What you need to know before, during, and after spine surgery.
General Information

Thank you for choosing the Spine Center at St. Luke’s Cornwall Hospital. Your physician and our care-giving team are dedicated to your comfort, well-being, and smooth recovery.

Overview of the Spine Center

The St. Luke’s Cornwall Center for Spine Health is unique. It is a dedicated center within the hospital.

Our program is designed to make your entire experience a positive one, and to facilitate your recovery. It features:

• Nurses and therapists who specialize in the care of spine patients
• Emphasis on individual care
• Family and friends educated to participate as “coaches” in the recovery process
• This comprehensive patient guide for you to follow from three weeks pre-op until three months post-op and beyond
General Information

Your Care Team

Nursing
Thank you for choosing SLCH for your spine care. Our Nursing staff is committed to ensuring you and your family receive excellent care in a warm, safe environment. We are here to answer your questions, discuss your concerns, and make your stay as comfortable as possible. Please help us by letting us know if there is anything we can do to make your stay even better. We appreciate the trust you have placed in us, and our entire team is committed to taking excellent care of you!

**Nursing will be with you each step of the way:**
- Pre-operative
- During Operation
- Post-operative

During your hospitalization at SLCH, you will be cared for in a patient and family-focused environment.

Before your surgery, you will have a complete physical assessment by a Registered Nurse (RN), and pre-op teaching will be reinforced at this time. Please come prepared with any questions you may have.

You will be transported to the operating room via stretcher, where you will be greeted by an RN who will be caring for you during your surgery. After your surgery, you will awaken in Recovery where you will be monitored closely until you are stable and can return to the patient care unit. Back in your room, you will be cared for by an experienced, licensed registered nurse.

After surgery, your care will be monitored by a multi-disciplinary team that will focus on your individual outcome, working to get you “back on your feet.”

Case Management

**How Our Case Manager Can Help You Before and After Your Stay**
St. Luke’s Cornwall Hospital Case Managers are an integral part of the health care team. Case Managers at SLCH are experienced, clinical RNs. They are available to assist you with discharge planning and coordination of medical needs. The Case Manager will assist you with any referrals for physical therapy, any questions on insurance coverage, and equipment needs at discharge.

Please feel free to contact the St. Luke’s Cornwall Hospital Case Management Department any time, at 784-3812.
General Information

The Rehabilitation Department

The Rehabilitation Department at SLCH is a team of highly trained professionals in the fields of Physical and Occupational Therapy and Speech Pathology.

Therapy will be an integral part of your recovery.

Our therapists are trained and licensed professionals who work as members of your health care team to restore your function through improved mobility, offer assistance with pain relief, and help you increase your motion and strength.

You will speak with therapists at the pre-operative class and will be evaluated and assisted by them regularly during your hospital stay.

Frequently Asked Questions

Should I exercise before the surgery?
Yes, consult your surgeon about the exercises appropriate for you.

How long will I be incapacitated?
You may stay in bed the day of your surgery. However, the next morning you will get up, sit in a chair or recliner, and will be walking.

Will I need a second opinion prior to the surgery?
The surgeon’s office secretary will contact your insurance company to pre-authorize your surgery. If a second opinion is required, you will be notified.

How do I make arrangements for surgery?
After your surgeon has scheduled your surgery, you will be scheduled to attend pre-admission testing and a pre-operative education class. For your convenience, both appointments are offered on the same morning. Detailed information regarding your experience will be provided.

Will the surgery be painful?
You will have discomfort following the surgery, but we will try to keep you as comfortable as possible with the appropriate medication.

Who are the anesthesiologists?
The Operating Room and Post Anesthesia Care Unit (PACU)/Recovery Room at the hospital are staffed by Board Certified and Board Eligible physician anesthesiologists. Each member of the service is an individual practitioner with privileges to practice at this hospital.
General Information

Will I have any side effects from the anesthesia?
Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options as well as any complications or side effects that can occur with each type of anesthetic. Nausea or vomiting may be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medications to treat nausea and vomiting will be given if needed. The amount of discomfort you experience will depend on several factors, especially the type of surgery. Your doctors and nurses can relieve pain with medications. We will do our best to minimize your discomfort, but do not expect to be totally pain free. The staff will teach you the pain scale (0–10) to assess your pain level.

What will happen before my surgery?
You will meet your anesthesiologist immediately before your surgery. Your anesthesiologist will review all information needed to evaluate your general health. This will include your medical history, laboratory test results, allergies, and current medications. He or she will also answer any further questions you may have.

You will also meet your surgical nurses. Intravenous (IV) fluids will be started and pre-operative medications may be given, if needed. Once in the operating room, monitoring devices for your safety such as a blood pressure cuff and EKG, will be applied. At this point, you will be ready for anesthesia.

During surgery, what does my anesthesiologist do?
Your anesthesiologist is responsible for your comfort and well-being before, during, and immediately after your surgical procedure. In the operating room, the anesthesiologist will manage vital functions, including heart rate and rhythm, blood pressure, body temperature, and breathing. The anesthesiologist is also responsible for fluid and blood replacement when necessary.

What can I expect after the operation?
After surgery, you will be taken to the Post Anesthesia Care Unit (PACU) where specially trained nurses will watch you closely. During this period, you may be given extra oxygen and your breathing and heart functions will be observed closely.

May I choose an anesthesiologist?
Although most patients are assigned an anesthesiologist, you may choose one based on personal preference or insurance considerations. If you have questions about your insurance coverage or medical plan participation by the anesthesiologist, please contact your insurance company for guidance. Requests for specific anesthesiologists should be submitted in advance through your surgeon’s office for coordination with the surgeon’s availability.

Will I need a walker, crutches, or a cane?
Probably not, but if you do, the Case Manager can arrange for them if necessary.

Will I need a brace?
Your surgeon will determine if you need a brace and a timeline for its use.
General Information

Will I need help at home?
Yes, for the first few days or weeks, depending on your progress, you will need someone to assist you with meal preparation, etc. Family or friends should be available to help if possible.

Preparing ahead of time, before your surgery, can minimize the amount of help needed. Having the laundry done, house cleaned, yard work completed, clean linens put on the bed, and single-portion frozen meals will help reduce the need for extra help.

Will I need physical therapy when I go home?
Your physician or surgeon will determine whether you require physical therapy. Often, patients who do require therapy do not start it until after a recovery period.

How long until I can drive and get back to normal?
Consult with your surgeon for their advice on your activity.

When will I be able to get back to work?
Consult with your surgeon as this may be dependant upon your workplace activities.

When can I have sexual intercourse?
The time to resume sexual intercourse should be discussed with your surgeon.

How often will I need to be seen by my doctor following the surgery?
You will be seen for your first post-operative office visit two to three weeks after discharge. The frequency of follow-up visits will depend on your progress.

What physical/recreational activities may I participate in after my recovery?
You are encouraged to participate in low-impact activities such as walking during your recovery period.
Pre-Operative Checklist

Before Your Surgery: Timeline

Three to four weeks prior to surgery:

Contact your insurance company for:

• Pre-authorization
• Second opinion policy
• Referral forms needed
• Rehab benefits
• Pre-register at SLCH (458-4000)
• Confirm and keep medical evaluation appointment if requested by your surgeon.
• Begin your pre-operative exercise program (included in this guidebook).
• Confirm and keep internist appointment about two to three weeks prior to surgery for Medical evaluation
• Pre-admission testing will have been scheduled by office
• Attend SLCH pre-operative class

Ten days prior to surgery:

• Check with your primary care physician on stopping medications that increase bleeding time
• Prepare your home for your return after your hospital stay
Pre-Operative Checklist

24 Hours Prior to Surgery

___ Confirm the time to arrive on day of surgery. Call 568-2865 after 5:00 p.m.
___ Do not eat or drink after midnight prior to surgery, not even water, unless otherwise instructed to do so. Do not chew gum.
___ Take your medications for diabetes as instructed by your medical doctor.
___ Pack your travel bag with the following items:
   • Eyeglasses (easier to take care of/less likely to lose than contacts)
   • Toothbrush/toothpaste
   • Dentures
   • Deodorant
   • Watch
   • Loose-fitting clothing
   • Flat shoes/tennis shoes

Day of Surgery

___ Leave plenty of time to arrive on time
___ Bring your packed travel bag
___ Bring this handbook

Leave the following items at home:
   • Valuables
   • Jewelry
   • Large amounts of money
Pre-operative Checklist

Before Your Surgery: Home Preparation

To maximize your recovery and safety after your surgery, it is best to be prepared for your limited ability to get around your home. Below are suggestions you and your caregiver can implement to make your home easier to manage.

• Have a firm chair with arms available; the seat should be tall enough for you to comfortably come to a stand. If no chair meets these specifications, consider a cushion on a dining room chair. Firm cushions can be purchased from medical supply companies.

• Be sure walkways throughout the home are clutter free; this includes removing or tacking down throw rugs.

• Make sure lighting is easy to access. Suggestions can be a wall switch inside a doorway, a “clapper” device on a lamp, or using timers on certain lights.

• Store items within easy reach and leave out those things you use often.

• Break down larger containers of food or beverage into smaller portions that you can easily carry (i.e., buy a six-pack of soda or purchase reusable containers with lids). Prepare your meals ahead of surgery and freeze in individual serving containers. Keep phone numbers/menus for food delivery handy.

• If you have a low toilet seat, consider purchasing a raised toilet seat from a medical supply store.

• Make sure your shower has either a skid-free mat or stickers. If you are concerned regarding your balance or ability to stand, you can purchase a shower chair (sold at Home Depot, Lowes, major drug stores, and medical supply stores).

• Make sure you have a cordless phone that you can take with you around the house.

• Make arrangements for a caregiver the first week you are home. Ask a friend or neighbor to help if you need something quickly or have an emergency.

• Do all your laundry and clean the house so these tasks can be put off as long as possible.

• Make sure you have loose fitting clothing that is easy to take on and off.
Pre-Operative Checklist

Pre-operative Exercises, Goals, and Activity Guidelines

Exercising Before Surgery

It is important to be as fit as possible before undergoing a surgical procedure. Always consult your physician before starting a pre-operative exercise plan. This will make your recovery much faster. Exercises are shown here that you will be instructed to start doing now and continue until your surgery. You should be able to do them in 15–20 minutes and it is typically recommended that you do all of them twice a day. Consider this a minimum amount of exercise prior to your surgery.

Stop doing any exercise that is too painful.

Pre-operative Exercises

(See the following pages for descriptions:)

1. Ankle pumps 20 reps. 2 times/day
2. Quad sets (knee push-downs) 20 reps. 2 times/day
3. Gluteal sets (bottom squeezes) 20 reps. 2 times/day
4. Heel-slides (slide heel up and down) 20 reps. 2 times/day
Pre-Operative Checklist

Range of Motion and Strengthening Exercises

(1) Ankle Pumps

Flex foot. Point Toes. Repeat 20 times.

(2) Quad Sets — (Knee Push-Downs)

Lie on back, press left knee into mat, tightening muscles on front of thigh. Do NOT hold breath. For the right thigh, straighten right leg and bend left knee (reverse of picture above). Tighten muscles in front of right thigh, pressing back of right knee to the mat. Repeat 20 times.
Pre-Operative Checklist

(3) Gluteal Sets — (Bottom Squeezes)

Squeeze bottom together. Do NOT hold breath.
Repeat 20 times.

(4) Heel Slides — (Slide Heels Up and Down)

Lie on couch or bed. Slide heel toward your bottom.
Repeat 20 times.
Hospital Care

What to Expect After Your Surgery

• “How are you feeling?” You will be asked this question many times throughout your stay. Please try to be as accurate as possible to assist your caregivers in providing you optimal care.

• Pain. We are concerned about your pain. You will be asked throughout the day to rate your level of pain. Please rate your pain on the 0-10 scale as previously described.

• Vital signs: Your vital signs, which consist of blood pressure, pulse, respiratory rate and temperature, are taken frequently after surgery.

• Breathing: You will be asked to take deep breaths and use your incentive spirometer (described on following pages).

• Surgical dressing and drainage: You will have a dressing around the surgical site that will be inspected frequently after surgery.

• Sequential compression devices: Special leg wraps will be placed on your legs after surgery. These leg wraps attach to a pneumatic compression device designed to facilitate lower limb blood flow. The leg wraps are to be worn during the first couple of days after surgery when in bed.

• Use a brace if required.
Day of Surgery — What to Expect

On the Ambulatory Surgery Unit on the first floor, patients are prepared for surgery. This includes starting an IV. Your operating room nurse as well as your anesthesiologist will interview you.

You will be escorted to the operating room where you will be prepared for the start of your surgical procedure.

Following surgery, you will be taken to a recovery area where you will remain for one to two hours. During this time, pain control is typically established and your vital signs will be monitored.

Only one or two very close family members or friends should visit you on this day. You most likely will begin sitting in a chair and ambulating the first day. It is very important that you begin ankle pumps and wear your Sequential Compression Devices (SCD’s) on this first day. This will help prevent blood clots from forming in your legs. You should also begin using your Incentive Spirometer and doing the deep breathing exercises that you learned in class.

After Surgery — Day One

On day one after surgery you can expect to be bathed and helped out of bed and seated in a chair in your room. Your surgeon or associate will visit you during the day. A therapist will assess your progress and get you walking.

If staying ...

After Surgery — Day Two

On day two after surgery you may be helped out of bed early and may dress in the loose clothing you brought to the hospital. You will continue with your rehabilitation plan.
Hospital Care

After surgery

Rehabilitation – Physical and Occupational Therapy

The most important role of therapy for you at this point is to prepare you to go home and perform your everyday self care. The good news is there are only a few exercises to complete and your physician and you will determine if and when an active Physical Therapy program should be initiated.

That being said there are some important limitations and precautions you must take:

If you are required to wear a brace your therapist will show you how this is placed on and provide you the schedule for use.

You need to keep moving — getting out of bed, walking and performing the simple exercises on the next page are important. Your best efforts are important to your recovery.

Day one: If necessary, your therapist will work on assisting you to log roll, sit at the edge of your bed and go for a short walk (a favorite destination is the bathroom). The therapist will show you not only how to log roll to sit up but also to lie down. If you need to be able to walk up stairs to go home, your therapist will have you complete before leaving.

If your surgery requires a longer stay, this process will be reviewed in several sessions. This will increase your ease moving in and out of bed as well as walking.

Adaptive equipment: If needed, your therapist can show you how to use long handled equipment to avoid bending for tasks such as retrieving fallen items, dressing and washing.

Please ask your therapist any questions you have about daily activities: anything from using the bathroom to walking up stairs, we are here to assist you!

Precautions:

You should avoid lifting greater than 5 - 10 pounds. When you need to lift/carry an object, keep the weight close to your body which will lessen the impact on your spine.

Avoid motions that require twisting and bending.
Hospital Care

Bed Mobility

To move from lying on back, bend knees up and roll to your side. Slide legs off edge of bed with knees bent. Push up with your arms, using the legs as a counter weight and sit up.

To move from sitting to lying down, reverse the procedure. Begin sitting on bed. Lower yourself down on to your side, using your arms to help guide and control the movement. Once you are lying on your side, you may slide the legs up onto bed. To roll over on your back, keep knees bent and roll onto back.
Anesthesia and Pain

Pain Management

People used to think that severe pain after surgery was something they “just had to put up with.” Today, with current pain control methods, that is no longer true. We will use a team approach to manage the pain from surgery.

Because there are no tests to measure pain, you must be ready to tell the staff what your pain feels like, where it is located, and if it changes at times. Sometimes pain is constant, other times it comes in bursts. Pain can be sharp, burning, tingling or aching.

You will be asked to rate how much pain you have on the pain scale below:

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<th>Pain Scale</th>
<th>No Pain</th>
<th>1</th>
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<th>3</th>
<th>4</th>
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Even under your personal pain management program, your pain level may change at times. Be sure to tell your nurse if it becomes worse. Your need for pain control after surgery will be met immediately by either injections or oral medication.

Tell your nurse as soon as the pain starts. Your pain is easier to control if you do not allow it to become severe before taking pain medication. Your nurse will discuss a manageable schedule with you. With either method of pain medication, please notify your nurse or doctor if you are not getting adequate pain relief. We want you to be as comfortable as possible while you heal. You will also be able to participate better in your own recovery if your pain is well controlled.

By day two, your surgical pain will be less severe and you will be able to progress with various activities more readily. Oral pain medication helps patients resume daily activities with a minimum amount of discomfort.
Hospital Care

Relaxation Exercises

Relaxation exercises, such as slow, rhythmic breathing, can help you handle any pain you may be feeling, as well as providing overall comfort.

1. Breathe in slowly and deeply through your nose.
2. As you breathe out slowly through your mouth, feel yourself beginning to relax and feel the tension leaving your body.
3. Now breathe in and out slowly and regularly at whatever rate is comfortable for you. You may wish to try abdominal breathing (using your diaphragm). If you do not know how to do abdominal breathing, ask your nurse for assistance.
4. To help you focus on your breathing, breathe slowly and rhythmically. Breathe in and say silently to yourself, “in, two, three”; then breathe out and say silently to yourself, “out, two, three.”
5. It may help to imagine that you are doing this in a place that is very calming and relaxing for you, such as the beach or your own special place.
6. You may repeat steps 3 and 4 for up to 20 minutes.
7. End with a slow, deep breath. As you breathe out say to yourself, “I feel alert and relaxed.” Then concentrate on staying that way!
Post-Operative Care

Caring For Yourself at Home
When you go home, there are a variety of things you need to know for your safety, your recovery, and your comfort.

Control Your Pain
- Take your pain medicine at least 30 minutes before activity.
- Gradually wean yourself from prescription medication to pain relievers.
- Change your position every 20-30 minutes throughout the day.

Body Changes
- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.
- You may have difficulty sleeping, which is normal. Do not sleep or nap too much during the day.
- Your energy level will be decreased for at least the first few weeks.
- Pain medications that contain narcotics promote constipation. Use stool softeners or laxatives, if necessary.

Caring For Your Incision
- Keep your incision dry
- Notify your surgeon if there is drainage, redness, pain, odor, or heat around the incision.
- Take your temperature twice daily for 2 weeks. Call your surgeon if it exceeds 100.5°F

Recognizing & Preventing Potential Complications

Infection

Signs of Infection
- Increased swelling and redness at incision site
- Drainage from your incision
- Fever greater than 100.5°F
Post-Operative Care

Activity Guidelines

Gradually resuming everyday activities is important to obtain the best results from your spine surgery. Always consult your surgeon before starting an exercise program. If sent for Physical Therapy, you may receive exercises from a physical therapist at an outpatient facility, in this case you need to participate in an ongoing home exercise program. Ask the therapist to provide you copies of your exercises and include them in this book so you have a reference to share with your physician at office visits.

Initial time at home until your follow up appointment

Most spine patients go directly home from the hospital. Typical goals for this initial period at home are to:

• Continue with any bracing prescribed by your surgeon. If the brace is uncomfortable or causing point pain, contact the prosthetics company that provided the brace and have an orthotist come to your home to adjust it.

• Continue with any lifting precautions (i.e. no greater than 5-10 pounds, no shifting loads – child/pet) and activity precautions.

• For getting in and out of bed, use the log roll technique to reduce stress on your back.

• If you were provided a walking device (cane, walker) continue with your walking program with this device.

• Climb and descend stairs using hand rail as instructed.

• Resume your self care tasks (washing, dressing, grooming) with any special instructions for your incision provided by your surgeon or nurse.

• If a home exercise program was prescribed, perform twice daily.

At your follow up appointment discuss with your surgeon if there are any changes to your activity level.
Post-Operative Care

Around the House

Safety and Avoiding Falls

- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or that have non-skid backs.
- Be aware of all floor hazards such as pets, small objects, or uneven surfaces.
- Provide good lighting throughout. Install nightlights in the bathrooms, bedrooms, and hallways.
- Keep extension cords and telephone cords out of pathways. Do NOT run wires under rugs; this is a fire hazard.
- Do NOT wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with arms. It makes it easier to get up.
- Rise slowly from either a sitting or lying position to avoid getting light-headed.
- Do not lift heavy objects for the first three months and then only with your surgeon’s permission.

What to Do for Exercise

Choose a Low Impact Activity

- Recommended exercise classes
- Home program as outlined in this guidebook
- Regular one to three mile walks
- Home treadmill (for walking)
- Stationary bike
- Regular exercise at a fitness center

What Not to Do

- Do not run or engage in high-impact activities
Discharge

**Infection Prevention:**
- Take your temperature at 8 a.m. and 4 p.m. every day for one week
- Use your incentive spirometer every four hours while you are awake for one week
- Eat a healthy diet
- Perform your postoperative exercises
- Allow for periods of rest

**Call your doctor if:**
- Your temperature is greater than 100.5 degrees
- Your surgical site is red, swollen or has foul smelling and/or looking drainage from suture line
- Increasing or sudden shortness of breath
- You have increased swelling in thigh, calf or ankle that does not go down with elevation (possible blood clot)
- You have pain, heat or tenderness in your calf, back of knee or groin area
Exercise Your Rights:
Put Your Health Care Decisions in Writing

It is our policy to place patients’ wishes and individual considerations at the forefront of their care and to respect and uphold those wishes.

What are Advance Medical Directives?

Advance Directives are a means of communicating to all caregivers the patient’s wishes regarding health care. If a patient has a Living Will or has appointed a Health Care Agent and is no longer able to express his or her wishes to the physician, family, or hospital staff, the Medical Center is committed to honoring the wishes of the patient as they are documented at the time the patient was able to make that determination.

There are different types of Advance Directives and you may wish to consult your attorney concerning the legal implications of each.

LIVING WILLS are written instructions that explain your wishes for health care if you have a terminal condition or irreversible coma and are unable to communicate.

APPOINTMENT OF A HEALTH CARE AGENT (sometimes called a Medical Power of Attorney) is a document that lets you name a person (your agent) to make medical decisions for you, if you become unable to do so.

HEALTH CARE INSTRUCTIONS are your specific choices regarding use of life sustaining equipment, hydration and nutrition, and use of pain medications.

On admission to the hospital you will be asked if you have an Advance Directive. If you do, please bring copies of the documents to the hospital with you so they can become a part of your Medical Record. Advance Directives are not a requirement for hospital admission.