surgery at: mainlinehealth.org/connect

PHYSICAL THERAPY (PT) ONCE YOU'RE HOME: HOW TO PLAN AHEAD OF TIME

- Discuss your PT needs with your surgeon.
- If you need outpatient therapy, choose a PT location that's close to home.
- Call your insurance company for therapy coverage and copay information.
- Plan for transportation to PT until you're cleared to drive.

The day before surgery

The day before your surgery, someone will call you between 2:00 pm and 5:00 pm with the scheduled time of your surgery and any additional details you might need.

Note: If your surgery is on Monday, you will be called on Friday afternoon.

EVENING(S) BEFORE SURGERY

- Use the pre-op soap as directed by your surgeon (the next section reviews instructions on how to use this soap).
- Please refer to Anesthesia directions for fasting guidelines prior to surgery.

PLAN ON BRINGING TO THE HOSPITAL (IF APPLICABLE TO YOU):

- Photo identification, insurance cards and copay
- Glasses with a case, hearing aids and CPAP or BiPAP machine with mask (write down settings)
- Power of attorney documentation (if applicable)
- Your favorite personal hygiene products
- Shoes with good heel (sneakers, loafers)
- Loose-fitting pants (sweat pants, shorts) to accommodate dressings/bandages
- Patients can often become confused after surgery; pictures of loved ones can help you avoid this, as can crossword puzzles or a book
- Cell phone (with charger labeled with your name)
- Your brace if fitted for one before surgery

PLAN ON LEAVING THE FOLLOWING AT HOME:

- Tight-fitting clothes and flip-flops (safety hazard)
- Jewelry, credit cards, valuables, large sums of cash
- Medications, unless told otherwise

Taking showers just before surgery

ONE TO TWO NIGHTS BEFORE SURGERY AND THE MORNING OF SURGERY

- Read instructions provided by your health care provider.
- Use Bactoshield or Hibiclens soaps, unless allergic to these soaps.
- If allergic to these soaps, use alternative recommended by your physician.

To reduce germs and your risk of infection:

- Wash hands frequently and clean skin daily.
- Follow your doctor's instructions on bathing, and on keeping dressings dry if you have any.

To prepare for surgery, wash with a special antiseptic soap, such as Hibiclens or Bactoshield. Available at local pharmacies (if not given by your surgeon's office or by Pre-Admission Testing), these soaps contain 4% chlorhexidine gluconate. If you're allergic to this or any other ingredients listed on the bottle, do NOT use these products. Talk to your provider about alternatives.

If you have tested positive for staph (staphylococcus/MRSA), follow the additional instructions in Appendix 6 regarding the preoperative skin cleansing schedule.

One or two nights before and the morning of surgery, shower or bathe with Bactoshield, Hibiclens or an alternative per surgeon request.

Use regular soap and shampoo for the following areas, rinsing thoroughly to remove residue:

- Genital area
- Face
- Hair

For all other areas, Hibiclens or Bactoshield should replace your regular soap. Use this product as a liquid soap, applying directly to the skin and washing gently. Do not rub or scrub skin. Rinse thoroughly with warm water.

DO NOT USE Hibiclens or Bactoshield in:

- Head, face, ears or mouth
- Genital area

After washing with antiseptic soap, **DO NOT:**

- Wash with your regular soap
- Apply lotions, powders or perfumes to areas cleaned with the antiseptic soap
- Use hair removal products or shave at or near the surgical site 48 hours before your procedure

DO NOT USE HAIR REMOVAL PRODUCTS OR SHAVE AT OR NEAR THE SURGICAL SITE WITHIN 48 HOURS BEFORE YOUR PROCEDURE.

Day of surgery

Morning of surgery

Take **ONLY** the medications that the preadmission nurse or preoperative physician has instructed you to take with the smallest sip of water.

Arrival at the hospital

Please arrive on time. Upon arrival, you will meet members of our team, and our staff will ask you to provide the name and cell phone number of your designated contact (likely your "coach").

All four hospitals are equipped with waiting areas and free Wi-Fi for friends and family.

LANKENAU MEDICAL CENTER

100 Lancaster Avenue, Wynnewood, PA 19096

Come to the main hospital entrance where valet parking is available. The registration desk will guide you to your destination. Family can wait in the Sun Room, located on the 4th floor between the Pew and Rosengarten buildings, next to the elevator lobby.

BRYN MAWR HOSPITAL

130 South Bryn Mawr Avenue, Bryn Mawr, PA 19010

Come to the Warden Lobby entrance (830 Old Lancaster Road). Sign in at the registration desk, where you will be directed to the Green Room, our surgical waiting area on the 3rd floor. Friends and family can also wait comfortably here.

PAOLI HOSPITAL

255 West Lancaster Avenue, Paoli, PA 19301

Come to the Department of Surgery desk in the Atrium lobby. The Atrium lobby is where you will check in and it is also the waiting area for your family and friends.

RIDDLE HOSPITAL

1068 West Baltimore Pike, Media, PA 19063

Come to whichever entrance you were instructed by the person who called you the day before surgery. Family will be directed to one of two waiting rooms: Rothman surgeons prefer the 4th floor waiting room; Premier surgeons prefer the 2nd floor.

Checking into hospital

At check-in, you'll be escorted to the holding area, where you'll be for one to two hours. A nurse and anesthesia team member will:

- Discuss final preparations for surgery
- Measure your vital signs
- Have you change into a gown and remove your undergarments
- Cleanse you with antibacterial wipes and swab your nose to prevent infection
- Place an intravenous line to administer antibiotic and pain medications

For safety, the surgeon will ask you to confirm your type of surgery (for example, lumbar laminectomy) and surgical site (for example, low back), before marking the site and confirming your consent. You will meet with the anesthesiologist regarding your anesthesia options (spinal vs. general).

In the operating room

After surgical prep, you will be transported to the operating room where we will:

- Apply leads for monitoring
- Insert a urinary catheter if needed
- Administer anesthesia (spinal or general)

The surgeon will then perform the procedure. A member of the anesthesia team will monitor and remain with you during the entire procedure. At the completion of your procedure, you will be taken to the Recovery Room/Post Anesthesia Care Unit (PACU).

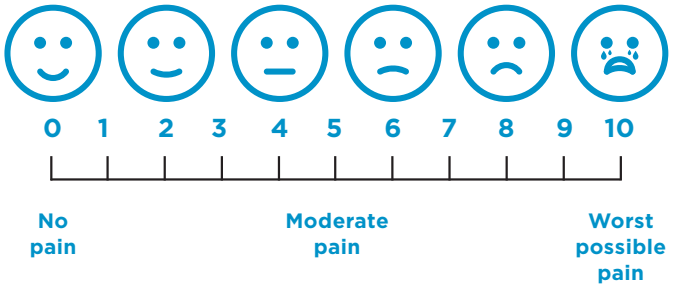
After surgery

After surgery you will meet the nurse who will care for you during your stay in the PACU. The nurse will:

- Apply monitors
- Take vital signs every five to 15 minutes
- Make sure you can feel your feet and wiggle your toes
- Monitor your pain level (on a 0–10 scale)
- Medicate you as needed

ASSESSING YOUR PAIN

Staff will use a 0–10 scale to assess your pain level.



When you are recovered from anesthesia, you will be taken to your new room. You will be cared for by an entire team of professionals under the direction of your surgeon. After surgery, you may be seen by the surgeon, resident, nurse practitioner and/or physician assistant to monitor and assure the best possible recovery and care from your surgery. The surgeon will update your coach after your surgery while you are in PACU.

In your room

When you arrive in your room you will:

- Receive a nursing assessment
- Have your vital signs taken often for the first 24 hours and less frequently as you become more awake and alert
- Be given clear liquids and advanced to solid food as per your surgeon
- Be asked about pain

Your nurse will partner with you to always control your pain using the pain scale (0–10) as was done in the recovery room. The nurse will also assess your surgical dressing, drains and pumps, and orient you to your room and unit (for example, the nurse call light). Members of the care team will instruct you on how to perform exercises that will speed your recovery.

In your room you will also do exercises, such as:

- Ankle pumps: 10 times each hour while awake
- Cough and take deep breaths: 10 times each hour while awake
- Incentive spirometer exercises: 10 times, every one to two hours while awake

Fluid can collect in the lungs after any surgery. Using the spirometer will help you breathe in and out correctly. The staff will instruct you on how to use this effectively.

Members of the care team will be visiting you frequently throughout your stay to check on your well-being and comfort.

Post Surgery

Pain medication and monitors

You'll be connected to a monitor to ensure you're breathing fully. In order for you to be comfortable and so you can walk early with assistance, you'll receive different types of pain medications after surgery. You will receive medication when your pain increases as well as 30 to 45 minutes before walking and working with a physical therapist. Our goal is to minimize your pain so you can focus on healing. Keep in mind that:

- Pain after surgery will be different than the pain you may be feeling now.
- Pain comes from multiple factors, including muscle healing, incision, bone pain and swelling of the joint.
- You will be given different types of pain medication on a schedule. Your nurses will tell you what they are giving you.
- Notify your nurse if you feel that your pain is not well controlled.

For pain, your doctor may prescribe one or both:

- Patient-controlled analgesia (PCA) pump—a pain medication pump that you will use during the first 12 hours or more by pushing a button when you feel pain, in order to receive a small dose of pain medication periodically.
- Multimodal pain medications—a combination of medications that work together on a schedule to reduce your pain after surgery.

QUICK TIP

Remember: You are the only one who should push the button to give yourself medicine through the PCA if you have one. **Do not allow friends/family to push the button for you.** Always carefully follow your health care team's instructions.

Preventing blood clots

Early walking after surgery is key to preventing blood clots. The nurses and physical therapists will assist you with walking after your surgery.

- Your surgeon may or may not recommend medication for prevention of blood clots. Be sure to follow your discharge instructions.
- Your surgeon may or may not order the use of sequential compression devices (SCD) or compression stockings to reduce blood clot formation.
- Your SCDs need to be worn as prescribed by your surgeon.

If your surgeon wants your SCDs on at all times except when you are actively walking, please partner with the nursing staff to alert them when you return from physical therapy, the bathroom or walking so that the SCDs can be reapplied.

What you might need after surgery

Based on your physician's protocol, you MAY also have any of the following not yet mentioned:

- Oxygen therapy via nasal cannula or mask
- Incision covered with a dressing
- Blood pressure monitor
- Pulse oxygen monitor
- Urinary catheter—to be removed as quickly as possible depending on your surgeon's orders
- Drain at surgical incision—reduces swelling, drains residual blood and will generally be removed as per your surgeon's orders prior to discharge

PLEASE CALL, DON'T FALL!

Always use your call bell. We are here for you!

For safety, you'll wear a personal alarm that reminds you not to get out of your bed, chair or bathroom without assistance. A staff member may also need to stay with you while in the bathroom. Please discuss this with your nurse.

Hand washing and hygiene

CLEANLINESS IS KEY. ASK FOR HELP IF NEEDED!

To minimize the risk of infection, we encourage good hand hygiene and other sanitary practices. After your procedure, we encourage you to:

- Remind doctors, nurses and caregivers to wash their hands.
- Wash your hands after going to the bathroom and before and after eating.
- Ask family and visitors to clean their hands when entering and leaving the room.
- Ensure visitors don't put personal belongings on your bed or in your room.
- Wash your hands before and after physical therapy.
- Remind staff as necessary that during transport, legs should be covered with a clean sheet.

Physical and occupational therapy

Patients who work with a therapist to perform exercises and walk on the day of surgery have been shown to recover and safely go home sooner with greater independence. This helps us keep you safer from the risks of being in a hospital longer than necessary.

Therapy will occur once or twice daily, beginning on the day of surgery to help you recover your mobility, strength, range of motion and independence.

Physical therapy will include:

- Moving in bed
- Standing up from a chair, bed or toilet, and transferring in and out of seats
- Climbing stairs
- Walking 50-200 feet, using walkers and other assistive equipment if needed

Occupational therapy will prepare you to:

- Stand, sit, and use a toilet properly
- Bathe, groom and get dressed
- Get in and out of a car

You may or may not need a brace after surgery. Your surgeon will inform you if a brace is required. If it's required, the staff will instruct you on the correct application and wearing of the brace.

After surgery, you will be given specific instructions regarding your activity restrictions depending on the type of surgery you had performed.

Therapists will educate you about equipment, if needed, to help you resume normal activities. This may include equipment such as a reacher to pick up things off the floor along with other long-handled devices and a cane or walker to assist with safe walking.

Once you are tolerating walking in the halls with the physical therapist, you will be reintroduced to stairs.

Learning to move more safely

Please be advised that you must avoid all strenuous activity until after your first postoperative visit. Your surgeon will then determine your continued physical therapy and activity progression based on your physical progress and surgical site healing.

You will learn how to move more safely. Learn, practice and follow these directions carefully. This will assure your best recovery and protect your neck and back in the future.

- Tighten the muscles in your stomach to support your spine.
- Keep your ears, shoulders and hips in a line.
- Bend at the hips and knees, not at your waist.
- Move your body as a unit. Do not twist your shoulders or waist.

Getting out of bed

- Tighten your stomach muscles. Roll onto your side. Be sure to move your body as a unit. Don't twist.
- Scoot to the edge of the bed.
- Press down with your arms to raise your body as you gently swing both legs to the floor.
- Place one foot slightly behind the other. Keep your stomach muscles tight and keep your head up eyes looking forward. Then use your leg muscles to raise your body.

Getting into bed

- Back up until the edge of the bed touches the back of your legs.
- Tighten your stomach muscles. Bend forward slightly from the hips.
- Use your leg muscles to lower your body onto the bed.
- Using your arm for support, lower your body onto its side. Roll onto your side. Be sure to move your body as a unit. (Move your body as a unit allowing your feet to lift onto the bed.)
- Roll onto your back without twisting your waist.

To sit

- Back up until the front of the chair touches the back of your legs.
- Tighten your stomach muscles. Bend forward slightly from the hips (not the waist).
- Using your leg muscles, lower your body onto the chair. Then scoot back.

To stand up

- Scoot to the edge of the chair. Place one foot slightly behind the other. Use your leg muscles to raise your body.

Standing

- Stand with one foot slightly in front of the other.
- Keep your knees relaxed and your stomach muscles tight.

To turn your body

- Move your feet. Step around. Do not twist.

Sleeping

- You may lie on your back with a pillow under your knees.
- Lie on your side with your knees slightly bent keeping a pillow between your knees.
- Keep your head comfortable supported, no extra elevation is needed beyond what you normally use.

Additional tips for moving

Always try to maintain a neutral spine position both neck and back.

- Bend at the hips, or knees, while keeping your neck and back in neutral position such as when sitting down or picking something up from lower level (use a reacher if needed or have somebody else pick it up).
- Sit in higher chairs (use pillow to raise height if needed) with:
  - Good lumbar support and armrests
  - Feet flat on the floor, hips and knees at 90 degrees
  - Hips all the way back in the chair
  - Back slightly reclined for comfort
  - Weight through sitting bones
- Add a pillow behind your back or neck for comfort to prevent the incision from hitting the back rest.
- Keep items frequently needed (such as telephone/cell phone) in front of you and within reach.

AVOID:

- Bending forward (spine flexion) at the sink, washer/dryer, dishwasher, garbage can, pet food trays, or anything on the floor
- Seats that promote slouching (such as your favorite couch)
- Looking down at an electronic device such as a cell phone, tablet or laptop
- Sitting for more than 30 minutes at a time

Discharge planning

The responsibility of the care manager is to work with your treatment team to plan for a safe discharge from the hospital to home. The discharge planner works in your best interest with your health insurance company to obtain authorization and arrange services and equipment you may need immediately after discharge upon going home. This person also communicates with your physicians, nurses and therapists about your medical progress.

Many factors determine your individual recovery and equipment needs:

- General medical condition
- Progress in meeting physical therapy goals
- Ability to manage the activities of daily living such as bathing, dressing, steps, and transfers in and out of a car
- Home environment and caregiving
- Insurance guidelines

Timing of discharge varies depending on the type of spine surgery you have had. There are several things that need to happen medically along with physically to make sure you are safe to discharge. Upon discharge, you should expect to go home to continue your recovery.

When you go home

Make a follow-up appointment with your surgeon. Please call to arrange if an appointment is not already listed on your discharge instructions or papers from your surgeon's office.

Follow discharge instructions for post-op primary care appointments. You'll receive instruction on activity restrictions, new medications/ prescriptions, when to safely restart home medications and over-the-counter medications and information on home visits or outpatient therapy if required by your surgeon.

Have someone pick up any home medications and new prescriptions. Once home you may want to have someone stay with you or be available to check on you for the week following surgery.

At-home tips

Follow restrictions or precautions your surgeon may have given to you. See your discharge instruction sheet and follow instructions regarding showering and dressing changes.

Tips for sitting

- Use a comfortable supportive chair with a back and armrests and a firm seat (avoid slouching).
- Don't sit for more than 30 minutes at a time.
- Keep items frequently needed (phone/remote) within reach.

Tips for walking/exercise

- Keep moving despite discomfort. It is important that you continue to walk through the pain as walking will greatly decrease muscle spasms and/or pain.
- Avoid strenuous exercise for the first three to six months after surgery. Walking is usually the best exercise. Your exercise routine will depend on your surgery and the rate of recovery.
- No heavy lifting, typically no more than 5 to 10 pounds (similar to weight of a gallon of milk).
- At first follow-up visit, ask your surgeon for any further instructions.

Tips for pain relief

- Take all medications prescribed to you.
- Take your pain medication as directed and routinely for the first 48 to 72 hours.
- Be sure to drink plenty of fluids, take laxatives and/or stool softeners as prescribed and increase your fiber intake while taking narcotic medications as they usually cause constipation.

Tips for lying down/sleeping

- Avoid a sagging mattress. A firm mattress that supports the natural curves of the spine is best.
- Sleeping may be uncomfortable or difficult for the first few weeks.
- Placing a pillow under your knees AND lower legs when lying on your back or between your legs when you are lying on your side may provide comfort.

Tips for showering

- As directed by your surgeon, use caution when getting in and out of the tub or shower.
- Use grab bars (install if there isn't one there already).
- Do not pull on towel bars.
- Use a shower bench or seat if needed.

Sexual activity

Be sure to check with your surgeon for any restrictions; usually as tolerated as long as there is no bending or twisting. If it starts to hurt—**STOP!**

Driving

Resume only as directed by your surgeon (this is discussed at first postoperative visit).

- Be careful getting in and out of the car.
- Avoid twisting and bending. Instead turn body all at once as a unit.
- No car rides unless approved by surgeon except for after-surgery follow-up visit.
- Never drive while taking opioid pain medications.

Return to work

This is usually directed by your surgeon and depends on the type of job and the type of surgery you have had.

Restrictions after spinal surgery

Please ask your surgeon how long you should refrain from non-steroidal anti-inflammatory medications. These are medications such as:

- Ibuprofen (Advil/Motrin)
- Naproxen (Aleve/Naprosyn)
- Meloxicam (Mobic)
- Celebrex
- Indocin
- Voltaren
- Lodine

Usually patients are asked to avoid these medications for three months **AFTER** surgery but this decision can be made by your surgeon.

You will also be asked to stop smoking and the use of any nicotine replacement. This includes:

- Nicorette® gum
- Nicotine patches
- Nicotine vaping
- Second-hand smoke

Nicotine in any form prevents bone fusion and healing.

Tips for surgical incision care

Your incision may be closed with dissolvable stitches, staples or regular stitches. If you have visible stitches or staples, these will need to be removed in about 14 days after surgery, so be sure to make your follow-up appointment with your surgeon for this to happen.

While at the hospital, you'll wear a dry gauze dressing. Once at home, follow surgeon's instruction if a dressing is needed. Do not apply any ointments or lotions to the incision area while it's healing.

YOU MAY NOT BATHE IN A TUB, SWIM OR USE A HOT TUB UNTIL YOUR INCISION IS FULLY HEALED.

IF YOU:

- Notice any increased drainage, redness, or swelling
- Have a fever of 101.5 or greater
- Are unable to maintain your pain goal or have increasing pain, numbness or tingling, muscle weakness
- Have difficulty with swallowing or breathing
- Are unable to control your bowel or bladder

Please call your surgeon's office immediately or go to the emergency room.

Tips to prevent infection

DO:

- Eat a healthy diet and stay hydrated.
- Keep your incision clean, dry and protected.
- Notify your doctor right away of open skin irritations, infections (urinary tract, respiratory) or fevers.
- Practice good hygiene, wipe down cell phones with alcohol, and keep your home clean (linens, bathroom).
- Keep pets clean and away from incision site, and wash hands after contacting pets.

DO NOT:

- Use lotions or powder
- Touch your incision without washing hands first
- Wear artificial nails
- Swim or get into a hot tub
- Sleep with pets for four weeks after surgery

Be sure to ask your doctor when you can continue with these activities.

Tips for being around pets

- Keep pets clean and away from incision site.
- Always wash hands after contact with pets.
- Do not sleep with pets during the post-op period. Some domestic pets have organisms like MRSA which can be transmitted to humans.

TAKE A PROACTIVE APPROACH TO PREVENT INFECTION

Notify your physicians and dentist. Let them know you've had spine surgery and to update your medical history.

Take prophylactic (preventative) antibiotics prior to any invasive procedure, including teeth cleanings and colonoscopies, if your surgeon recommends. Your surgeon will give you more information regarding how long to continue taking the antibiotic.

Use of anticoagulants

Your surgeon might prescribe a blood thinner (anticoagulant) to prevent blood clots. This can be an Aspirin or—as necessary—a stronger anticoagulant. While safe when taken as instructed, blood thinners can cause bleeding if you fall or have an injury.

Call your surgeon immediately if you experience bleeding from anywhere (e.g., urine, surgical site, nose, etc.) Please also notify your surgeon if you have the following:

- Oozing from the surgical site
- Painful swelling in your leg, foot or hip
- Dizziness, numbness or tingling
- Rapid or unusual heartbeat
- Chest pain or shortness of breath
- Vomiting, nausea, fever or confusion

THINGS TO AVOID WHILE ON ANTICOAGULANTS

Over-the-counter drugs like aspirin-containing compounds, nonsteroidal medications (e.g., ibuprofen or Aleve) and vitamins can interact with anticoagulants and cause bleeding. Avoid these products while on a blood thinner.

For similar reasons, you should also avoid or postpone the following:

- Drinking alcohol
- Using a straight-edge razor
- Getting a procedure (e.g., dental work)*

*If it is not possible to postpone a procedure, be sure that your dentist or physician is aware that you are taking anticoagulants and that you have had a recent spine surgery.

Recognizing and preventing potential complications

Blood clots

Do not take a “wait and see” approach. Call your surgeon immediately if you experience the following signs of a blood clot:

- Increased swelling in your thigh, calf or ankle that does not go down when your feet are elevated above heart level
- Pain and tenderness in the calf of either leg
- Increased warmth or redness in either leg

Infection

While rare, call your surgeon immediately if you notice the following signs of an infection:

- Increased swelling and redness
- Increased drainage or discharge that changes color or has an odor
- Surrounding skin that is hot to the touch
- Increased pain in your incision, not associated with exercise
- Night sweats or fever greater than 101 degrees

Blood clot in lungs (pulmonary embolus or PE)

A pulmonary embolus is a blood clot that has traveled to your lungs.

CALL 911 IMMEDIATELY IF YOU EXPERIENCE:

- Sudden chest pain
- Difficult and/or rapid breathing
- Shortness of breath
- Sweating
- Confusion

A PE can be life threatening. Do **NOT** take the time to call your orthopaedic surgeon.

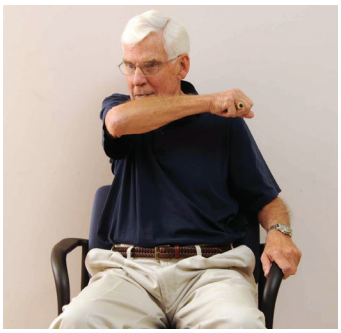
Call 911 immediately.

At-home how-to

Breathing exercises

To reduce the risk of developing a lung infection, practice the techniques below daily before surgery:

COUGHING



1. Sit down and take a deep breath in. (If you have obstructive pulmonary disease, such as emphysema, take a shallow breath in.)
2. Forcefully cough, covering your mouth with the crook of your arm.
3. Repeat 10 times daily.

DEEP BREATHING

To keep your lungs clear and stay relaxed, lie down or sit and do the following:

1. Breathe in through your nose slowly and deeply. If unable to breathe through your nose, inhale through your mouth. (If you have obstructive pulmonary disease, such as emphysema, take a shallow breath in.)
2. Exhale slowly through pursed lips, similar to blowing out the candles on a birthday cake. Be sure to use proper technique:
   - Don't hold your breath.
   - Place your hand on your stomach to confirm:
     - **Breathe in:** Your stomach should move out
     - **Breathe out:** Your stomach should move in

Once you get into the rhythm of this exercise, close your eyes and visualize a place/scene that relaxes you.

Activities of daily living (ADL)

TIPS FOR GETTING AROUND

For the next few weeks, you may have to stop and think about how to do certain activities that previously were automatic, like getting into bed or out of a chair. Soon they will become natural again. In the meantime, follow these guidelines to help you during your recovery period:

IF USING A STANDARD WALKER (WITHOUT WHEELS)

1. Stand inside the walker.
2. Grasp the side handles securely with elbows slightly bent.
3. Move the walker in front of you, advancing it until your arms are straight.
4. Place all four walker legs firmly on the ground.
5. Take a small step forward with the more painful or weaker leg.
6. Step forward with the opposite leg. Do not move your feet past the front of the walker.
7. Advance the walker and repeat.

IF USING A ROLLING WALKER (WITH WHEELS)

1. Stand inside the walker.
2. Grasp the handles securely with elbows bent.
3. Move the walker in front of you and start walking, staying inside of the walker (similar to pushing a shopping cart.)

DO NOT

Use the walker to pull yourself up to standing position.

Push the walker too far ahead. Try to keep your body upright and avoid leaning forward.

TRANSITIONING TO A CANE

If using a rolling walker, transitioning to a cane typically happens one to two weeks following surgery. If you are working with a physical therapist, that person will let you know when the time comes and give you direction regarding using a cane.
If you are not working directly with a physical therapist, contact your surgeon's office for direction regarding readiness and guidelines for use.

STAIR CLIMBING

Going up stairs with a cane:

1. Hold hand rail in one hand and cane in the other.
2. Step up with stronger leg to the first step.
3. Step up with weaker or more painful leg, bringing the cane with you. Both feet and cane will be on the same step.
4. Repeat.

Going down stairs with a cane:

1. Hold hand rail in one hand and cane in the other.
2. Step down with the weaker or more painful leg to the first step, bringing the cane with you.
3. Step down with stronger leg. Both feet and cane will be on the same step.
4. Repeat.

GETTING OUT OF A CHAIR

Chair with arms

1. Scoot forward to the front edge of the chair.
2. Place both feet firmly on the floor.
3. Place both hands on the arms of the chair.
4. Lean forward slightly and push up from the chair using both hands.

Chair without arms or a sofa

1. Scoot forward to the front edge of the chair/sofa.
2. Place both feet firmly on the floor.
3. Place both hands on the chair.
4. Lean forward and push up using both arms.

TOILETING

Depending on your abilities, a raised toilet seat may make it easier for you to get up and down.

Sitting down on the toilet

1. Take small steps toward the toilet and turn until your back is to the toilet. Do not pivot.
2. Back up to the toilet until you feel it touch the back of your legs.
3. If using a commode with arm rests, reach back for both arm rests and lower yourself onto the toilet.
4. If using a regular or raised toilet seat without arm rest, keep one hand on a stable surface while reaching back for the toilet seat with the other.

Getting up from the toilet

If using a commode with arm rests, use the arm rests to push up. If using a regular or raised toilet seat without arm rests, place both hands on your thighs and push off your thighs. Balance yourself before you start walking.

GETTING INTO THE BATHTUB USING A BATH SEAT

Place the bath seat in the tub facing the faucets.

1. Walk toward the bathtub and turn until you can feel it touch the back of your legs. Be sure you are in front of the bath seat.
2. Reach back with one hand to grasp the back rest of the bath seat.
3. Slowly lower yourself onto the bath seat.
4. Lift your legs over the edge of the tub, using a leg lifter for your weaker or more painful leg if necessary.

Take care to keep your incision dry until instructed otherwise.

GETTING OUT OF THE BATHTUB USING A BATH SEAT

1. Lift your legs over the outside of the tub.
2. Scoot to the side of the bath seat.
3. Hold onto the seat with one hand.
4. Slowly push off the tub seat.
5. Balance yourself before continuing to move. Using a bath seat, grab bars, long-handled bath brushes and a handheld shower can make bathing easier and safer. Keep in mind, however, these items are not typically covered by insurance.

GETTING INTO BED


1. Gently lower yourself to a sitting position on the edge of the bed.
2. Slowly bring your legs up as your torso lowers to the bed on your side.
3. Keep your knees bent as you gently log roll onto your back.

GETTING OUT OF THE BED


1. While on your back, slowly bend your knees up.
2. Reach across your body with your arm to grab for the edge of the bed as your knees come down into a side-lying position on the bed (log rolling).
3. Gently push yourself up to a sitting position.

GETTING INTO THE CAR

1. Move the front passenger seat all the way back to allow the most leg room.
2. Walk toward the car and turn.
3. Back up to the car until you can feel it touch the back of your legs.
4. Place your left hand on the dashboard of the car, reaching for the back of the seat with your right hand. Do not hold on to the car door as it may move.
5. Lower yourself down onto the seat, being careful not to hit your head.
6. Turn frontward, leaning back as you pivot.
7. Return car seat to its upright position.
8. Make sure you use your seat belt. We want you to arrive safely. If your car has fabric seat covers, place a plastic grocery bag on the seat to help you slide once you are seated, and remove bag after seated in the car.

GETTING OUT OF THE CAR

Reverse the previous instructions for getting into a car.

USING A REACHER OR A DRESSING STICK

Putting on pants or underwear

1. Sit down.
2. Put your weaker or more painful leg in first.
3. Use a reacher or dressing stick to guide the waist band over your foot.
4. Pull your pant leg up over your knees so the pants are within easy reach.
5. Repeat for your stronger leg.
6. Once both feet are through your pants, stand up slowly.
7. Pull your pants up the rest of the way.

Taking off pants or underwear

1. Back up to the chair or bed where you will be undressing.
2. Unfasten your pants and let them drop to the floor.
3. Push your underwear down to your knees.
4. Reach back for the bed or the chair and sit down gently.
5. Take your stronger leg out first and then the weaker or more painful leg.

A reacher or dressing stick can help you remove your pants from your foot and pick them up off the floor.

USING A SOCK AID

1. Sit down.
2. Slide the sock onto the sock aid with the toe completely tight at the end.
3. Hold the cord and drop the sock aid in front of your foot. It is easier to do this if your knee is bent as much as possible.
4. Slip your foot into the sock aid.
5. Straighten your knee, point your toe and pull the sock on.
6. Continue pulling until the sock aid releases. It is better to wear lace or Velcro shoes, or well-fitting slip-ons. Do not wear high-heeled shoes, backless shoes or flip-flops.

USING A LONG-HANDLED SHOEHORN

1. Sit down.
2. Using a reacher, dressing stick or long-handled shoe horn, place your shoe in front of your foot. It is easier to do this if your knee is bent as much as possible.
3. Place the shoehorn inside the shoe against the back of the heel, with its curve matching the curve of your shoe.
4. Place your toes in your shoe.
5. Step down into your shoe, sliding your heel down the shoehorn.
6. Pull out the shoehorn.
7. Repeat with your other foot.

Appendix 1: Dining and gift shop options

Dining options and gift shops available to patients and visitors.

LANKENAU MEDICAL CENTER

Cafeteria—Ground floor of the Rosengarten Building
Monday–Friday:
- Continental breakfast: 6:30–11:00 am
- Full breakfast: 7:00–10:00 am
- Lunch: 11:00 am–2:00 pm
- Dinner: 4:00–8:30 pm
- Overnight café: 7:00–11:00 pm; 12:00–2:00 am

Saturday–Sunday: 6:30 am–7:00 pm

Java City at the Atrium Cafe—Ground floor of the Medical Office Building
Monday–Thursday: 6:30 am–4:30 pm
Friday: 6:30 am–3:30 pm

Vending options
Located on the ground floor near the Rosengarten Building and on each floor of the Heart Pavilion, available 24/7

Gift shop—First floor off Main Lobby A
Monday–Friday: 8:00 am–8:00 pm
Saturday and holidays: 9:00 am–7:00 pm

BRYN MAWR HOSPITAL

Cafeteria—Ground floor
Seven days a week:
- Breakfast: 6:30–9:30 am
- Snacks and grab 'n go: 6:30 am–7:00 pm
- Lunch: 11:00 am–2:00 pm
- Dinner: 5:00–7:00 pm

Vending options
Located on the second floor outside of Maternity, available 24/7

Gift shop—Warden Lobby, ground floor E-wing
9:00 am–7:00 pm

PAOLI HOSPITAL

Cafeteria—Ground floor
Seven days a week:
- Breakfast: 7:00–10:00 am
- Lunch: 11:00 am–2:00 pm
- Dinner: 5:00–7:00 pm

Java City—First floor of the Pavilion Building
Monday–Friday: 6:30 am–4:15 pm

Vending options
Located near cafeteria, available 24/7

Gift shop—Ground floor in valet lobby
Monday–Friday: 8:00 am–8:00 pm
Saturday and Sunday: 10:00 am–7:00 pm

RIDDLE HOSPITAL

Café—Ground floor
Monday–Friday:
- Breakfast: 7:00–10:00 am
- Lunch: 11:00 am–2:00 pm

Java City—First floor in the main lobby
Monday–Friday: 6:30 am–7:30 pm
Weekends: 7:00 am–7:00 pm

Vending options
Located in the back of the café, available 24/7

Gift shop
Monday–Friday: 9:00 am–7:00 pm
Weekend hours vary, see posted hours
(Holiday season weekends: 11:00 am–3:00 pm)

Appendix 2: Postoperative care team

SURGEON

You picked your surgeon because you trust him/her to do the best job on your joint replacement. Your surgeon will direct your care and lead a team of dedicated professionals that includes physician assistants (PAs) and residents who will make sure you have a great experience.

MEDICAL PHYSICIAN

The cardiologist and/or a medical physician who cleared you for your surgery will monitor your medical care after your surgery. These skilled physicians work closely with our hospital care team. They are experienced in caring for patients with medical issues after surgery.

PHYSICIAN ASSISTANTS (PAS) AND NURSE PRACTITIONERS (NPS)

These team members are an important part of the surgery team, both in the OR and post-operatively. They will be in constant communication with your surgeon to make sure that you get the best care possible, and that you are informed about your medical status at all times.

NURSING CARE

When you arrive in your room, your nurse and patient care technician will help you get settled in. He/she will show you where your call bell is located, help you change into your gown, take your vital signs, make sure all of your belongings have been transferred from the pre- and post-op area, assess your pain level and treat appropriately and provide you with a snack and something to drink until your meal arrives.

PHYSICAL THERAPY

Physical therapy will begin within 24 hours of your surgery. You may get out of bed on the day of your surgery (with help) if your anesthesia has worn off, if your vital signs are stable and if your pain is under control.

OCCUPATIONAL THERAPY

Occupational therapy will begin within 24 hours of your surgery. The occupational therapist will review the activities of daily living after having back or neck surgery, such as dressing, toileting, bed transfers and chair transfers. He/she works very closely with the physical therapist.

CARE MANAGER

The care manager will meet you the day after your surgery. He/she will review your home situation and your plans for discharge. The length of your stay at the hospital will be determined by how well you do post-operatively. If you are going to a rehabilitation facility, your insurance company is involved in authorizing and determining your length of stay at the facility.

Members of your care team may also include:

- **NM—Nurse Manager**—manages nursing care and orthopaedic unit
- **SW—Social Worker**—may handle your discharge planning
- **Respiratory therapist**—specialist in airway management, mechanical ventilation and pulmonary hygiene; they evaluate and treat respiratory and cardiovascular problems, if needed
- **US**—Unit Secretary
- **Environmental services**—provides housekeeping services
- **Host/hostess**—delivers your meals

Appendix 3: Medication Tracker

This form will help you track your medication in one place. This includes prescription and non-prescription medication (aspirin, over-the-counter pain medication, allergy relief medication, antacids, laxatives), vitamins, nutritional/dietary supplements and eye drops.

Patient name_____
Date of birth _____ Date of surgery _____

Surgeon _____ Telephone _____

Primary care physician_____
Telephone _____

Pharmacy _____ Telephone _____

Allergies _____

Flu vaccine ☐ Date _____

Pheumonia vaccine ☐ Date _____

MEDICATION	DOSE (in mg or units)	HOW OFTEN DO YOU TAKE IT?	HOW LONG HAVE YOU BEEN TAKING IT?	WHAT IS IT FOR?	STOP DATE PRIOR TO SURGERY (per prescribing physician)

Appendix 4: Commonly asked questions

WHAT IF I TEST POSITIVE FOR STAPH/MRSA?

If you test positive for staph, the office will call and give you special instructions that include taking a series of preoperative showers with antiseptic soap (Hibiclens/Bactoshield) and applying an antibiotic ointment to your nose. The office will call in a prescription for 2% Mupirocin nasal ointment (Bactroban).

- Dab a small amount of ointment, about the size of a match head, onto a Q-tip.
- Apply ointment to the inside front part of both nostrils.
- Press the nostrils closed to spread the ointment throughout the nostrils.
- Do this twice a day (morning and before bed) for five days.
- Begin preoperative showers protocol five days before your surgical procedure is scheduled.
- Follow instructions as outlined in the patient education preoperative showers section.
  - Bathe or shower every day with Hibiclens/ Bactoshield.
  - On the morning of your surgical procedure, shower or bathe again with Hibiclens/ Bactoshield.
  - You should have completed six showers or baths with this antiseptic.
- Use the enclosed grid (**Appendix 7**) to keep track of your preoperative skin cleansing schedule and bring it to the hospital on the day of your surgery.

WHEN MAY FAMILY/VISITORS SEE ME AFTER SURGERY?

After your surgery, it may take between two and six hours to arrive on the surgical unit. The recovery time for each individual can vary and depends on your response to anesthesia and pain medications. Visitors can wait in the designated waiting rooms.

Once you are brought to the surgical unit, the staff will need a few minutes to get you settled and comfortable and ready for visitors.

MAY I TAKE MY OWN MEDICATIONS?

NEVER take your own medications while you are in the hospital, unless you are requested to do so by your nurse. Please bring a current list of your medications (**Appendix 4**) so that we can have them ordered for you by your doctors.

HOW LONG WILL I BE IN THE HOSPITAL?

Your length of stay is dependent upon your medical status and how well you are progressing with your physical therapy. On average, patients spend one or two nights in the hospital after surgery. Single-level surgical patients typically go home the same day as surgery.

WHERE WILL I BE GOING AFTER SURGERY?

You should expect to go home after discharge from the hospital. Further therapy services are arranged for by an assigned social worker or case manager if there is a medical need after a physical therapy evaluation and as per physician protocol.

HOW SOON AFTER SURGERY MAY I EAT?

Surgical patients usually start with clear liquids. If you do not become nauseated, you will be advanced to your preadmission diet.

WHEN MAY I SHOWER?

This varies depending on your surgeon's instructions, but typically you may shower within 48 to 72 hours after surgery or as instructed by nurse on discharge.

WHAT ARE ANTICOAGULANTS?

Anticoagulants (blood thinners) are a type of drug your doctor prescribes to prevent blood clots. Commonly used medications are Coumadin, Lovenox, Arixtra, Xarelto and aspirin. You will be directed to stay on one of them for a period of time after surgery. Depending on the medication, you will need to have your blood tested to monitor the effect of the drug and to regulate the dosage. Once discharged home, arrangements will be made to continue monitoring your blood.

Appendix 4: Commonly asked questions

HOW OFTEN WILL I RECEIVE PHYSICAL AND OCCUPATIONAL THERAPY?

After your initial evaluation, you will receive therapy once or twice a day. Your therapist will be instructed by the surgeon as to what therapy you need. The goal is to keep you out of bed and active.

WHERE DO I GET THE EQUIPMENT I NEED?

Patients being discharged to home may receive equipment from either the physical therapist, occupational therapist or case manager. Insurance companies often cover only one device (walker, cane, or crutches). Bring in your own or borrowed walker (if you have one) before discharge to ensure a proper fit. A three-in-one commode may be recommended by the therapists. Many insurance companies do not cover this. The discharge planner will let you know. Handheld tools are not covered by insurance companies. You will be billed for them if the therapist recommends you need them.

WILL I BE ABLE TO USE STAIRS AT HOME?

Your physical therapist will make sure you can successfully navigate stairs prior to your discharge home. You will find that your endurance will improve once you are home, but it would be beneficial to have someone available to assist you in the first days after discharge.

WHAT IF I HAVE AN ISSUE WHILE I AM IN THE HOSPITAL?

Please do not wait until after you are discharged to voice any concerns that you may have. Members of the nursing administration, as well as our volunteers, make daily rounds. Your suggestions are very important to us. We want your stay to be a superior patient experience.

WHO WILL I SEE IN THE HOSPITAL AFTER MY SURGERY?

You will be cared for by an entire team of professionals under the direction of your surgeon. After surgery you may be seen by the surgeon, surgical resident, nurse practitioner and/or physician assistant to monitor your progress and assure the best possible recovery from your surgery.

Appendix 5: At-home checklist for postoperative spine surgery

Use this page to track important information when you get home.

Patient name_____
Date of birth _____Date of surgery _____

Surgeon _____
Telephone _____

Primary care physician_____
Telephone _____

Emergency contact _____
Telephone _____

DATE /TIME					
MEDICATION FOR SEVERE PAIN					
MEDICATION FOR MILD PAIN					
BLOOD THINNER					
MEDICATION FOR CONSTIPATION					
MEDICATION SIDE EFFECTS?					
PHYSICAL THERAPY APPOINTMENTS					
PHYSICAL THERAPY/ EXERCISE ON OWN					
DR. APPOINTMENT/ SURGEON					
DR. APPOINTMENT/ PRIMARY CARE					
QUESTIONS I HAVE Example: When can I drive?					

Remember to take this to your doctor appointments.

Appendix 5: At-home checklist for postoperative spine surgery

	DATE /TIME				
MEDICATION FOR SEVERE PAIN					
MEDICATION FOR MILD PAIN					
BLOOD THINNER					
MEDICATION FOR CONSTIPATION					
MEDICATION SIDE EFFECTS?					

PHYSICAL THERAPY APPOINTMENTS					
PHYSICAL THERAPY/ EXERCISE ON OWN					

DR. APPOINTMENT/ SURGEON					
DR. APPOINTMENT/ PRIMARY CARE					

QUESTIONS I HAVE Example: When can I drive?					

Remember to take this to your doctor appointments.

Appendix 6: Preoperative skin cleansing schedule

Follow this guide **ONLY** if you have a staph infection.

	COMPLETED	
5 DAYS BEFORE SURGERY		
Nasal ointment applied 2 times—morning and bedtime	☐ AM	☐ PM
Hibiclens/Bactoshield shower or bath	☐	
4 DAYS BEFORE SURGERY		
Nasal ointment applied 2 times—morning and bedtime	☐ AM	☐ PM
Hibiclens/Bactoshield shower or bath	☐	
3 DAYS BEFORE SURGERY		
Nasal ointment applied 2 times—morning and bedtime	☐ AM	☐ PM
Hibiclens/Bactoshield shower or bath	☐	
2 DAYS BEFORE SURGERY		
Nasal ointment applied 2 times—morning and bedtime	☐ AM	☐ PM
Hibiclens/Bactoshield shower or bath	☐	
DAY BEFORE SURGERY		
Nasal ointment applied 2 times—morning and bedtime	☐ AM	☐ PM
Hibiclens/Bactoshield shower or bath evening before procedure		☐ PM
REMEMBER: Please refer to Anesthesia directions for fasting guidelines prior to surgery.		
MORNING OF SURGERY		
Apply final application of nasal ointment	☐ AM	
Hibiclens/Bactoshield shower or bath	☐ AM	

Appendix 7: Glossary of commonly used terms

Unmasking the jargon

With all of the medical terminology and alphabet soup of acronyms you hear at a typical hospital, you might feel like you're on another planet! Here is a list of terms and definitions you might come across while in the hospital.

Abductor muscle group on the outside of the hip joint that moves the legs apart

Adductor muscle group of the inner thigh that moves the legs together

ADL (Activities of Daily Living) for example, hygiene (bathing grooming, shaving and oral care), dressing, feeding yourself and toileting

Ambulation how a patient walks

Anterior cervical fusion stabilizes the vertebrae creating less chance for slipping of the discs; a plate and screws are inserted to stabilize the neck; bone from a bone bank or a graft from the hip is inserted between the vertebrae and the screws

Anticoagulant blood thinner medication, for example, Coumadin and Lovenox

Arthritis inflammation of a joint(s)

Autologous blood donation patient donates blood for him/herself

Bed mobility how a patient moves in bed

Bilateral pertaining to both sides of the body

Cartilage a firm, thick, slippery tissue that coats the ends of bones where they meet other bones to form a joint; it allows bones to slide and glide over each other and acts as a protective cushion between them to absorb the stress applied to joints during movement

Cervical discectomy removal of the piece of disc or the entire disc that is putting pressure on the nerves or spinal cord, thus helping to reduce the symptoms

DJD Degenerative Joint Disease (same as OA)

DME Durable Medical Equipment equipment (walker, raised toilet seat, etc.) that helps you walk and perform your ADLs safely

DVT Deep Vein Thrombosis a blood clot that forms in a vein (for example, in your calf)

Extension straightening

Flexion bending

Functional status evaluation of a patient's mobility (for example, bed mobility, transfers and ambulation)

FWB Full Weight Bearing

Gastrocnemius muscle calf muscle

Hamstrings muscles in the back of the thigh

Home care rehab physical rehab services received in your home

Inpatient rehab physical rehab services at a facility where you stay overnight for a period of time (for example, acute rehab, sub-acute rehab or a SNF)

Isometric exercise contraction of a muscle without any visible movement of the joint

IV (Intravenous) a port is inserted into your vein that enables fluids and medications to be delivered directly into your bloodstream

Lumbar discectomy removal of the piece of disc or the entire disc that is putting pressure on the nerves or spinal cord, thus helping to reduce the symptoms

Lumbar fusion stabilizes the vertebrae of the spine creating less chance for slipping of the discs; rods and screws are placed to stabilize the spine and a bone graft is applied for stability; bone from a bone bank or a graft from the hip is inserted between the vertebrae and the screws

Lumbar laminectomy a procedure involving removal of bone of the vertebrae to relieve pressure, allowing more space for the nerves running from the spinal canal

NPO (Non Per Os) nothing may be taken orally (no eating or drinking)

NWB Non-weight Bearing

OA (Osteoarthritis) arthritis caused by the breakdown and eventual loss of cartilage

OR (Operating Room) the room where your surgery will take place

OTC (Over-The-Counter) medicine sold directly to the consumer, without a prescription

Outpatient rehab physical rehab at a facility that does not require an overnight stay

PACU (Post Anesthesia Care Unit) the recovery room where you will be taken immediately after surgery; when you are medically stable, you will be transferred to the orthopaedic unit

PASS Pre-Anesthesia Surgical Screening (may also be referred to as PAT Pre-Admission Testing)

PAT Pre-Admission Testing

PCA (Patient Controlled Analgesic) enables the patient to deliver pain medication (as needed) through an IV line by pushing a button

PE (Pulmonary Embolus) a life-threatening condition where a blood clot travels to the lungs

Post-op (Post-operative) after surgery

Posterior cervical fusion stabilizes the spine through an incision in the back of your neck; any arthritis and bone spurs are removed allowing for more space for the nerves coming from the spinal canal to run; rods and screws are placed to stabilize the spine and a bone graft is applied for stability

Pre-op (Preoperative) before surgery

PRN (Pro Re Nata) as needed

PWB Partial Weight Bearing

Quads (Quadriceps) muscles in the front of the thigh

ROM (Range Of Motion) the amount (measured in degrees) that a joint can move

SNF Skilled Nursing Facility

Subcutaneous just under the skin

Syringe needle

Transfers how a patient moves from a bed, chair, etc. from a sitting to a standing position

TTWB (Toe Touch Weight Bearing) ability to place toe on floor but not bear any weight

Unilateral pertaining to one side of the body

WBAT (Weight Bearing As Tolerated) ability to put as much weight on the operated leg(s) as a patient can tolerate

Weight Bearing Status how much weight you can put on your operated leg(s) when you are standing and/or walking

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