



Spine Surgery Program

Patient Guide



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Spine Surgery Program

We Look Forward to Caring for You!

Your choice to have spine surgery is a decision that should greatly improve the quality of your life! At Providence-Providence Park Hospital, we have a 30-year history of excellence in spine care. We will help you make every day more enjoyable and productive by reducing your pain and by improving the level of your independence.

Your Providence-Providence Park spine surgery team includes your surgeon, residents, nurse practitioners, physician assistants, registered nurses, licensed therapists, social workers, nutritionists, and pharmacists.

Our goal is to return you to a high level of function so that you may safely return home after a short hospital stay, usually two to three days. While this may sound fast, your recuperation from surgery will occur rapidly. Our experience, knowledge, and technology will provide the basis for success, but YOU will play the most important role. Your cooperation in following our instructions will help to ensure your satisfaction with your spine surgery.

This guide will help you prepare for your spine surgery.

The contents will be discussed at the Spine Clinic. You should attend the Spine Clinic with your selected helper or “**coach**” (a reliable friend or family member who will help motivate and encourage your efforts during your recovery). Just as a woman benefits by including a “coach” when giving birth, you will benefit if you have a coach helping you. Please take the time to review this information with your coach and/or family and get ready for exciting changes in your life. We have performed thousands of spine surgeries and we will help you every step of the way.

Your Providence-Providence Park Spine Surgery Team

Before Surgery

If you are unable to review the online module, we want you to attend our Spine Clinic at least two to four weeks before your surgery, or sooner if you're able. This is a good time to become familiar with our spine surgery program, meet our team, get answers to any questions you have, and start preparing for your recovery needs.

Pre-Surgical Testing

A registered nurse from the Pre-Surgical Testing Department will speak with you prior to your surgery to ask about your health history and to give you pre-operative instructions. You may also be scheduled for a pre-surgery testing appointment at Providence-Providence Park Hospital if your surgeon advises this is appropriate for you.

Your Spine Surgery Team

Your Spine Surgeon and the Team will follow you closely during all phases of your spine surgery. A registered nurse and a patient care assistant will care for you while you're in the hospital. You will also work with a physical and occupational therapist.

We will work together to give you the best care and to make your stay as comfortable as possible.

Program Goals

Our goal is to get you back on your feet. We know that patients who get the most out of their spine surgeries work hard early on and get back into their lives quickly. We know that you won't feel like yourself for awhile, but we know patients will rest and recover more quickly doing their daily routine in their own home with our rapid recovery program. Most patients will be home in two or three days. We will help you achieve this just as we have helped thousands before you.

Your Role in Recovery

Your Providence-Providence Park Spine Team has developed a comprehensive recovery and rehabilitation program because we want the best for you. A positive mental attitude will speed your recovery. Along the way, you might find that practices like relaxation and positive visualization are helpful. Imagine yourself moving easily and walking strongly and comfortably. It will be possible sooner than you think. You will feel better and stronger every day.

You are not “ill” like many hospitalized patients. Rather, you will be recovering from a surgery that you have chosen to improve your quality of life. With that in mind, **YOU** play the most important role in your recovery and have a lot of responsibility in making sure your surgery is a success.

Keep in Mind!

You’ll make progress every day, but you’ll also have some ups and downs and rehabilitation may seem difficult at first. Do not become discouraged. Keep a positive attitude and remember that your pain will be less every day. The more you move and walk, the faster your pain will decrease and the better you will be able to get around. We want you to increase your activity daily. Rests during the day will keep you from feeling tired.

Moving your legs often will help your blood flow, improve mobility, and increase your strength. Walking will speed the return of normal body functions like bowel movements.

The team will work with you to determine your discharge needs. Most patients do well enough to leave the hospital and go directly home without additional physical therapy. While in the hospital, therapy will work with you after surgery teaching you how to move and care for yourself at home. The surgical office visit is scheduled within weeks after surgery. Your doctor may suggest you participate in an outpatient therapy program usually after your follow-up visit. Rarely some patients may need a physical therapist to come to their home after surgery. These services will be arranged for you if you need them. Insurance coverage and Medicare guidelines are considered when determining therapy after discharge.

Before Surgery

General Items (2 – 4 Weeks prior to Surgery)

- Make appointments and obtain medical clearance.
- On occasion, patients are required to go to presurgical testing prior to their surgery. Your surgeon will inform you if this is necessary.
- You should take a multivitamin with iron at least daily and any other supplements prescribed by your doctor to build up your blood count.
- Complete all routine dental care, including cleaning, prior to your surgery.
- It is most helpful to have someone stay with you at discharge. Identify this person prior to coming to the hospital. They should be available as soon as two days after your operation. They will not need to lift or carry you. They will be available for encouragement and to help you with light tasks.
- Ask your church or synagogue to arrange visits while you recuperate.
- Prepare a place to rest on the first floor. You will be able to walk up and down stairs, but this makes taking short naps easier.
- Arrange your bedroom and frequently used areas (kitchen, living areas) to provide extra space for moving around with a walker.
- Locate a sturdy comfortable chair with arms for your living area, placing recreational items like magazines, crafts, or the TV remote on a small table within easy reach.
- Prepare meals in advance and freeze them for quick preparation after surgery.
- Have prescriptions filled.
- Have banking done and small amounts of cash for things like purchasing a newspaper or bread.
- Leave your home clean and laundry done. Remove throw rugs and power cords to avoid tripping.
- Make arrangements to have someone provide transportation home from the hospital.
- Don't come in constipated.



Before Surgery

Please consult your Physician regarding discontinuing the following medications:

- Aspirin-based products (such as Baby Aspirin, Bayer, Excedrin, and others)
- Non-Steroidal Anti-Inflammatory Drugs (such as Ibuprofen, Motrin, Naprosyn, Aleve, Relafen, and others)
- Blood Thinners (such as Plavix, Aggrenox, Pletal, Coumadin, and others)
- Vitamin E (except in multi-vitamins)
- Other Medication as advised by your Physician. See page 21, Appendix B for a list of common NSAIDs.

One to Two Weeks Before

- Stay as active as possible, making healthy dietary choices (fruits, vegetables, and protein.) The healthier you are prior to surgery, the quicker recovery can be.
- Stop Smoking: Smoking makes bones less likely to heal. (See appendix C for tips on quitting.)
- Stop taking all herbal medications two weeks before surgery.
- For those patients who do not require a presurgical testing appointment, a call will be received from the presurgical testing department to obtain medical history information.

Please bring all of your medication bottles with you to your pre-surgical testing appointment. If a presurgical testing appointment is not advised for you, please bring all your medication bottles with you on the day of surgery.

Day and Evening before Surgery

- The hospital will call you and let you know when you should report to Admitting on the day of your operation.
- Pack loose fitting clothes and shoes We will help you get dressed if you wish to wear your own clothing, usually the second day.
- Pack all pill bottles.
- Pack your patient education folder, exercises, and brace or collar if your surgeon provided you with one.
- Solids should be discontinued 6 hours prior to surgery
- Clear liquids should be discontinued 4 hours prior to surgery

Morning of Surgery

- Except for the medications we asked you to stop, take all normal medications with small sips of water.
- Report to the Admitting Department. Be sure to arrive on time.
- Plan on arriving at least two hours prior to your surgery time.

Day of Surgery

Information for Family and Friends

- The operation can last several hours, but your time waiting for surgery, set-up in the operating room, anesthesia, transfers to recovery, and stay in recovery will take most of the day.
- You may have one visitor with you in the Pre-Operative Area before surgery.
- The anesthesiologist will determine your anesthesia in the pre-op area.
- In the pre-op area, your surgical site will be marked and you will be given an antibiotic through your IV. If necessary, skin hair will be clipped.
- The surgeon will speak with your family members after surgery.
- Your stay in the Post-Anesthesia Care (Recovery) Unit may be 90 minutes to several hours.
- A nurse from the Post-Anesthesia Care Unit will call your family in the surgical lounge if your stay is prolonged.

Other Concerns

- Sometimes patients feel nauseated after surgery. If this happens to you, please ask for medication to feel better.
- If you had a general anesthetic during surgery, you may feel some mild throat irritation caused by the breathing tube that was used.
- If the dressing becomes blood-soaked, nurses will change the dressing and notify the physician.
- On day of discharge, dressing will be changed by resident or nurse practitioners.
- On occasion, dressing may not be changed in order to prevent infection.

In Your Hospital Room

After leaving the Post-Anesthesia Care Unit, patients are admitted to the nursing unit. The nursing staff will continue to monitor your vital signs and comfort level. You may be groggy for some time after surgery.

Your care may include the following:

- An intravenous (IV) tube that gives you medications and fluids.



- Antibiotics both before and after surgery.
- Oxygen (through a tube in your nose).
- A catheter in your bladder to drain urine. This is removed within 24 hours after surgery.
- Support stockings (TED hose) and foot or leg pumps to help prevent blood clots. These blood clots can travel to the heart and cause fatal complications. It is very important for you to continue wearing the stockings at night in order to reduce your risk.
- A dressing covering your surgical site which may have steri-strips, staples, or sutures.

After Surgery

- A wound drainage tube may be in place post-op and will usually be removed 24 – 48 hours after surgery.
- Your surgeon may request that you wear a collar or brace after surgery to promote recovery.
- A spirometer is a small device to promote deep breathing. This will be at your bedside and you should begin using it right away.
- You may be given clear liquids after surgery. It will take some time before your appetite returns to normal.
- Your diet will be advanced as you are able to tolerate. A soft diet may be necessary for cervical fusion patients.
- Cervical fusion patients may experience a temporary sore throat and trouble swallowing due to swelling.
- If your vital signs are stable, your pain is controlled, and you are feeling up to it, the nursing staff may get you up in a chair on the day of surgery. You should also try to start walking as soon as possible. Early ambulation will greatly reduce the risk of developing a blood clot in your leg.
- After surgery, the nursing staff will check your vital signs (blood pressure, pulse, respirations, and temperature) even during the night.
- A slight fever is normal. It is the body's reaction to surgery.
- Some drainage from your incision is expected for a few days.

Medications

Our Pharmacy will provide medications for you while you are in the hospital. Additional medications your doctor may prescribe include:

Antibiotics (to prevent infection)
Given through your intravenous line.

Intravenous Fluids (IV)
Until you are eating and drinking.

Anticoagulants (blood thinners)
To decrease the risk of getting a blood clot after surgery. This will be a small injection.

Stool Softeners / Laxatives
To help with the constipation that can be caused by some medications and surgery.

Pain Management

We expect that you will have post-surgical pain. Pain medication cannot eliminate pain completely, but our goal is to keep you as comfortable as possible. We will check you for signs of pain, but you can help us by letting us know when you're having pain.

Your pain management plan may include using medications such as opioids and muscle relaxants as well as activity modification and ice therapy.

For narcotic use, you should take the lowest dose at the least frequency as you can tolerate. You should wean off narcotics as much as possible within the first 30 days after surgery to reduce risk associated with narcotic use.

After Surgery

Commitment to Pain Control

Pain management is of key importance after surgery. Certain types of pain may be relieved immediately by the surgery while other “new” types of pain may be encountered. The medical team will strive to meet your needs and manage your pain. Management of pain after surgery requires a variety of different medications. This will vary from patient to patient. Pain control is essential to your recovery. We will ask you to “rate” your pain frequently, especially before and after medication. With your valued input, we will partner together to minimize your pain. If the initial medication plan is not effective, we will alter medications as necessary.

We will work with you to decrease your pain.

Lab Work

Daily blood tests are done to help your spine team monitor your recovery and keep you well.



Activity is the Key

Though you may feel like staying in bed after surgery, that is not best for you. Physical therapy will begin the day after surgery. The nursing staff will help you get out of bed before physical therapy. We will encourage you to sit up in a chair for meals, walk to the bathroom, and take a short walk before returning to bed. Ask for help or a walker, if needed. We want you to be up at least three times each day. Patients who stay in bed lose strength and motion quickly.

Getting up and moving is the best thing you can do to recover from your surgery.

There are many good benefits you will gain by remaining active after surgery.

- Prevention of pneumonia
- Prevention of blood clots in your legs
- Prevention of skin breakdown
- Prevention of urinary retention
- Prevention of constipation
- Promotion of wound healing
- Improved pain control
- Improved strength and motion

Physical Therapy

What's Involved in Physical Therapy at the Hospital?

Physical therapy begins the day after your surgery. Physical therapy helps to:

- Control pain.
- Improve your mobility and understanding of proper body mechanics.
- Increase strength and endurance.

To go home from the hospital, you must be able to do the following safely and by yourself (or with some assistance, if available).

- Get in and out of bed.
- Sit down and stand up from a chair and a toilet.
- Walk with a walker or a cane if needed and on the stairs if needed.
- Understand any movement precautions and the use of your brace if prescribed.

Precautions for Spinal Fusion

- Avoid movements that twist your spine.
- Avoid excessive bending of your spine.
- It is important to keep your spine in proper alignment.
- Limit lifting to less than 5 pounds.

Standing and Sitting From a Chair

- To stand from a chair, lean your body and head forward as you push up with your arms and legs.
- To sit, lean body forward and lower yourself slowly and carefully back into the chair, using your arms to help navigate your direction.

You will significantly reduce your pain and heal faster if you move and change your position often. Do your exercises regularly and get help with walking and getting into a chair. Movements of joints and muscles also signals the nervous system to block incoming pain.

Expectations for Your Progress

It is important that your pain be controlled to get the most out of your therapy. Please help by letting your nurse know when you need additional pain medication.

A physical therapy treatment schedule may look similar to the following:

First Day after Surgery:

- Body mechanics and back safety instructions and exercise.
- Get up and move to the chair.
- Review your back precautions.
- Walk (with a walker if needed).
- Get up in a chair for meals.

Physical Therapy

Two and Three Days after Surgery:

- Continue your exercise program using good spinal alignment.
- Continue walking (with a walker if recommended).
- Sit up in a chair for all meals and keep walking throughout the day with the nursing staff or alone if the therapist thinks you are able to do it safely.
- Practice walking up and down stairs with therapy.
- We will let you go home to sleep in your own bed if you have passed all of your therapy goals and you are medically stable.
- Receive instructions before leaving the hospital.

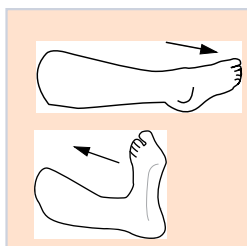
Physical therapy is done according to your need and ability. Doing your exercises and walking each day will tremendously aid in your recovery.

Exercises

Ankle Pumps

To promote your circulation and maintain ankle movement.

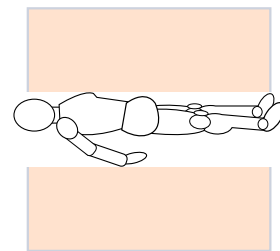
- Point foot down.
- Pull foot up.
- Repeat slowly 10 times every 2 – 3 hours.



Gluteal Set

To increase your circulation and strengthen your pelvis.

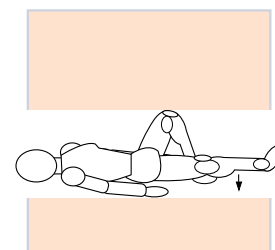
- Squeeze bottom together.
- Do not hold breath.
- Hold for 3 slow counts.
- Repeat 10 times every 2 – 3 hours.



Quad Set

To strengthen your quadricep muscle and straighten your knee.

- Lie on back with leg as straight as possible.
- Press knee into bed, tightening muscle on front of thigh.
- Do not hold breath.
- Hold for 3 slow counts.
- Repeat 10 times every 2 – 3 hours.



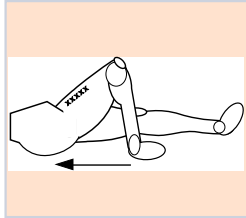
Heel Slides

To increase movement of your knee and hip and to strengthen hamstring and hip muscles.

- Lie on back.

Physical Therapy

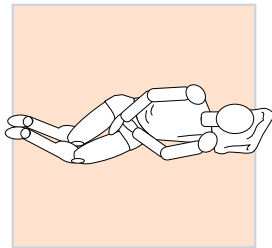
- Slowly bend knee up, sliding heel toward bottom.
- Repeat 10 times 2 – 3 times/day.



Log Roll

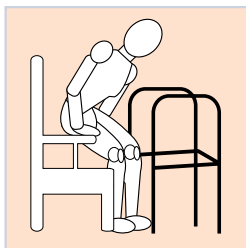
Use this technique to roll in bed and to get out of bed.

- Roll your body to the side as a unit
- Let your legs off the edge of the bed as you push yourself up into a sitting position.
- Reverse this procedure to get into bed.



Standing and Sitting

- To stand from a chair, lean your body and head forward as you push up with your arms and legs.
- Reverse this procedure to sit.



Occupational Therapy

What's Involved in Occupational Therapy at the Hospital?

Your Occupational Therapist will help you get back to your normal activities of daily living such as bathing and dressing. This will begin the day after your surgery. Our goal is for you to return home safely. You will be instructed about proper positioning and body movement.

A typical occupational therapy treatment schedule looks similar to the following:

First Day After Surgery:

- An Occupational Therapist will talk with you about your recovery and begin therapy.

Two and Three Days after Surgery:

- Get out of bed; practice activities of daily living, such as combing hair, brushing teeth, etc.
- Check your equipment needs for the bathroom.
- Practice using your dressing devices to help with bathing and dressing.

Rehabilitation

If You Need Additional Rehabilitation

Most patients are able to go home with our improved surgical techniques, better pain control, and our rapid recovery program.

If you are not able to return home after your hospital stay, you will go to a facility that provides additional rehabilitation services. There are many places that provide this type of care. Our team will work with you and your family to decide the best location for you. Factors considered in determining an appropriate type of therapy will include:

- Your level of functioning, as determined by the spine surgery team.
- Your facility preference.
- Space availability and admission criteria of the chosen facility.
- Insurance coverage.

Hospital Rehabilitation – You will stay at an “inpatient rehab” center and receive three hours of therapy a day. This is daily for one to two weeks. This is not a common discharge option.

Subacute Rehabilitation – You will stay at a nursing care facility, receiving one to two hours of therapy a day. This may last two to four weeks, sometimes longer.

Outpatient Therapy – Patients are sometimes placed in an outpatient therapy program approximately four to six weeks after surgery. Once adequate healing has taken place, patients will get the most out of their therapy program at that time. Your doctor will determine if you need this at your follow up appointment two to four weeks after surgery.

Recovery at Home

Keep in mind that even with pain and limited motion, you are able to manage at home now. You will have some post-surgical pain but your motion will continue to improve every day after surgery.

Home Equipment Needs

There is a wide variety of equipment available. Your therapist will help you determine what, if any, equipment is right for you and help you obtain it before discharge.

Remember that patients discharged home will do more for themselves and get back into their routines more quickly. The rehabilitation after surgery is different for all patients depending on their ability after surgery.

Home Care Therapy

Most patients are able to go directly home without needing additional therapies. If you have met your therapy goals you will not need home care therapies. You may benefit from home care therapies if you have not met your therapy goals at the time of discharge, but have enough help at home to be safe.

Incision

Specific directions regarding the care of your incision will be given to you prior to discharge guided by your surgeon’s advice.

Sexual Activity

You may resume sexual activity when you feel comfortable. Protecting your incision is necessary until all discomfort has gone and your incision is healed.

Feel free to discuss your concerns with your doctor, physical therapist, or nurse practitioner.

Pain Control

Take your pain medication as instructed. Pain control will help your progress. Do not drink alcohol or drive while on pain medication. Do not take any NSAIDS, i.e., Motrin, Aleve, Advil, Ibuprofen, etc. without the approval of your doctor. Medication for muscle spasms will be provided.

Blood Clot Prevention

Your surgeon will advise whether you will require support stockings for a short time after discharge from the hospital or not. If you are advised to wear support stockings, you will wear them until you have resumed actively walking several times a day. Remove them when washing up. You may wash them by hand and lay flat to dry. You may need help to reapply your stockings.

- Your surgeon will decide if you require a short term blood thinning medication for prevention of blood clots. Your nurse will provide instructions to you on managing this medication.
- Exercise and mobility will prevent blood clots after surgery.

Remain Active

- Wear comfortable, supportive, low-heeled shoes/slippers with non-skid soles.
- Use your walker. It will provide safety and stability.
- Walk at least four times every day. As you feel able, increase the frequency and distance of your walks. Change your position (sitting, walking, lying down) every hour while you're awake.
- Sit in chairs with armrests.

Conserve Your Energy

- It is common to feel tired or weak the first couple of weeks at home. Use this time to get your rest.
- It is important to take small walks around your home frequently during the day.
- Avoid doing too much and becoming over-fatigued. Allow yourself rest periods during the day.
- Get dressed everyday.
- Avoid long naps. You will sleep better at night.
- Store objects that are frequently used within easy reach.

Recovery at Home

What about Driving?

Most patients are able to resume driving six weeks after surgery, sometimes sooner.

Instructions to drive with the collar will be given to you by your physicians.

Diet

- Eat a healthy diet.
- Your stools will be darker because you will be taking iron supplements and vitamins. Call your doctor if you have very dark or bloody stools.
- Constipation can occur as a side effect of pain medications and iron. Eat high-fiber foods such as fresh fruits, vegetables, and whole grains. This will help prevent constipation. Drink six to eight glasses of water or juices daily.
- Take a stool softener or a mild laxative after discharge to prevent constipation while you are using pain medications.

When to Contact Your Surgeon

- You experience chest pain or trouble breathing.
- If you have a fever. A fever is a temperature over 100.4° Fahrenheit when taking your temperature by mouth.
- Your pain is increasing even when taking pain medication.

- Progressive increase in pain at neck or back.
- Numbness, tingling, or worsening weakness to arms or legs.
- Change in bowel or bladder habits.
- You have increased drainage, odor, pain, redness, excessive swelling, and/or an opening at the site of your incision.
- You suspect you have an infection of any kind including urinary or respiratory.
- You experience pain, tenderness, or excessive swelling of your calf or thigh that does not respond to elevation.
- You notice changes in the color and/or temperature of your leg.
- You experience easy bruising, nose bleeds, or see blood in your urine or stool.
- You fall.
- You experience pain in your chest, side, or back of rib cage, especially when breathing deeply.
- Excessive swelling causing difficulty in swallowing or breathing.
- Hoarseness may occur after cervical fusion surgery.

Safety At Home

- Keep walkways clear.
 - Clean up spills right away.
 - Remove things that can cause you to fall such as electrical cords, phone cords, throw rugs, boxes, piles of paper, etc.
 - Do not store items on stairways.
 - Replace glass-top tables with wooden tables in the event of a fall.
 - Make sure every room has proper lighting.
 - Make sure to place nightlights in bedrooms, bathrooms, and hallways.
 - Make sure light switches are at the top and bottom of stairways.
 - Use curtains or shades to reduce glare from windows.
 - Add grab bars near the shower and the toilet area.
 - Make sure you have handrails on both sides of stairways.
 - Add a raised toilet seat to your bathroom.
 - Make sure bed height is low enough for your feet to touch the floor.
 - Maintain a clear path between your bedroom and bathroom.
 - Always keep a non-skid mat in your shower or bathtub.
- Use a liquid soap dispenser in the shower.
 - Always wear flat shoes with rubber or non-skid soles.
 - Do not walk in stocking feet alone, use shoes or slippers with backing at all times.
 - Do not rush when walking.
 - Do not carry objects that block your vision.

Remember to Tell Your Other Physicians and Dentists

Always notify your physicians and dentists that you've had spine surgery. You will need to take an antibiotic before any surgical or dental procedures for 6 months to 2 years after your spine surgery, based on your surgeon's directions.

Commonly Asked Questions

Are there risks of surgery?

Spine surgery is considered a major procedure. Fortunately, complications don't occur often. Other than the risks associated with anesthesia and surgery, in general (e.g. stroke, heart attack, bleeding, injury to nerves or blood vessels, etc.), the most serious complications of the operation are infection and blood clots. We do several things to help prevent these problems. Nerve injuries like weakness or numbness of the surgical extremity may rarely occur. You and your surgeon will need to discuss the risk and benefits of this surgery.

When will I know my surgical time and when I need to report to the hospital?

Someone from the Department of Surgery will call the day before and tell you when to report to Admitting.

Who will perform the surgery?

Your spine surgeon will perform your operation with the help of a specialized spine surgery team, including nurses, technicians, physician assistants, nurse practitioners, and resident physicians.

Will I need a transfusion?

Most do not. You can minimize your need for a transfusion by eating a healthy diet and taking the recommended vitamin supplements. The surgeons try to minimize blood loss, but if you need a transfusion, you will receive another person's donated blood unless you donate your own blood prior to surgery. If you wish to put aside your own blood, you must arrange this ahead of time through the American Red Cross near you. Discuss this with your doctor.

What is a coach?

A coach is a dependable, supportive person who can encourage you, help you perform exercises, and help you remember the instructions given to you by your doctors, nurses, and therapists

When is the most important time to have my family, friends, or coach with me?

It is most helpful to have them available as soon as the second day after surgery for support and encouragement.

May I have visitors?

Yes.

Who should come on the day of surgery?

Ideally your coach should be with you in the pre-operative holding area, but any supportive person may help.

On occasion, patients request a family member stay with them. Though we will try to accommodate this request, it may not be possible due to bed availability constraints.

How long will I be in the hospital?

Most patients will be in the hospital for two or three days after their surgery. Some spine surgery patients may stay less than 2 days.

What will help my pain?

Taking pain medication regularly, doing your exercises, frequent gentle movement, and relaxation techniques that you learn from your physical and occupational therapists will help reduce your pain. Please call your surgeon's office for prescription refills at least 2 – 5 days before the medications are out.

How will I receive therapy at the hospital?

Physical and Occupational Therapists come to your room. Therapy sessions will be held in your room. The corridor and stairwells will also be used.

Will I be able to manage stairs after surgery?

Yes, if climbing stairs is necessary at your home, we will make sure you are able to do so before you are discharged. If you were able to climb them before surgery, you will be able to do so after.

Will I need help at home?

You should be able to walk and take care of your personal needs. Try to get family and friends to check on you in case you need help with errands and chores.

Will I need Home Care?

Most patients do not need a nurse at discharge. If you go directly home as planned, you may go to physical therapy a few weeks after discharge once your surgical site has healed. If a visiting nurse is needed, it can be arranged.

Will I need any other equipment?

Maybe. A raised toilet seat or a bedside commode can be helpful but are not required. Your occupational therapist will discuss this with you after surgery. You may also receive a cane or walker.

May I shower?

You may shower the next day after discharge.

You need to protect your wound to keep it dry. If the wound covering becomes moist, you should pat it dry and let it air dry. (delete)

If the dressing gets wet, take off dressing and apply Bacitracin ointment on wound.

If dressing or steri strips are already off, apply Bacitracin directly on the wound.

Before you take tub baths, you need to check with your surgeon.

When may I resume sexual activity?

Usually within six weeks after surgery. Protecting your incision is necessary until all discomfort has gone and your incision is healed.

When will I be able to go back to work?

We recommend that most people take at least two months off work, unless your job is sedentary. In that case, you may return to work with a walker, or cane somewhat earlier. Do not return to work until advised by your doctor. Jobs

What sports and activities are allowed after surgery?

Consult your doctor.

Will I need antibiotics for dental or special procedures?

In general, for patients with prosthetic joint implants, prophylactic antibiotics are not recommended prior to dental procedures to prevent prosthetic joint infection. For patients with a history of complications associated with their spinal fusion surgery who are undergoing dental procedures that include gingival manipulation or mucosal incision, prophylactic antibiotics should only be considered after consultation with the patient and orthopedic/neurological surgeon.

How long will it take for me to recover completely after surgery?

Recovery happens very quickly after surgery, but some stiffness and achiness may persist for months. Remember you need to continue your exercises even after you have graduated from physical therapy.

Will I activate metal detectors at the airport?

Maybe. This is common due to the sensitivity of the metal detectors. Many surgeons are able to give patients a card identifying them as having fusion hardware, but security agents may still want to inspect you.

General Information

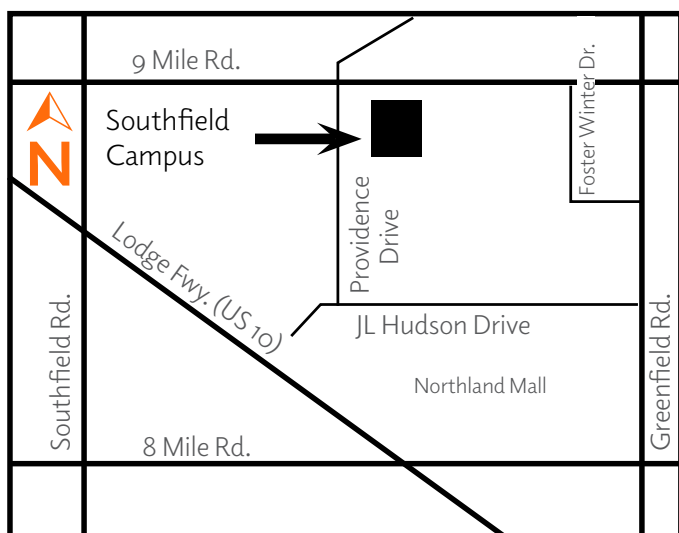
Numbers to know

| | |
|---------------------------------------|--------------|
| Southfield Campus: | 248-849-3000 |
| Admitting Department: | 248-849-3037 |
| American Red Cross Blood Donation: | 800-448-3543 |
| Spiritual Care: | 248-849-3209 |
| Social Work: | 248-849-3113 |
| Pre-Surgical Screening (PSS): | 248-849-3089 |
| PSS Fax: | 248-849-5487 |

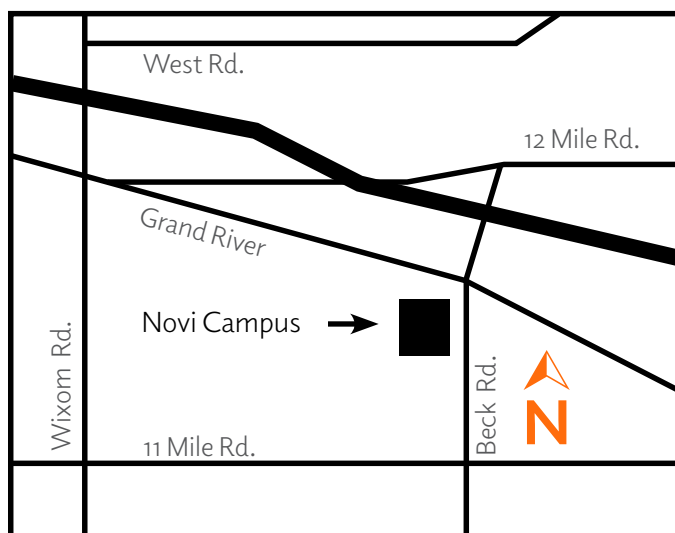
Numbers to know

| | |
|---------------------------------------|--------------|
| Novi Campus: | 248-465-4100 |
| Admitting Department: | 248-465-3800 |
| American Red Cross Blood Donation: | 800-448-3543 |
| Spiritual Care: | 248-465-4296 |
| Social Work: | 248-465-4910 |
| Pre-Surgical Screening (PSS): | 248-465-4070 |
| PSS Fax: | 248-465-4071 |

SOUTHFIELD CAMPUS



NOVI CAMPUS



Our Recommended Websites:

www.stjohnprovidence.org/providenceneuro • www.arthritis.org • www.aaos.org
www.understandspinesurgery.com • www.spineuniverse.com

This material is intended to provide general information only. It is not comprehensive and does not represent all that is available on the subject. It may not apply specifically to your condition. Please discuss any questions you have with your medical/surgical team.

Appendix A

Spine Surgery, Dental Procedures, and Antibiotics

Recommendations from the American Academy of Orthopaedic Surgeons and the American Dental Association

For a period of time to be determined by your surgeon after spine surgery, all patients may need antibiotics for all high-risk procedures.

The bacteria commonly found in the mouth may travel through the bloodstream and settle in your surgical site. This increases your risk of contracting an infection. Ask your dentist about preventive antibiotics for all dental procedures with a high risk of bleeding or producing high levels of bacteria in your blood. Your dentist and your surgeon, working together, will develop an appropriate course of treatment for you.

You may need preventive antibiotics before all high risk dental procedures if:

- You had a spine surgery less than 6 months to 2 years ago
- You have an inflammatory type of arthritis, Type I diabetes, or hemophilia
- You have a suppressed immune system or are malnourished
- History of prior or present malignancy

These dental procedures have a high risk of bleeding or producing high levels of bacteria in your blood:

- All dental extractions
- All periodontal procedures
- Dental implant placement and replantation of teeth that were knocked out
- Some root canal work
- Initial placement of orthodontic bands (not brackets)
- Certain specialized local anesthetic injections
- Regular dental cleanings (if bleeding is anticipated)

One of these preventive antibiotics may be prescribed for you:

- If you are not allergic to penicillin:
2 grams of Amoxicillin, Cephalexin, or Cephadrine (orally) OR 2 grams of Ampicillin OR 1 gram of Cefazolin (intramuscularly or intravenously) one hour before the procedure
- If you are allergic to Penicillin:
600 milligrams of Clindamycin (orally or intravenously) one hour before the procedure

These guidelines were developed by The American Academy of Orthopaedic Surgeons and the American Dental Association. They are designed to help practitioners make decisions about preventive antibiotics for dental patients with artificial joints. They are not a standard of care or a substitute for the practitioner's clinical judgment. Practitioners must exercise their own clinical judgment in determining whether or not preventive antibiotics are appropriate. Pediatric doses may be different.

Appendix B

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

| Generic Name | Brand Name |
|------------------------------------------|------------------------------------------------------------------------------------|
| Diclofenac potassium | Cataflam |
| Diclofenac sodium | Voltaren, Voltaren XR |
| Diclofenac sodium with misoprostol | Arthrotec |
| Diflunisal..... | Dolobid |
| Etodolac..... | Lodine, Lodine XL |
| Fenoprofen calcium..... | Nalfon |
| Flurbiprofen..... | Ansaid |
| Ibuprofen | <i>Prescription: Motrin</i> <i>Non-Prescription: Advil, Motrin IB, Nuprin</i> |
| Indomethacin | Indocin, Indocin SR |
| Ketoprofen..... | <i>Prescription: Orudis, Oruvail</i> <i>Non-prescription: Actron, Orudis KT</i> |
| Meclofenamate sodium | Meclomen |
| Mefenamic acid | Ponstel |
| Meloxicam | Mobic |
| Nabumetone | Relafen |
| Naproxen | Naprosyn, Naprelan |
| Naproxen sodium..... | <i>Prescription: Anaprox</i> <i>Non-prescription: Aleve</i> |
| Oxaprozin | Daypro |
| Piroxicam | Feldene |
| Sulindac | Clinoril |
| Tolmetin sodium | Tolectin |

Aspirin Products (Salicylates)

| Generic Name | Brand Name |
|----------------------------------------|--------------------------------------------------------------------------------------|
| Acetylated Salicylates | |
| Aspirin (acetylsalicylic acid) | Anacin, Ascriptin, Bayer, Bufferin, Ecotrin, Excedrin |
| Non-Acetylated Salicylates | |
| Choline and Magnesium salicylates..... | CMT, Tricosal, Trilisate |
| Choline salicylate (liquid) | <i>Prescription: Magan, Mobidin, Mobogesic</i> <i>Non-Prescription: Arthropan</i> |
| Magnesium salicylate | Arthritab, Bayer Select, Doan's Pills |
| Salsalate..... | Amigesic, Anaflex 750, Disalcid, Marthritic, Mono-Gesic, Salflex, Salsitab |

Appendix C

A Smoker's Guide to Kicking the Habit

If you're going to make the effort to stop smoking, you certainly want to succeed. Yet although three out of four smokers say they want to quit, fewer than 5 percent of smokers who quit for at least a day are able to stay away from tobacco for three months to a year according to the U.S. Department of Health and Human Services (HHS).

Preparing to Quit

The most important step in stopping smoking is deciding that you want to quit. No matter who else is influencing you, the final decision has to be yours. Here are some things to do once you've decided to take the plunge:

- Write down and frequently read your reasons for giving up smoking.
- If your previous attempts to quit have failed review the problems you had and think about ways to overcome them.
- Be realistic. Prepare yourself to cope with temporary withdrawal symptoms.
- Get other people involved. Find a friend or family member who also wants to quit. Tell people you're quitting so they can offer support.

Treatment Options

Here is a variety of ways you can try to stop smoking if you can't do it cold turkey:

- **Stopping gradually.** Switch to a brand you find unpleasant. Smoke only half of each cigarette. Each day, reduce the number of cigarettes you smoke. Smoke only when you want a cigarette badly and make smoking inconvenient.
- **Self-help methods.** Kits, books, pamphlets, video, and audio programs.
- **Programs, clinics, and groups.** Smoking-cessation programs are offered by the American Cancer Society, the American Lung Association, clinics, hospitals, and private treatment centers.
- **Hypnosis.** In motivated people, this method of smoking cessation has had some success. Options include private sessions and programs that teach self-hypnosis.
- **Nicotine gum, patches, nasal spray, and inhaler.** By acting as a replacement source of nicotine, these products can ease withdrawal symptoms. Oral prescription medications to help stop smoking are also available.
- **Non-nicotine prescription medications.** There are two drugs to choose from, Zyban and Chantix.

Self-help tips

No matter what methods you choose to quit smoking, you can apply these helpful tips to boost your morale:

- Develop a nonsmoking environment at home and work. Get rid of ashtrays, matches, lighters and, of course, cigarettes.
- Spend free time in places where smoking isn't allowed, such as museums, theaters, and stores.
- Drink a lot of liquids.
- Avoid beverages you associate with smoking.
- Keep your hands busy so you won't miss holding a cigarette.
- Keep oral substitutes, such as healthful snack foods, handy.
- Associate with nonsmokers whenever possible.
- Learn relaxation techniques to combat anxiety.
- Start exercising to help reduce the possibility of weight gain.
- Eat healthy meals and get plenty of rest.
- Concentrate on the immediate and long-term benefits and rewards of living smokefree.



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