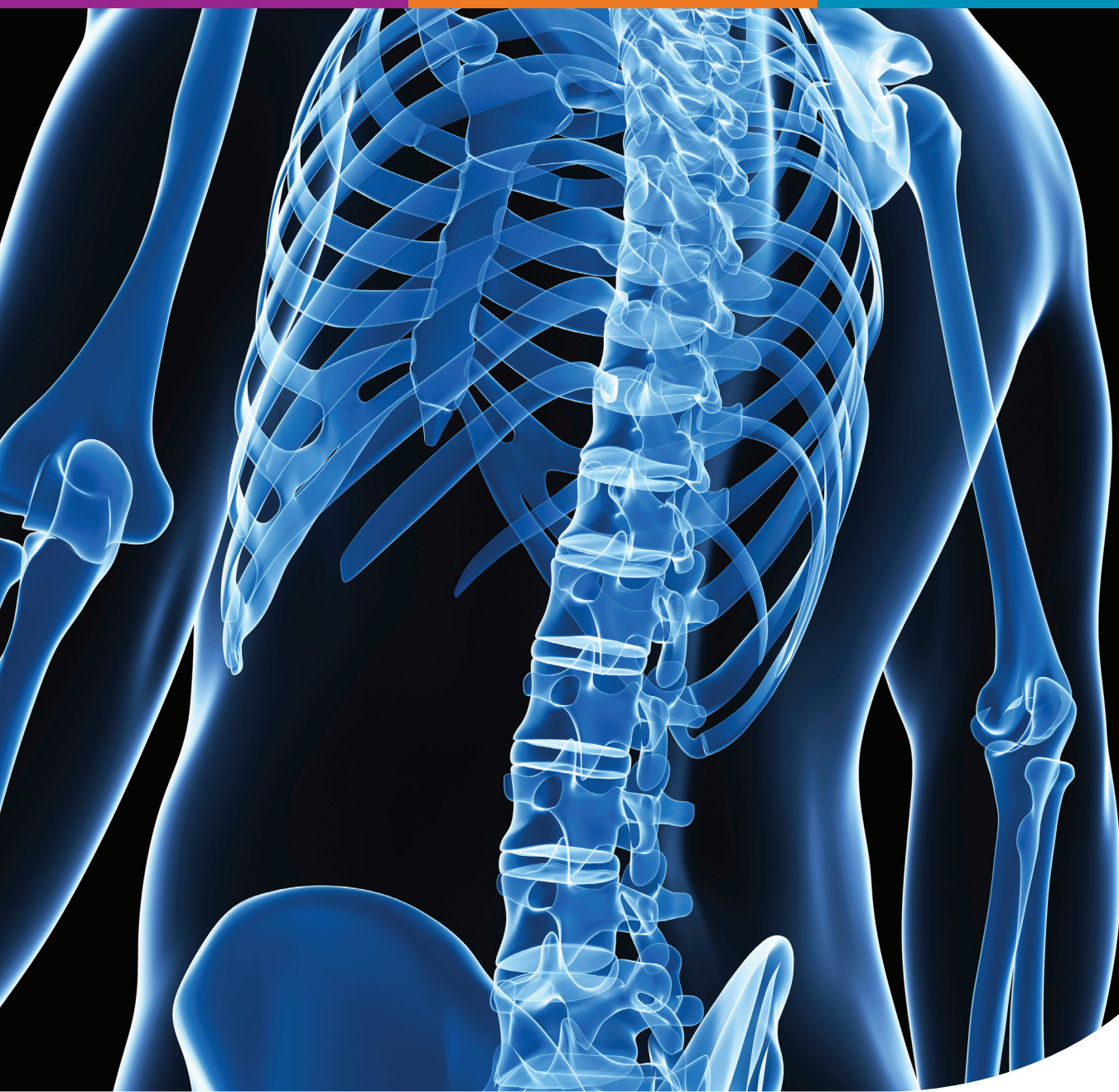


My Guide to Spine Surgery



UnityPoint Health
Methodist West Hospital

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Welcome

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. Your recovery will be tailored to meet your needs. Each patient recovers differently.

Your stay in the hospital will be short. 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. We are here for you; if you need support, either physically or emotionally, coping with surgery and recovery, please talk to the staff.

Your care and safety after you leave the hospital are important to us. You need to designate a family member or friend who will be your “coach”. Your coach will be you support person and should stay with you for at least the first 24 hour after you leave the hospital. You coach should also be available to come to the hospital for your discharge teaching on the day you leave.

My coach is _____

Introduction to Spine Surgery

The instructions in this booklet were developed by a team of surgeons, nurses, therapists, and pharmacists. 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 if 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.

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

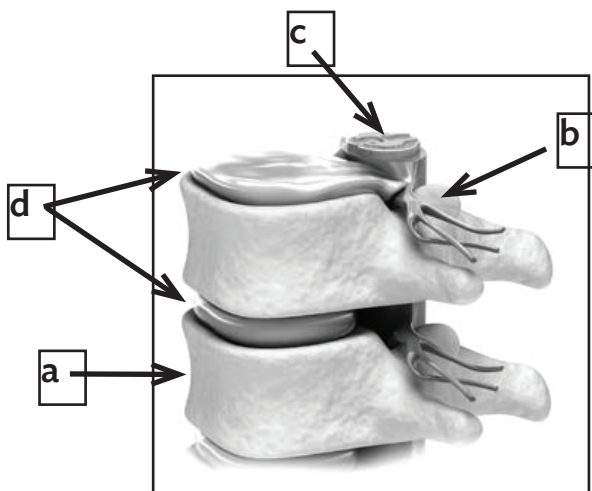
**Sacrum/
coccygeal**



The disc

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

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



For additional information about specific surgical procedures, please refer to the DMOS Website:
<http://www.dmos.com/patient-information/education/spine-conditions>.

Planning at Home for Your Surgery

Preparing Your Body for a Safe Surgery

- You will be instructed to visit your family doctor for a History and Physical no more than 30 days before surgery.
- If you have diabetes, keep your blood sugar between 80 and 180 mg/dL.

If you are a smoker, inform your surgeon. Evidence has shown that smoking and use of other tobacco products such as chew can decrease the rate of healing. Use of tobacco products prevents oxygen from getting to the surgical site to help the healing process. If you smoke and need help to quit,

<https://www.unitypoint.org/desmoines/smoking-cessation-resources.aspx>.

Smoking by anyone is prohibited throughout all buildings, grounds, parking lots, and walkways owned or operated by UnityPoint Health including Methodist West Hospital.

Prepare Your Home for an Easy and Safe Recovery

Before you have surgery there are a number of steps you should take to make sure your home is safe for you to come home to after surgery.

- Remove throw rugs. Cover slippery surfaces with carpets that are firmly anchored to the floor with no edges to trip over.
- Be aware of all floor hazards such as pets, small objects, toys or uneven surfaces.
- Provide good lighting throughout the house. Leave a light on at night in the bathroom.
- Keep extension cords and telephone cords out of walkways.
- Avoid slippers or shoes with open toes or without heel enclosures. They can cause slips and falls.
- Sit in straight-back chairs with firm surfaces and arm rests. It makes it easier to get up. Place one where you will have easy access for when you return home after surgery.

Plan ahead for not being able to drive for a while and no lifting!

- Do grocery shopping for easy to prepare and healthy foods .
- Consider preparing some meals ahead.
- Set up your sleeping area for a safe route to the bathroom. Use a night light.
- Do laundry ahead of time.
- Most people get quite constipated from narcotic pain medication. It's a good idea to plan ahead and purchase over the counter treatments prior to surgery.

Constipation After Surgery

Most pain medications can cause constipation. It can be severe. Constipation can also be caused by lack of food or fluid intake. Plan ahead to have treatments available when you get home after surgery.

Over-the-counter treatment options for constipation include:

- Docusate (COLACE)
A stool softener
Usual dose: Take 1 tablet by mouth two times a day
- Polyethylene Glycol 3350 (MIRALAX)
A gentle laxative
Usual dose: Add 17 grams of powder (fill to cap line) to 4-8 ounces of beverage. Drink once a day.
- Senna (SENOKOT)
A natural stimulant
Usual dose: Take 1-2 tablets by mouth two times a day
- Magnesium Hydroxide (MILK OF MAGNESIA)
A laxative
Usual dose: 2-4 tablespoons at bedtime
- Bisacodyl (DULCOLAX) suppository
A stronger stimulant laxative
Usual dose: Insert 1 suppository into the rectum daily

Other things you can do to prevent and treat constipation:

- Drink plenty of fluids (water, juices - especially prune juice)
- Eat high-fiber foods like popcorn, crunchy vegetables, and fruits
- Take a high-fiber supplement like Psyllium Husk (METAMUCIL). Usual dose: Add 1 teaspoon to 8 ounces of beverage. Drink once a day.

One Day Before Surgery

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

Prepare for the Hospital - Things to Bring with You to the Hospital

- Photo ID
- Insurance card
- Medical advance directives or living will
- Safe footwear that you get in and out of without stooping.
- Loose comfortable clothing.
- Teeth or denture care items
- Hair comb or brush
- Glasses or hearing aids if you have them

Please do not bring cash, credit cards, jewelry or other valuables!

Day of Surgery

You will be called by hospital staff the day before surgery to let you know what time your surgery is and when to come to the hospital. Please take a good shower or bath the night before surgery. Do not eat or drink anything after midnight the night before surgery. Take any medications your doctor has told you to take. You may brush your teeth or rinse your mouth. Do not use make-up or nail polish.

Come directly to the Surgery Center the morning of surgery. We recommend that you valet park your car and leave your belongings in the car. After you are admitted to your room after surgery, your family members can have the car brought to the closest entrance and obtain your belongings.

As soon as you arrive, we may draw your blood for your type and crossmatch. This is done in case you need to receive blood during or after surgery. This can only be done 24 hours before surgery. You will then be given a patient gown to wear and be asked to remove your clothing and jewelry. If a ring cannot be removed, it may be cut off. Your glasses and dentures must be removed prior to going to surgery. If you are very hard of hearing, you may wear your hearing aids to surgery.

Managing Your Pain in the Hospital

We understand that many patients are taking medications for pain relief. It is extremely important for you to relay this information to your healthcare team so we may effectively treat your pain after surgery.

Pain management is very important to your recovery. The nurses will assess your pain continuously throughout your stay. It is important to control your pain in order to be able to move around and participate in your post-operative care. Inform your nurse when you are having uncontrolled pain or pain that is not relieved by the medication you are receiving.

To manage pain after surgery, you will be given medications. Pain will be controlled with pain injections or pills. Your pain management may include:

- Muscle relaxants (i.e. Methocarbamol, metaxalone, cyclobenzaprine) are used for the treatment of muscle spasms. Common side effects are dizziness or drowsiness. Do not drink alcohol while taking, and avoid any activities requiring mental alertness or coordination until drug effects are realized.
- Narcotic medications (i.e. hydrocodone, oxycodone) are used for the treatment of pain. Common side effects are dizziness, drowsiness, upset stomach, and constipation. (Almost all patients experience constipation from use of narcotic pain medicines) Do not drink alcohol while taking, and avoid any activities requiring mental alertness or coordination until drug effects are realized. Narcotics are often prescribed as a combination product with acetaminophen. It is important to be aware that the maximum acetaminophen dose is 4000 mg per day. Exceeding this dose can damage your liver. Please be sure to read all package labels and avoid other products that contain acetaminophen or APAP. During the initial post-operative recovery, patients will experience some

pain. Gradually patients will find that their pain is getting better, and they can decrease the amount of medication that they take.

- Some patients are treated with a PCA (patient-controlled analgesia) pump, a device that you use to administer your own pain medication through an intravenous line.
 - The Pain Pump (PCA) is ordered by your surgeon.
 - The amount of medication you can receive is pre set by the surgeon. You cannot receive more than the amount programmed into the pump.
 - Nurses will instruct you on the use of the pump.
 - Nurses will evaluate your pain level.
 - The amount of pain medication may be adjusted by the surgeon based on your pain relief

Numeric Pain Scale

Before and after your surgery, you will be asked to describe your pain using a numeric pain scale. You will assign the pain a number between 0 and 10, with 0 representing no pain and 10 the worst pain. The numeric pain scale helps your surgeon and nurse determine the proper pain medication and dosage you will receive. The pain scale also helps to determine if the pain medication provides relief from your pain. Inform your nurse if you are in pain.

As mentioned previously, narcotics can cause constipation, so post-operatively patients in the hospital will be started on a bowel regimen consisting of a laxative/stool softener (i.e. MOM, Dulcolax, Miralax, docusate) to help your bowels work. It is also important to drink plenty of liquids to help avoid constipation. Even though you may not be constipated initially, it's important to take a stool softener/laxative to help keep your bowels working.

Preparing for Discharge from Out Patient Surgery

You will be able to leave the hospital when you:

- Tolerate liquids
- Pain is managed with pills
- Urinate
- Walk

Preparing For Your Discharge if Admitted

You Will Be Discharged When:

Understand discharge plan Date/time _____

Urinating and passing gas Date/time _____

Walking three times a day Date/time _____

Temperature less than 101 degrees Date/time _____

IV Stopped. Pain and oral medication tolerated Date/time _____

Food and liquids tolerated Date/time _____

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.*

Caring for Yourself at Home

Recovery at Home

These 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 if 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.

1. Do not sleep during the day or you will have more difficulty sleeping at night.
2. No lifting, bending, twisting or stooping. No housework. No bed making. You can do some things around the kitchen, including making some meals and doing some dishes at waist level.
3. You may climb stairs one step at a time, hang onto the rail, and lead with your better leg going up and your bad leg going down. Bring one foot up to the next before taking another step.
4. You may take showers.
5. Do NOT gain weight. Eat a well-balanced diet. Drink lots of water.
6. Do lots of walking. Add one mile each week, if possible, increasing up to 5 miles or more per day as fatigue and pain permits.
7. Burning, itching, numbness and some swelling along the incisions are common and will usually go away as healing occurs. Watch for fever and infection and call if concerned.
8. It is also quite common to get occasional twinges of pain in one or both legs, and it is also common to have cramps or aching in your leg(s), particularly at night time. These are generally not significant and should pass by themselves.
9. If you had any numbness or weakness in your leg(s) before the operation; this may take months to recover.
10. When activities are increased as outlined above, you will likely get some pain in your back and neck as the scar tissue is stretched. This need not cause you any alarm and need not indicate any curtailment of activities. Increasing discomfort with increasing activities does not mean you are injuring yourself or decreasing your chances of recovery by continuing with the activities as tolerated.
11. Practice good hand hygiene.

Control Your Discomfort

- Take pain medicine at least 30 minutes before beginning activity.
- Pain medication causes constipation in most people, and it can be severe. For this reason you should drink plenty of fluids, eat a balanced diet and stay as active as possible. Check with your surgeon for instructions on the use of stool softeners or laxatives.
- Gradually wean yourself from prescription medication.
- Change your position every 45 minutes throughout the day.
- Use ice for pain control. Applying ice to your wound will decrease discomfort, but do not use ice for more than 20 minutes at a time each hour. Use a covered ice pack. Do not apply ice directly to the skin.
- Pain medications can be refilled by calling your surgeon. Please anticipate your need for refills in advance. Refills are done on weekdays only.

You should NOT take any anti-inflammatory medications (such as Aleve, Motrin, Aspirin, Celebrex, Ibuprofen, Naproxen, etc) after surgery. These medications can interfere with the healing process. Your doctor will tell you when you may resume taking these medicines.

Recognizing and Preventing Potential Complications

Notify your surgeon if you experience any of the following:

- Increased swelling and redness at the incision site
- Change in drainage color, amount, odor
- Increased pain around the incision
- Fever greater than 101.5° F
- Pain not relieved by medication

Safety considerations following spine surgery:

- Be aware of all floor hazards such as pets, small objects, toys or uneven surfaces.
- Provide good lighting throughout the house. Leave a light on at night in the bathroom.
- Keep extension cords and telephone cords out of walkways.
- Avoid slippers or shoes with open toes or without heel enclosures. They can cause slips and falls.
- Sit in straight-back chairs with firm surfaces and arm rests. It makes it easier to get up.
- Remove throw rugs. Cover slippery surfaces with carpets that are firmly anchored to the floor with no edges to trip over.
- Rise slowly from either a sitting or lying position so you do not get light-headed.
- Avoid heavy lifting for the first three months after your surgery, and then only with your surgeon's permission.
- Stop and think prior to every activity to ensure good safety and body mechanics.
- You may need to consider alternative arrangements if you have stairs in your home.

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

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

- Try to avoid twisting your back after going to the bathroom.



Right



Right



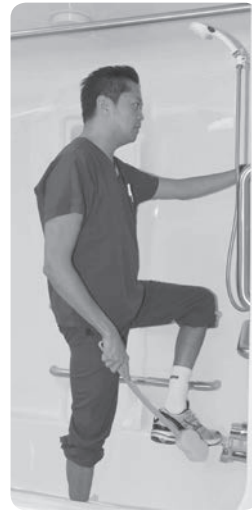
Wrong

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



Right



Wrong



Right



Wrong

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

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.

Need More Information?

If you would like additional information concerning the services we provide, contact us at (515) 241-4499. You may also visit our website at unitypoint.org

