

OhioHealth
Spine Patient
Education Guide

Dear Patient,

OhioHealth is pleased to provide you with our OhioHealth Spine Guide. We have developed this patient guide to make it easier for you and your family before, during and after your spine surgery. This guide will serve as a resource for answering your questions. Please bring this guide with you to the hospital.

Our team is ready to assist you if you have questions at any time during your hospital stay. If you need additional information not covered in this guide, please call your surgeon.

Preparing mentally for surgery is important for your recovery. An important part of the recovery process is to get back to normal living. Depending on your condition, your recovery will be tailored to meet your needs. Each patient recovers differently.

Your stay in the hospital will be short. Your recovery will be continued at home or at a rehabilitation center. It is important for you to make a commitment to follow your doctor's instructions so you can benefit the most from the surgery. Please plan for assistance in your home after surgery. Consider meal preparation, cleaning and other home activities. If you need support, either physically or emotionally, coping with surgery and recovery, please talk to the staff.

OhioHealth Spine Team



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Introduction to Spine Surgery

The instructions in this booklet were developed by a team of surgeons, nurses and therapists. They are basic guidelines to help you get the most benefit from your procedure.

Your surgeon may give you different or additional instructions that are specific to your condition or procedure. **Always follow your surgeon's instructions, even when they differ from those outlined in this book.** When unsure, please call your surgeon's office to find out exactly what you should be doing.

Our team of specialists is dedicated to performing state-of-the-art procedures to improve function and decrease pain in patients with disorders of the back and neck.

Nationally, back pain is one of the most common problems treated by a neurosurgeon or orthopedic surgeon. Four out of five adults will have significant low back pain sometime during their life. OhioHealth hospitals perform the most spine surgeries in the state of Ohio — you are in good hands.

The spine

The spine is made up of vertebrae (bones shaped like building blocks), the spinal cord (nerves), fluid, and discs (cushions between the vertebrae). The spine allows you to bend forward, backward and twist.

The vertebrae

The spine is made of 33 vertebrae stacked upon each other to support the entire body. These vertebrae include: seven vertebrae of the cervical spine located in your neck, 12 thoracic vertebrae in your chest area, five lumbar vertebrae in your lower back, five fused sacral vertebrae and four fused coccygeal vertebrae located in your buttock region.

Cervical
C1-C7

Thoracic
T1-T12

Lumbar
L1-L5

Sacrum/
coccygeal

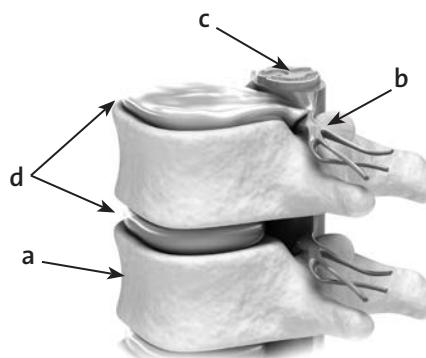


The disc

The disc is the material between the vertebrae that cushions the spine.

Structure of the spine

- a. vertebrae
- b. spinal nerve
- c. spinal cord
- d. disk



Spinal Issues

Back/spine pain can be caused by a number of factors:

- + Inherited factors
- + Injuries (e.g. falls, sports)
- + Effects of aging
 - Arthritis.
 - Disc degeneration can be accelerated by smoking, occupational factors, bad posture or lack of exercise.
 - Osteoporosis is caused by bones losing strength over time. It alone cannot cause back pain but can weaken the spine so that normal strain or minor trauma causes fractures.
- + Fractured or compressed vertebrae from a fall, stress of lifting or everyday activities

Herniated disc (also called ruptured disc)

A herniated disc occurs when a disc ruptures out and pushes against the spinal nerves. The pressure on the nerve may cause pain, numbness, tingling and weakness in a specific pattern.

Arthritis (Osteoarthritis)

With age and normal wear and tear, the bones can rub together and cause inflammation and pain. When the bones rub, painful bone spurs (calcium deposits on the bone) can form. Your physician may refer to this as joint deterioration, joint narrowing, or bone on bone.

Spinal instability

The vertebrae can slide back and forth from trauma or spinal injury. This causes pain, numbness and weakness.

Spinal stenosis

Spinal stenosis is a narrowing of the opening in the spinal canal, often caused by bulging of the disc and/or enlargement of the bone and ligaments. This is common with age, and may cause pressure on the nerves, swelling, pain, numbness or weakness.

Spondylolisthesis

This is a bone defect where the vertebrae slips. This can inflame the nerve and cause pain. This may be present at birth or develop later in life.

Note: Not all back pain is treated in the same way.

Types of Spine Surgery

Laminectomy

A surgical procedure to treat spinal stenosis is called laminectomy. The doctor removes the portion of the vertebrae called the lamina so the pressure on the nerves is relieved.

Discectomy

A surgical procedure to remove a herniated or damaged portion of a disc in your spine. The purpose of discectomy is to relieve symptoms caused by the pressure that a herniated disc places on spinal nerves.

Kyphoplasty

A surgical procedure to repair vertebral compression fractures. A balloon-like device is used to create space in the fractured vertebrae, and then a cement-like material is injected into the space.

Fusion

Spinal fusion is used to treat pain caused by misalignment or instability of the vertebrae. In some cases a piece of bone is placed between the two vertebrae so that the bone grows together and fuses that part of the spine. The bone may come from an area on your hip or a donor bone.

Fixation

In some cases, metals plates, rods and screws are used to keep the bones together and improve the chance that the bones will fuse together.

Plate



PROVIDENCE™ Anterior Cervical Plate

Interbody device



CALIBER® Expandable Lumbar Fusion Device

Rods and screws



REVERE® Stabilization System

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Your Spine Surgery Team

Your healthcare team's main goal is to provide quality care.

At OhioHealth, we are dedicated to keeping your body's musculoskeletal and nervous system in the best possible working condition. Your surgeon works with a highly trained team of anesthesiologists, nurses, case managers, nurse practitioners, occupational therapists, physical therapists and social workers to meet your care needs.

The following staff members may be involved in your care:

Neurosurgeon or orthopedic surgeon

- + Performs surgery and directs your care
- + Visits you on rounds in the hospital
- + Evaluates you at follow-up appointments at the office
- + May consult other healthcare professionals (e.g., a nurse practitioner, physician assistant, consulting doctors) to help in your care

Nursing staff (including hospital nurses, office staff, case managers, nurse practitioners, nurse educators, and discharge planners)

- + Coordinate and provides patient care in the hospital
- + Share information about your condition to the healthcare team
- + Help you plan for the move to your home or extended care facility
- + Is available to answer your questions during your hospital stay

Physical therapist

- + Evaluates your physical capabilities
- + Instructs and assists you with a walking program
- + Provides instructions for home activity
- + Identifies possible home needs

Occupational therapist

- + Instructs you in methods of handling day-to-day activities after spine surgery
- + Demonstrates temporary lifestyle changes for self-care at home after discharge
- + Identifies possible home needs

Social worker/discharge planner

- + Identifies possible home needs
- + Makes arrangements for continued care after discharge, such as meals
- + Makes arrangements for home health care, equipment or an extended care facility
- + Assists with insurance questions and financial concerns

Your responsibility as a patient

- + Ask questions about anything you do not understand
- + Let the staff know about any problems
- + Come with an up-to-date and correct list of your home medications
- + Do as much for yourself as permitted both before and after discharge from the hospital to keep you as independent as possible
- + Plan for help at home after surgery
- + Do not assume you can go to a skilled nursing facility after discharge; certain admission criteria must be met to enter these facilities

Preparing for Surgery

There are many things that you can do before surgery to make your recovery easier and safer. Preparing your home before surgery creates less work for your family while you are in the hospital and also makes your discharge smoother.

Arrange for help

- + You will not be able to drive for at least two weeks after your surgery.
- + Make arrangements to have someone stay with you, if needed, for the first 24 hours.
- + Ask a friend or family member if they will be able to buy groceries, run errands for you and drive you to your follow-up doctor's appointments.

Reduce your risk for a fall

- + Remove any throw rugs.
- + Tack down any loose carpeting so that walking will be safer.
- + Look around the room for other hazards and remove them.
- + Wear shoes with non-skid soles (not house slippers).
- + Have family or friends available to assist you once you're home.
- + Your physical therapist or occupational therapist will discuss home safety concerns with you prior to discharge.

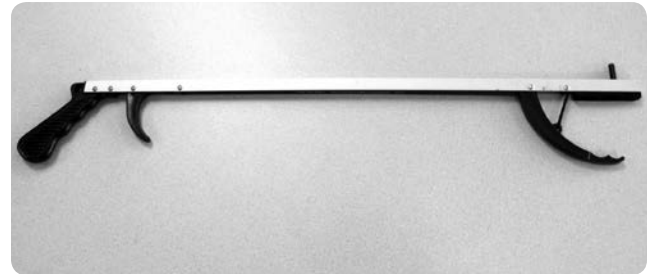
Furniture

- + Make sure you have a supportive, comfortable chair in your home.

Equipment

The following equipment is available for purchase at the hospital. Please discuss with your occupational or physical therapist (or social worker or case manager if a therapist is not available). This equipment is typically not covered by insurance, but may be helpful to you after your surgery.

Hospital beds can be rented but may not be covered by your insurance.



PREPARING FOR SURGERY

Braces

Your surgeon may order a brace for you to wear. Different types of braces are available. Your surgeon will order the brace that best meets your needs. The office nurse, an orthotist (specialist in making/fitting braces), physical therapist or occupational therapist will instruct you and your family about how to put on and take off the brace. Your surgeon will tell you when you need to wear your brace. Your surgeon will also tell you how long after your surgery you will need to wear the brace. The following braces are similar to ones your doctor may order.

Neck braces



Back braces



Showering/Bathing Before Surgery

You may be provided scrub for bathing the night before and morning of surgery. You will use half of the bottle to scrub your body the night before your surgery. The remainder of the bottle should be used to scrub your body the morning of your surgery.

Keep the scrub out of your eyes, ears and mouth. Rinse your body, apply the scrub to a washcloth (may stain it brown), scrub your body, wait two minutes, rinse, towel dry and put on clean clothes. If you experience burning or irritation of the skin, rinse immediately and do not reapply.

Do not apply lotion or powder to your surgical area or legs the day of your surgery.

Healthy Diet

A healthy diet needs to have a balance of fats, proteins, and carbohydrates. It is important to eat from all the food groups to meet your calorie, protein, vitamin and mineral needs. Make sure to include vegetables, fruits, whole grains, dairy products, proteins, and fats in your daily diet. Consuming adequate protein will help support the healing process after surgery. Examples of protein are: meats, eggs, cheese, milk, yogurt, and beans.

If you are diabetic, try to keep your blood glucose between 80-180 mg/dL.

Quit Smoking

Why should I quit smoking?

- + Your health is important! Smoking can cause many health problems such as heart disease, breathing problems, strokes and cancer.
- + You will decrease your risk of lung and other types of cancers, heart disease, stroke and other lung diseases.
- + Former smokers have fewer days of illness, health complaints, bronchitis and pneumonia than smokers do.
- + You will save money. A pack-a-day smoker, paying at least \$6 per pack will save more than \$2,190 per year.
- + **All OhioHealth facilities are non-smoking.**

PREPARING FOR SURGERY

How can I quit smoking?

Get ready to quit

- + Pick a day. Encourage a friend to quit smoking with you so you can succeed together.
- + When do you smoke? Find the “routine” in your daily life that you often do while smoking.
- + Change your routines. Move the cigarettes, or smoke only in certain places.
- + When you want a cigarette, wait a few minutes.
- + Switch to a brand of cigarettes that you don’t like.

On the day you quit

- + Get rid of your cigarettes and hide your ashtrays.
- + Change your routines.
- + Carry something to put in your mouth such as gum, hard candy or toothpicks.
- + Reward yourself at the end of the day for not smoking.
- + Exercise.
- + When you feel tense, try to keep busy.
- + Eat regular meals.
- + Start a money jar with the money you save by not buying cigarettes.
- + Let others know you quit smoking so they can offer their support.
- + If you slip and smoke, don’t be discouraged – try to quit again.

Who can help me?

If you need more information or tools to help you quit smoking, talk to your doctor, nurse or respiratory therapist.

More information

You do not have to do it alone. There are many resources to support you as you quit smoking.

Smoking Cessation Programs

Ohio Tobacco Quit Line

1 (800) QUITNOW (784.8669)

The Breathing Association

(614) 457.2997

(eligibility requirements)

National Cancer Institute

Smoking Quitline

1 (877) 44U-QUIT (8.7848)

SmokeFree.gov

American Lung Association

1 (800) 586.4872

1 (212) 315.8700

LungsUSA.org

American Heart Association

1 (800) 242.1793 (Call Center)

1 (800) 242.8721

AmericanHeart.org

Benefits of quitting smoking

Time since last cigarette	Health that occurs
20 minutes	Your blood pressure, pulse and temperature return to normal.
8 hours	Carbon monoxide levels drop.
24 hours	Chance of heart attack begins to decrease.
48 hours	Nerve endings repair. Ability to smell and taste is enhanced.
2 weeks to 3 months	Blood flow improves. Walking becomes easier and lung function improved up to 30%.
1 to 9 months	Coughing, sinus congestion, tiredness, and shortness of breath get better. Your energy improves.
1 year	Risk of heart disease is half that of a smoker.
5 years	Stroke risk decreases. Risk of lung, throat and mouth cancer is half of that of a smoker.
10 years	Lung cancer death rate equals that of non-smokers. Precancerous cells are replaced. Risk of mouth, bladder, throat, kidney and pancreas cancer decreases.
15 years	Risk of heart disease equals that of a non-smoker.

This information was adapted from information provided by Ohio KePro.

What To Do Before Surgery

Four weeks before surgery

Stop smoking (no cigarettes, no cigars, no chew and no rub). Stopping smoking is the single best thing you can do to have your wound heal, bone fuse and reduces your chances of getting infected.

10 days before surgery

Discontinue arthritis medication (e.g. non-steroidal anti-inflammatory drugs like Ibuprofen). Aspirin, aspirin-containing medications and antiplatelet drugs should be discussed with your physician since many of these drugs are given for cardiac reasons and should not be stopped without having a discussion with your physician.

The night before surgery

If you were provided scrub, use half of the bottle in the shower to clean your body. Keep the scrub out of your eyes, ears, nose and mouth. Rinse your body, apply the scrub to a washcloth (may stain the washcloth brown), wait two minutes, rinse off, towel dry and put on clean clothes. If you experience burning or irritation of the skin, rinse immediately and do not reapply.

Please DO NOT eat or drink anything after midnight. This includes no water, gum, candy or cigarettes. Brush your teeth and spit out the water. Make sure you have a bowel movement this day. Use a suppository or laxative if necessary.

The morning of surgery

If you were provided scrub, use the other half of the bottle in the shower to clean your body. Keep the scrub out of your eyes, ears, nose and mouth. Rinse your body, apply the scrub to a washcloth (may stain the washcloth brown), wait two minutes, rinse off, towel dry and put on clean clothes. Do not apply lotion or powder to your surgical area or legs.

Take only those oral medications directed by your physician. Take them with the smallest amount of water needed to swallow the medication (only a sip).

What to bring to the hospital

When you come to the hospital, please bring the following:

- + List of medications that you are taking, amount you take, and how frequently you take them (do not bring all your medications)
- + DO BRING migraine medications if you are prone to migraines
- + DO BRING inhalers if you use them
- + Glasses, hearing aides, dentures, toiletries and slippers
- + Brace (if you have been provided one by your surgeon’s office)
- + Insurance information and an emergency telephone number
- + Copy of your advance directive
- + CPAP or BiPAP machine that you use to manage your sleep apnea
- + Wear comfortable clothes to the hospital — you will wear these home
- + Wear a shirt that buttons down the front if you have neck surgery; this will be much easier to put on and wear home

Because we cannot assume liability for items such as jewelry, credit cards, wallets, watches or cash, we urge you to leave all valuables at home. If you need to bring cash, checks or a credit card with you, please have a family member take them home after you are admitted.

Surgery may be cancelled if

- + Your white blood cell count is elevated, you have fever or signs of infection
- + You haven’t stopped taking your blood thinners as instructed (such as Aspirin, Pradaxa, Xarelto, Plavix, Ticlid, Brilinta, Effient or Coumadin)
- + Your blood sugars are too high

Please notify the nurse of any rashes, chest pain or other changes in your health

Blood donation

Most patients undergoing spine surgery will not need a blood transfusion. Current operative techniques help to minimize the amount of blood lost, both in and after surgery. In addition, current transfusion practices are designed to only give blood when a transfusion is medically indicated; that is, when your level of red blood cells has dropped to a degree that your body cannot tolerate, or in situations when low blood counts put you at risk for other complications.

PREPARING FOR SURGERY

Do I need to donate my own blood prior to surgery?

Donating your own blood prior to surgery is referred to as preoperative autologous blood donation. In the past, many patients were routinely referred for autologous blood donation because of concerns about the safety of the blood supply, but that practice is changing. Donating autologous blood prior to surgery may increase your risk of anemia (low red blood cell level). In addition, approximately half of all autologous blood donations in the U.S. are never transfused, and go to waste.

What will happen if I do need a blood transfusion for my surgery?

Your doctor will advise you regarding the risks, benefits and available alternatives for blood transfusion. Information about the safety of the blood supply and consent for blood transfusion is available for you to read and discuss with your healthcare provider. Every unit of blood is donated by a volunteer blood donor and undergoes multiple screening tests, including tests for HIV and Hepatitis C infections. The blood supply is safer than it has ever been, and infections from blood are very rare. The estimated risk of getting HIV or Hepatitis C from a blood transfusion is about 1 in 2 million. In the central Ohio region, there have been no documented cases of HIV infection from blood transfusions since April 1985 when HIV testing of all units of blood was implemented.

Please contact your doctor with questions about blood transfusion.

This information was adapted from information provided by the American Red Cross.

What if I have religious restrictions?

If you are a Jehovah Witness, please discuss concerns regarding blood products, bone and tissue implants with your surgeon.

About Surgery

Anesthesia

General anesthesia is medicine given to you during surgery to put you to sleep and keep you comfortable. An anesthesiologist or nurse anesthetist gives this medicine and will monitor your care throughout surgery.

What to expect after surgery

- + Getting you **out of bed** as soon as possible is important to your overall recovery. Based on your condition and doctor's orders, we will begin getting you out of bed, in the chair and walking in the hall the evening after surgery. We will also get you involved in your daily care, such as bathing and brushing your teeth. This will keep you independent and ready to go home.
- + We will wash our hands with a sanitizer or soap and water before touching you and will ask you to do the same. Having clean hands improves the likelihood that you will not get an infection. We always encourage your family to clean their hands before they touch you.
- + Surgery, lack of exercise, not drinking enough fluids, poor bowel habits and narcotics may cause **constipation**. The nurses will ask about your bowel activity. Stool softeners and/or laxatives may be used.
 - Stool softeners make the bowel movement softer and easier to pass.
 - Laxatives help empty the bowel. Do not use laxatives or enemas regularly.
 - Constipation is usually improved by drinking more water and other liquids. You should drink at least six eight-ounce cups of water every day, unless your physician tells you not to. Other healthy liquids should be drunk in addition to this amount. Certain juices, such as prune juice, may also decrease constipation.
 - A high fiber diet usually helps decrease constipation. It can also help decrease a high blood cholesterol level and help manage diabetes. This diet contains foods that have a lot of fiber. Fiber is the part of fruits, vegetables and grains that is not broken down by your body. A high fiber diet will add bulk and softness to your bowel movements. Your diet should include fresh vegetables, whole grain bread products, cereal with fiber and beans. Fiber should be added into your diet slowly over time. Ask your nurse for more information about a diet high in fiber.
- + You will be given ice chips and clear liquids, and advance to a regular diet as tolerated.
- + You will get intravenous (IV) fluid until you are eating and drinking well.
- + **Coughing, deep breathing** and using an **incentive spirometer** helps you expand your lungs and prevent pneumonia. The staff will show you how to do these breathing exercises. You can do these exercises independently every one to two hours while awake.
- + **Preventing the risk of blood clots** – Getting out of bed and walking is the most important thing you can do to help prevent blood clot formation. Leg pumps, heparin shots and compression stockings may also be used to help prevent blood clots.

ABOUT SURGERY

If you are prone to migraines

Changes in your sleep patterns, food intake, stress and anesthesia all increase the likelihood that you will have a migraine if you are prone to them. Please bring your migraine medication in the original container with you to the hospital. We will obtain a doctor's order and dispense it to you.

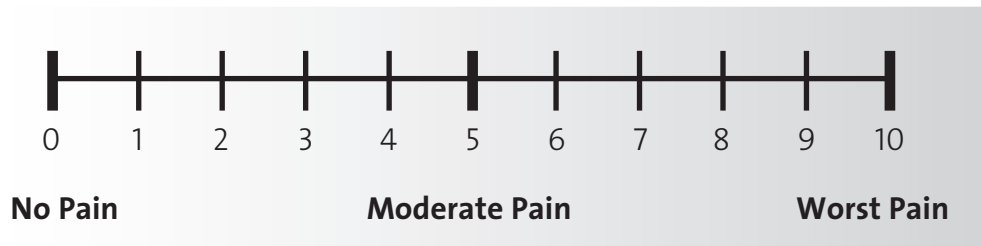
Managing your pain

Important points:

- + Post-operative pain and discomfort often last four to six weeks.
- + YOU are the expert on your pain.
- + Tell us when you hurt or are uncomfortable.
- + Pain medicine is usually given as needed for pain.
- + The longer you wait to take pain medicine, the worse your pain may become and the longer it may take to control it.
- + Tell us if your pain medicine is not working or if you do not like the way it makes you feel.
- + You cannot leave the hospital floor with an IV pain medication pump.

We will ask you to rate your pain on a scale of zero to 10, with 10 being the most severe pain and zero being no pain at all.

Pain scale



Your doctor will order pain medicine (IV, shot, pills) to best meet your needs. You will receive pain medicine based on the rating of your pain. If your pain medicine doesn't seem to be working, call the nurse. If you get sleepy, just relax. The pain medicine has that effect on many people.

Goal of pain control

- + To make you as comfortable as possible and to allow you to get out of bed to do your daily activities. **Your pain will be reduced but may not be totally relieved.**

Facts about addiction

- + Addiction rarely happens in patients taking pain medicine to relieve post-operative pain (less than one percent of patients).
- + Most people are able to reduce and/or stop pain medicine when the pain decreases and/or disappears.

Diabetes care

If your blood sugar is high, your physician might order an insulin injection to be given to you temporarily in the hospital to keep your blood sugar down. This will help with healing and reduce the chances of infection. Our goal is to keep your blood sugar between 80 and 150 mg/dL while you are in the hospital. Remember to make a follow-up appointment with the physician helping you manage your diabetes after discharge. This may be your family physician or endocrinologist.

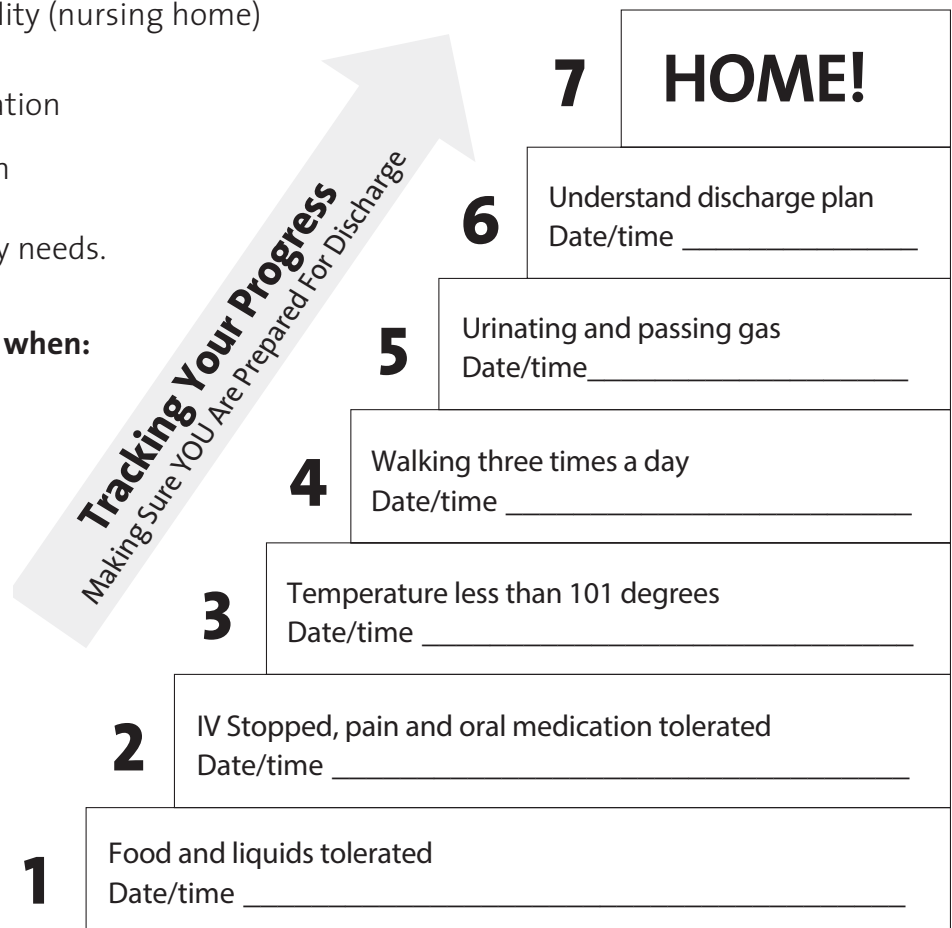
Preparing For Your Discharge

At the time of discharge, you may still require extra therapy. We will evaluate you for:

- + A skilled nursing facility (nursing home)
- + Home care
- + Outpatient rehabilitation

*You must meet certain criteria for insurance to pay for extra therapy needs.

You will be discharged when:



Preventing a surgery site infection

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection, but infection can occur. Infections can lengthen your hospital stay and in rare cases can cause you to become seriously ill. Most surgical site infections can be treated with antibiotics.

Signs of a surgical site infection:

- + Redness around the area where you had surgery
- + Drainage of cloudy fluid from your surgical wound
- + Fever of 101 degrees or more

Ways you can help prevent infections at the surgical site

Days or weeks before surgery:

- + Tell your doctor about other medical problems and allergies you have. Health problems such as allergies, diabetes and obesity could affect your surgery and your treatment.
- + Talk to your doctor about your risk and ways to help prevent an infection.
- + Quit smoking or using tobacco, such as chew. Smoking prevents oxygen from getting to the surgical site to help the healing process.
- + If you have diabetes, keep your blood sugar between 80 and 180 mg/dL.
- + Do not shave near where you will have surgery with a razor the morning before surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection. If hair is to be removed, it will be done at the hospital right before your surgery.
- + Take a shower or bath the night before and the morning before surgery. You may be asked to use a special soap (Dial or Chlorhexidine gluconate) on the surgery area. If so, you will be instructed how to use it.
- + Call your doctor if you have a fever or get cold or flu symptoms within a week of surgery.

Right before and during surgery:

- + Make sure that your healthcare providers clean their hands with soap and water or an alcohol-based hand rub before and after providing care. If you do not see your providers clean their hands, please ask them to do so.
- + The nurse will clean the area with special antiseptic that kills germs.

- + An antibiotic will be given in your IV before surgery starts.
- + The doctors and surgery staff will clean their hands and arms up to their elbows with an antiseptic just before surgery, will wear gowns and masks, use sterile items and prepare the surgical site in surgery.

After your surgery:

- + Antibiotics may be given after your surgery.
- + The nurses will check your incision several times a day.
- + All staff and visitors should clean their hands with soap and water or an alcohol-based rub before and after caring for you or visiting you. If you do not see them clean their hands, please ask them to clean their hands.
- + The nurses will teach you how to care for your incision. Always clean your hands before and after caring for your incision.
- + Do not take a tub bath, swim or get into a hot tub until your doctor says you can.
- + Watch for and call the doctor if you see any signs of infection: redness, swelling, warmth, foul smelling odor or drainage from the incision area, or fever of 101 degrees or more.

Clean hands save lives

- + Keeping your hands clean is one of the most important steps we can take to avoid getting sick and spreading germs to others.
- + Alcohol based hand rinse can be used for routine cleaning of your hands when they don't look dirty.
- + Soap should be used for routine hand washing. Scrub your hands under a stream of water for at least 20 seconds. Covering all surfaces of the hands and fingers is recommended.
- + Hands should be washed with soap and water in the following instances:
 - Before and after preparing food
 - Before and after eating food
 - After using the toilet
 - After changing diapers
 - Before and after caring for someone who is sick
 - After blowing your nose, coughing or sneezing
 - After handling an animal or animal waste
 - After handling garbage
 - Before and after treating a cut or wound

Sources: *The Society for Healthcare Epidemiology of America (SHEA), Infectious Diseases Society of America (IDSA), American Hospital Association (AHA) Association for Professionals in Infection Control and Epidemiology (APIC), Center for Disease Control (CDC) and The Joint Commission (TJC).*

Physical Activity

Good posture

- + Chin tucked
- + Shoulders back with shoulder blades flat
- + Chest up and forward
- + Stomach drawn up and in
- + Lower back flattened
- + Knees straight, but not stiff
- + Feet parallel with weight evenly balanced



Right



Wrong

Sitting guidelines

- + You should only sit for 20-60 minutes the first time after surgery. Thereafter, avoid sitting for more than one hour at a time.
- + Sit in a supportive, comfortable chair — preferably with arm rests.
- + Try to keep knees level with hips when sitting — use a step stool or pillow if needed.
- + Make sure feet are flat on the floor.
- + Sit as far back in the chair as possible. Use a pillow for support if the chair is too deep.
- + Keep your back straight with all activity. Do not slouch or bend forward while sitting in the chair.



Right



Wrong

Rising from a chair

- + Before attempting to stand, keep back straight and scoot as close as possible to the edge of the chair.
- + Place your feet firmly on the floor.
- + Bend forward at your hips, NOT your back.
- + Push off at the armrest while using legs to stand



Right



Wrong

Getting in and out of bed

- + When sitting on the edge of the bed, lower your upper body sideways using your arms for support. Keep your arms in front of your body. At the same time bring your legs and feet up onto the bed.
- + Once lying on your side with both feet on the bed, you may roll onto your back. Remember to keep your hips and shoulders aligned as you roll.
- + Reverse this to get out of bed.
- + Slide your feet out of bed as you push up with your arms to come to a sitting position.



Right

PHYSICAL ACTIVITY

Sleeping/resting on your back

- + You may use a pillow underneath your knees for comfort. To maintain good posture, avoid using more than two pillows under your head.



Right



Wrong

Sleeping/resting on your side

- + You may rest on your side with your hips slightly flexed forward and a pillow between your knees. Be sure to keep your back straight, not curved.



Right



Wrong

Sleeping/resting on your stomach

- + If you normally sleep on your stomach, **check with your doctor to see if this is okay.**
- + You may place a pillow below the knees for increased comfort.



Right

Dressing

- + While sitting, you may cross your foot over the opposite knee to dress while keeping your back straight. Do not bend over to dress.
- + Dressing from a chair is also comfortable and safe.
- + **Avoid bending over** to dress.



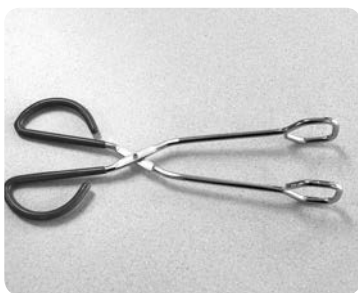
Right



Wrong

Toileting

- + Tongs with disposable wipes may be used to extend your reach.
- + Try to avoid twisting your back after going to the bathroom.



Right



Right



Wrong

PHYSICAL ACTIVITY

Bathroom activities/ bathing

- + Showers are permitted, **no tub soaks until your wound is healed.**
- + Walk-in showers are preferred.
- + Brace yourself on the wall using your hands and step into the bathtub.
- + You may need to have a family member assist you in and out of the shower especially if you have to step over the tub wall.
- + Do not bend over to wash your lower legs and feet. You may use a long-handled sponge to reach your feet.
- + If a shower is not available, you may sit at the sink to sponge bathe.



Right



Right



Wrong

Long-handled bath sponge

You may buy a long-handled bath sponge at a durable medical equipment (DME) supplier. The sponge will assist in washing, especially those hard to reach places. Wrap a towel around the sponge to help with drying off. Rinse sponge thoroughly after washing and let air dry for longer use.



Grooming at the sink

- + You may use a footstool if you have one.
- + Place one foot in an open vanity or use a footstool to keep back straight while at the sink.
- + Only bend at the waist to clear your mouth of toothpaste.



Right

Household chores

Always check with your surgeon before resuming household chores like laundry, cooking, or cleaning.

Laundry

- + Keep back straight while reaching into a top loading machine.
- + **DO NOT** lift a lot of clothes at one time.



Right



Wrong

- + For front loading machines, lower onto one knee to prevent bending.



Right



Wrong

PHYSICAL ACTIVITY

Infant/child care

- + Remember not to lift more than 10 pounds until advised by your doctor.
- + Have your child stand on a stool or chair when you dress him/her.
- + Kneel while bathing your child in a tub.
- + Have your child crawl into your lap instead of lifting him/her.
- + Wash, change and dress the infant at waist level to avoid bending at the waist.



Right



Wrong

Desk or table work

- + Use rules that apply to sitting.
- + Sit erect with lower back supported.
- + Adjust chair to proper height.
- + Always turn your whole body toward the item for which you are reaching.
- + Use arm muscles rather than back muscles when lifting items on a desk.



Right



Wrong

Kitchen activities

- + To place items overhead, face the shelf and place one foot slightly ahead of the other. Keep your head up and your back straight.
- + When reaching into low cabinets, lower onto one knee and hold onto counter for support.
- + At the kitchen sink, open cabinet door and place one foot on the bottom shelf to help keep back straight.
- + Keep items close to your body to prevent extra strain on your body.



Right



Right



Wrong



Right



Wrong



Right



Wrong

PHYSICAL ACTIVITY

Getting in and out of the car

- + Back up and sit on the seat with your feet outside of the car. Slowly bend your legs and bring them into the car while you turn your head and shoulders toward the front.
- + When driving or riding in a car maintain good posture.
- + Get your doctor's permission before beginning to drive.
- + If taking a long trip, remember to stop and get out of the car to stretch every 30 to 45 minutes.



Right



Right



Right



Wrong



Wrong

Lifting

Check with your doctor before adding this activity.

- + When lifting objects (remember your weight restrictions) below your waist level, squat down, keeping back straight and tightening stomach muscles. Bend with your legs, NOT your back.
- + Do not lift heavy items overhead.
- + Carry objects as close to the body as possible.
- + Slide objects rather than lifting them, if possible.
- + Keep your back straight.
- + Avoid carrying an unbalanced load.
- + It is better to push than pull. Keep your elbows close to your sides, bend your knee (not your back) and use your legs to move the object.
- + Avoid reaching as much as possible.



Right



Wrong



Right



Wrong

Energy conservation

Plan for short periods of rest each day.

After Back Surgery

Home going instructions

Below are general instructions for caring for yourself at home. **Your physician may give you different instructions to meet your specific care needs.** Follow your physician's instructions first and feel free to ask questions if you don't understand your home care. Your first office visit after surgery will be in two to four weeks (earlier if you require staple or suture removal). Call your physician's office well in advance to arrange the appointment. If you have questions or concerns before your first visit, please call your physician's office.

Taking pain medicine at home

You will be given a prescription for pain medicine. If your pain worsens or the pain medicine does not control your pain, call your physician. You may have a problem with constipation when taking pain medicine.

Precautions with pain medicines

- + Your pain medicine will help to relieve pain and discomfort. The medicine may also make you drowsy or dizzy and you may not think clearly.
- + Do not drive a car, operate machinery or do jobs that require you to be alert until you know how you are going to react to this medicine.
- + Do not drink alcohol or take other medicines that might make you sleepy.
- + If you become dizzy, sit or lie down. Be careful going up or down stairs.
- + If you think you have taken too much of this medicine, get emergency help right away.

Constipation

- + Drink six eight-ounce cups of water every day.
- + Eat a high fiber diet.
- + Follow the recommendations in your discharge orders about over-the-counter stool softeners.
- + Schedule a regular time each day for having a bowel movement. This may be as soon as you wake up in the morning, or before you go to bed at night. Sit on the toilet for at least 10 minutes, even if you do not have a bowel movement.

Activity

- + Sitting for more than one hour at a time may be uncomfortable.
- + Change your positions frequently.
- + Avoid low chairs or seats.
- + No back exercises until cleared by your doctor.
- + Sex is permitted as long as the position does not cause pain or strain on your back muscles.
- + If you have a brace, wear as prescribed by your doctor.
- + Use common sense where activity is concerned. Walking is encouraged to regain your strength. Short walks are recommended. Do not push yourself to the point of fatigue or pain – moderation is the key.
- + Avoid curbs, gravel surfaces or uneven terrain.
- + Avoid bending, lifting more than 10 pounds, twisting and stooping. (Remember BLT = Avoid Bending, Lifting, or Twisting!)
- + Avoid excessive twisting side to side.
- + If you have young children, grandchildren or small pets, have them climb into your lap when you are sitting rather than picking them up.
- + You may climb stairs with caution.
- + Rest often – you will tire more easily after surgery. It may take one to two months after surgery for your energy level to return to normal.
- + Do not drive or return to work until your doctor gives you permission. Always wear a seat belt.

Medications

- + Check with your surgeon about taking over-the-counter medications.
- + Avoid taking additional Tylenol (Acetaminophen) if your pain medication contains Tylenol.
- + Check with your surgeon about taking Motrin, Aleve, Advil or Aspirin.

Incision care

- + Wash your hands before and after caring for your incision.
- + Keep incision open to air; there is no need for gauze dressings unless you are oozing drainage.
- + You may be asked to cover your incision with plastic wrap or Press-n-Seal while showering.
- + Do not submerge your incision in water. No tub baths, hot tubs or swimming until the wound is healed.
- + Do not apply any creams, oils, perfumed soap or powder to the incision.
- + See your personalized discharge instructions for further wound care.

AFTER BACK SURGERY

Bathing

- + **Avoid bending over.**
- + Use a long-handled back sponge or brush to clean your feet.
- + A shower is preferred to a bathtub. Use a shower seat if you need to sit while showering.
- + Do not hold onto built-in soap dishes, towel racks or curtain rods for support. They are not designed to support your weight. You may install grab-bars in the shower if needed.

Dressing

- + **Avoid bending over.**
- + Sit to dress.
- + Lift your knees up to tie shoes, put on socks, etc.
- + Use special adaptive equipment as needed if your knees are stiff.

Call your doctor if you have:

- + Fever of 101 degrees or more.
- + Swelling, redness, drainage or bleeding from the wound.
- + Nausea, vomiting, chills.
- + Numbness, weakness or tingling in your arms or legs that was not there before surgery.
- + Worsening constipation.
- + A fever and abdominal (belly) pain with constipation.

Calling the surgeon's office

Telephone calls

The nursing staff is usually available for telephone calls from **8:30 a.m. to 4:30 p.m., Monday through Friday.**

Telephone calls require as much time from the practitioner as an office visit, so please provide only important information when you call.

Emergencies

If an emergency occurs, call your surgeon's office. If you call after normal business hours, the phone system will instruct you to leave an emergency message. Your phone call will be returned. Please leave your phone line open until your call has been returned. **If you need immediate attention and cannot reach us, go directly to the emergency room or call 911.**

In order to provide prompt medical attention on a 24-hour basis to our patients, the surgeons rotate night call during the week and on the weekends. Coverage is provided for emergency concerns ONLY.

After Neck Surgery

Home going instructions

Below are general instructions for caring for yourself at home. **Your physician may give you different instructions to meet your specific care needs.** Follow your physician's instructions first and feel free to ask questions if you don't understand your home care. Your first office visit after surgery will be in two to four weeks (earlier if you require staple or suture removal). Call your physician's office well in advance to arrange the appointment. If you have questions or concerns before your first visit, please call your physician's office.

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You will be given a prescription for pain medicine. If your pain worsens or the pain medicine does not control your pain, call your doctor. You may have a problem with constipation when taking pain medicine.

Precautions with pain medicines

- + Your pain medicine will help to relieve pain and discomfort. The medicine may also make you drowsy or dizzy and you may not think clearly.
- + Do not drive a car, operate machinery or do jobs that require you to be alert until you know how you are going to react to this medicine.
- + Do not drink alcohol or take other medicines that might make you sleepy.
- + If you become dizzy, sit or lie down. Be careful going up or down stairs.
- + If you think you have taken too much of this medicine, get emergency help right away.

Constipation

- + Drink six eight-ounce cups of water every day.
- + Eat a high fiber diet.
- + Follow the recommendations in your discharge orders about over-the-counter stool softeners.
- + Schedule a regular time each day for having a bowel movement. This may be as soon as you wake up in the morning, or before you go to bed at night. Sit on the toilet for at least 10 minutes, even if you do not have a bowel movement.

AFTER NECK SURGERY

Activity

- + The need for and type of collar vary for each person. You may or may not need a soft collar, hard collar, or both. Follow your doctor's discharge instructions concerning wearing a collar.
- + Change your positions frequently.
- + If you were given a rigid neck brace to wear after surgery, you may need a special collar to wear while showering. Please check your discharge instructions for specific information.
- + Try to avoid bending your head forward or backward. You may turn your head gently from side to side.
- + Avoid lifting more than 10 pounds.
- + Do not do neck exercises until the doctor gives you permission.
- + Sex is permitted as long as the position does not cause pain or strain to your neck.
- + Use common sense as far as activity is concerned. Walking is encouraged to regain your strength. Short walks are recommended. Do not push yourself to the point of fatigue or pain — moderation is the key.
- + Avoid curbs, gravel surfaces or uneven terrain.
- + If you have young children, grandchildren or small pets, have them climb into your lap when you are sitting rather than picking them up.
- + You may climb stairs with caution.
- + Rest often — you will tire more easily after surgery. It may take one to two months after surgery for your energy level to return to normal.
- + Do not drive or return to work until your doctor gives you permission. Always wear a seat belt.

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- + Check with your surgeon about taking over-the-counter medications.
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- + Sit to dress.
- + Lift your knees up to tie shoes, put on socks, etc.
- + Use special adaptive equipment as needed if your knees are stiff.

Call your doctor if you have:

- + Trouble swallowing, talking or hoarseness.
- + Fever of 101 degrees or more.
- + Swelling, redness, drainage or bleeding from the wound.
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- + Numbness, weakness or tingling in your arms or legs that was not there before surgery.
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Notes:

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A FAITH-BASED, NOT-FOR-PROFIT HEALTHCARE SYSTEM

RIVERSIDE METHODIST HOSPITAL + GRANT MEDICAL CENTER + DOCTORS HOSPITAL + GRADY MEMORIAL HOSPITAL
DUBLIN METHODIST HOSPITAL + DOCTORS HOSPITAL – NELSONVILLE + HARDIN MEMORIAL HOSPITAL + MARION GENERAL HOSPITAL
WESTERVILLE MEDICAL CAMPUS + 20 HEALTH AND SURGERY CENTERS + URGENT CARE + PRIMARY AND SPECIALTY CARE
WELLNESS + HOSPICE + HOME CARE + 22,000 PHYSICIANS, ASSOCIATES AND VOLUNTEERS

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