



Spine Surgery Program 101

South Texas Spine & Surgical Hospital
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Welcome to the **Spine Surgery Program** at South Texas Spine & Surgical Hospital

We are a physician owned hospital. This is an innovative approach to healthcare which creates an integrated and holistic path to a successful surgery, pleasant hospital stay, and speedy recovery. To achieve this we provide high quality and efficient care in an environment that is clean, safe, comfortable, focused on caring and customer service and committed to continuous improvement.

This is one of the many reasons why South Texas Spine & Surgical is consistently ranked as one of the top hospitals in the nation for patient satisfaction and clinical effectiveness, per the Centers for Medicare &

Our Vision:

The South Texas Spine & Surgical Hospital will be the hospital of choice for orthopedic, spine surgery, related pain management and other services we provide.

Our Mission:

To improve the health and quality of life of the individuals and communities we serve. To provide our patients, stakeholders, and community high-quality and efficient care in an environment that is clean, safe, comfortable, focused on caring and customer service and committed to continuous improvement.

Medicaid Services (CMS). At our hospital, we specialize in orthopedic, spine, pain management procedures as well as cardiac & plastics. Our staff members are specifically trained and have extensive expertise in caring for these patients.

This Spine Guidebook will help provide you with information regarding your spine surgery. We do request that you bring this book with you to the hospital at time of surgery. We appreciate the opportunity to care for you and feel privileged to be a part of your journey!

****Important Disclosure:** There may be instances where the information in this guidebook is not the same that was provided by your surgeon. If that does occur, please always follow the directions from your surgeon.

If you have any questions, please contact your surgeon or the Spine Navigator.

****Disclaimer:** The information in this guidebook is provided as an educational service and is not intended to serve as medical advice. Anyone seeking specific medical advice or assistance should consult his or her orthopedic spine surgeon or neurosurgeon.

Contact Us

Spine Nurse Navigator

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Office: 210-253-6737 (8am-4pm) M-F
Weekends/After hours: 210-507-4100
Email: Alexis.Escobar@stssh-sa.com

Pre-Admission Testing

Testing Hours:
Monday-Thursday: 8:30 am - 4:00 pm
Friday: 8:30 am - 3:00 pm
210-253-6724

Surgeon's Office

South Texas Spinal Clinic
18626 Hardy Oak Blvd., Suite 200
San Antonio, Texas 78258
210-293-2941

Neurosurgery & Spine Consultants
4611 Centerview Dr.
San Antonio, Texas 78228
210-255-8935

MD Spine Care (Stone Oak)
525 Oak Centre, Suite 140
San Antonio, Texas 78258
210-934-5463

Ortho San Antonio (Medical Center)
2833 Babcock Rd., Tower 2, Suite 435
San Antonio, Texas 78229
210-705-5060

Dr. Joshi
Dr. Webb
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Dr. Richardson

Section 1

Getting Ready for Surgery

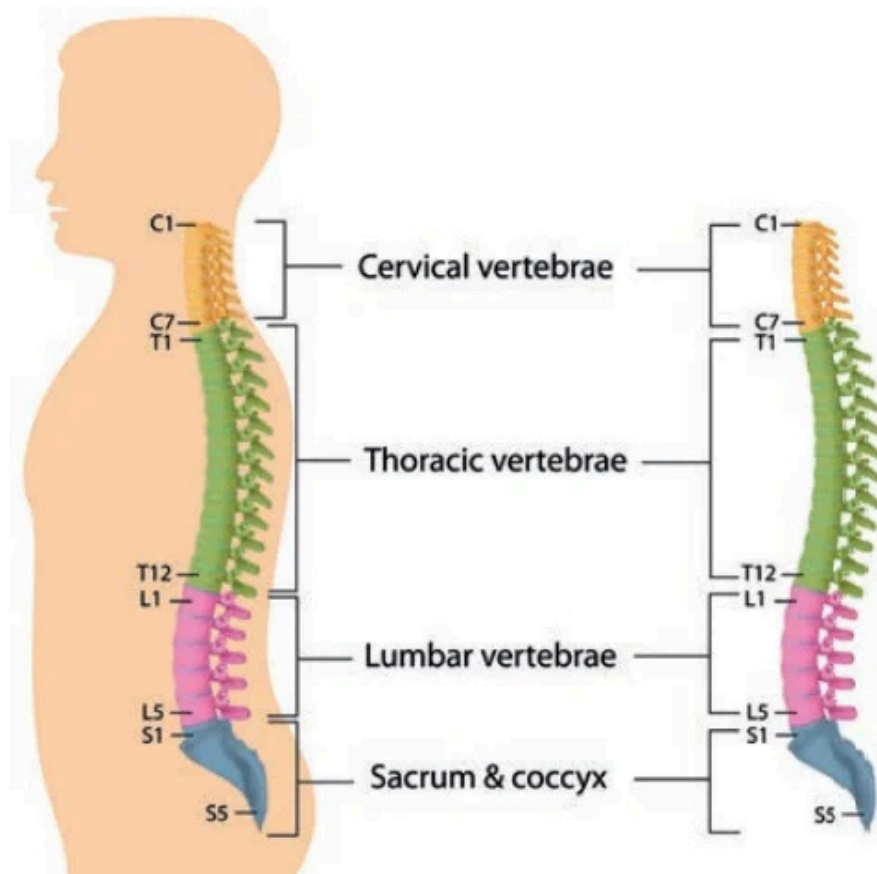
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- Cervical Surgery Overview
- Lumbar Surgery Overview
- Preparing For Surgery
- Home Safety Preparation Checklists
- Pre-admissions Testing
- Spine Pre-Op Education



Spinal Structure

The spine consists of a series of bones in the back known as vertebrae. Between each vertebra lies a cushion called a disc. Surgery can be performed on a disc, a vertebra, or any part of the spine, including the cervical (neck), thoracic (middle back), or lumbar (lower back) regions.

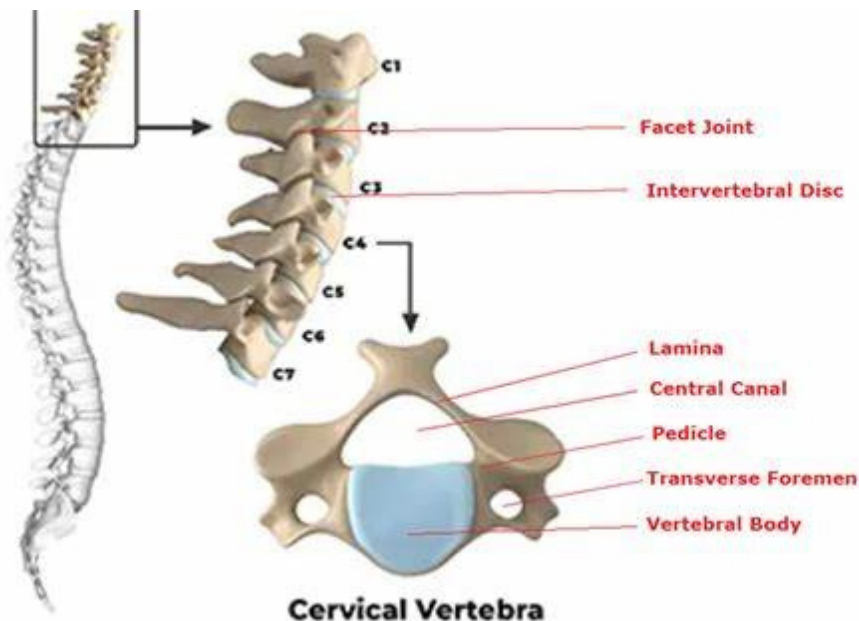


Cervical Surgery Overview

The cervical spine is the upper portion of the spine, consisting of seven vertebrae (C1–C7) that support the head and allow for movement such as bending, rotating, and tilting. It also protects the spinal cord and provides stability to the neck. The cervical spine connects the skull to the rest of the spine and plays a crucial role in overall mobility and nerve function.

During cervical spine surgery, damaged or degenerated structures in the neck are repaired or replaced to relieve pain, stabilize the spine, and restore function. This may involve removing a damaged disc (discectomy), fusing vertebrae together (fusion), or replacing a disc with an artificial implant. Implants may be made of various materials, including titanium, surgical-grade plastics, or bone grafts.

The choice of procedure and materials depends on factors such as the severity of degeneration, spinal alignment, and overall health. Your surgeon will determine the best approach to relieve symptoms and improve spinal stability while preserving as much movement as possible.

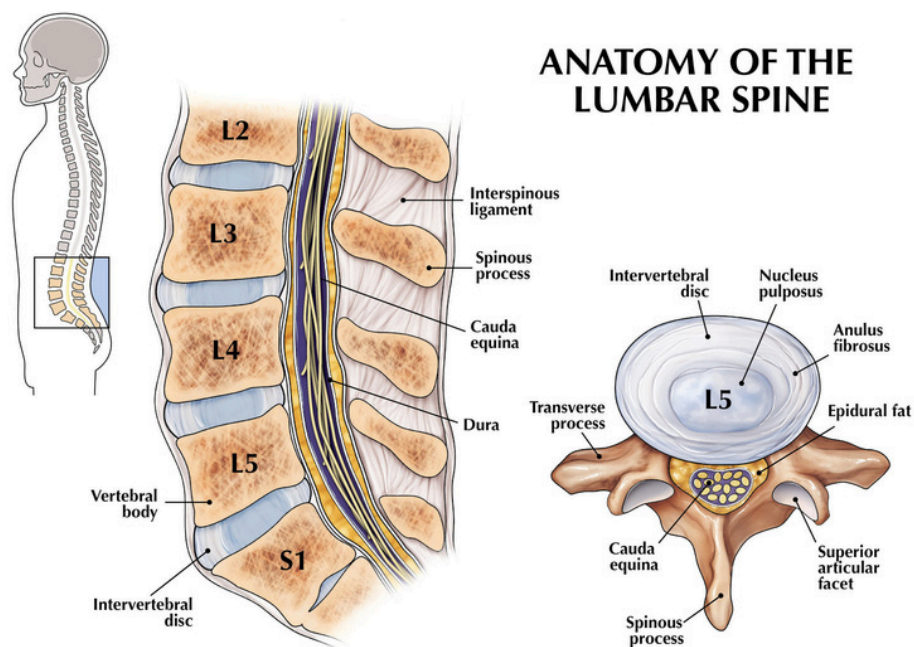


Lumbar Surgery Overview

The lumbar spine is the lower portion of the spine, consisting of five vertebrae (L1–L5) that support the upper body and allow for bending, twisting, and lifting. It bears much of the body's weight and absorbs daily stresses, making it prone to wear and tear over time. The lumbar spine also protects the spinal cord and nerves that travel to the legs.

During lumbar spine surgery, damaged or degenerated structures in the lower back are repaired to relieve pain, stabilize the spine, and restore function. This may involve removing a herniated disc (discectomy), fusing vertebrae together (fusion), or decompressing pinched nerves (laminectomy).

Implants such as screws, rods, or cages may be used to provide stability and support healing. The choice of procedure and materials depends on factors such as the severity of the condition, spinal alignment, and overall health. Your surgeon will determine the best approach to relieve symptoms while preserving as much mobility and function as possible.



What is Minimally Invasive Surgery?

Minimally invasive spine surgery uses small incisions and specialized instruments inserted through narrow tubes to treat spinal conditions with less disruption to your body. A tiny video camera called an endoscope provides a magnified, three-dimensional view of the surgical area, allowing for precise treatment.

Benefits of minimally invasive surgery include:

- Faster healing and recovery
- Less blood loss
- Minimal scarring
- Reduced trauma to muscles and tissues

While minimally invasive surgery offers many benefits, it may not be the best option for every patient or condition. At STSSH, our surgeons evaluate each case individually to determine the most effective and safest approach for your specific needs.

Minimally invasive techniques are not suitable for every condition or individual. Each case is carefully evaluated to determine the safest and most effective surgical option. If a minimally invasive approach is appropriate, the surgical team will explain the procedure and expected outcomes. If another method is more suitable, that option will also be discussed. The chosen treatment plan will be based on the patient's specific diagnosis, overall health, and personal goals.

CERVICAL SURGERIES

Odontoidectomy

- Odontoidectomy involves removing part of the odontoid process (a bony structure at the top of the cervical spine) to treat conditions like fractures or malformations.

Discectomy

- A discectomy removes part or all of a damaged disc in the cervical spine to relieve pressure on nerves and reduce pain or weakness.

Laminectomy

- Laminectomy involves removing part of a vertebra (the lamina) to relieve pressure on the spinal cord or nerves, often to treat conditions like stenosis.

Laminoplasty

- Laminoplasty is a procedure that reshapes the vertebrae to create more space for the spinal cord, commonly used to treat cervical spinal stenosis.

Corpectomy

- A corpectomy involves removing part of a vertebra and its disc to treat conditions like tumors or severe degeneration in the cervical spine.

Foraminotomy

- Foraminotomy removes bone or tissue from the foramen (the opening where nerve roots exit) to relieve nerve compression and alleviate symptoms like pain.

Fusion

- Cervical fusion involves joining two or more vertebrae using bone grafts or implants to stabilize the spine and prevent movement after surgery.

LUMBAR SURGERIES

Decompression

- Decompression surgery removes tissue (like bone or disc material) that is pressing on nerves, often to relieve pain, numbness, or weakness.

Discectomy

- A discectomy involves removing part or all of a damaged disc in the spine to alleviate pressure on surrounding nerves.

Laminectomy

- A laminectomy involves removing part of the vertebra called the lamina to create more space for the spinal cord and nerves, helping to relieve pressure.

Corpectomy

- A corpectomy involves removing a portion of a vertebra and its disc to treat conditions like tumors, fractures, or severe degeneration.

Foraminotomy

- Foraminotomy is a procedure to remove bone or tissue from the spinal foramen (the opening where nerve roots exit) to relieve nerve compression.

Fusion

- Spinal fusion involves joining two or more vertebrae using bone grafts or implants to prevent movement and stabilize the spine.

Pelvic Fixation

- Pelvic fixation involves securing the pelvis to the spine using screws or rods, often performed in cases of severe spinal instability or deformity.

Spinal Instrumentation

- Spinal instrumentation involves the use of metal devices such as screws, rods, or plates to stabilize and support the spine after surgery. These devices help keep the spine in proper alignment, promote healing, and may be used in procedures like spinal fusion. The materials are typically strong and safe for the body, such as titanium or stainless steel, to ensure lasting support during recovery.

Preparing for Surgery

Find your 'Support Coach'

South Texas Spine and Surgical Hospital provides family-centered care. How you define family is up to you! We believe their involvement is important for you to have a positive experience and successful recovery. We encourage you to start planning now for who will be helping you throughout this time. We encourage you to have your support coach come with you to your appointments and classes before surgery. You will also want to start thinking about your support system after you leave the hospital.

We think your home is the best place for you to recover. You will need to have a support person to help you. Every patient recovers at a different speed. How much care you will need depends on how you feel and how well you are moving.

You should have someone to help assist you for 1 to 2 weeks after surgery. You will also need someone to drive you to therapy and doctor's appointments. It is helpful to have your support coach with you during your therapy in the hospital. That way, the therapist can teach them how to give you support at home.

If you are worried about going home after your surgery, please let your surgeon and care team know before you schedule your surgery.



Goal Setting

At South Texas Spine and Surgical Hospital, we feel it is important to set goals to better assess your progress after surgery. Take some time to complete this next section and think about what you would like to accomplish after having your spine surgery:

What is your reason for having this surgery? Think beyond just pain relief or walking better; What do you want to be able to enjoy doing again that the pain has held you back from? (i.e. playing golf, taking walks on the beach, shopping, exercise)

My goal after surgery is: _____

Diet and Nutrition

Good nutrition before surgery aids the healing process. It's also important to work toward a healthy body mass index (BMI) to support the success and longevity of your spine surgery. Body mass index is a measure of your weight versus your height. You can learn more about getting to a healthy weight and your BMI at: www.cdc.gov/healthyweight

To get started with reaching or maintaining a healthy weight, try to balance your plate with the proper amounts of lean proteins, fruits, vegetables, healthy grains and low-fat dairy products. Use the “My Plate” method to ensure you are getting the proper portions of each food group. Refer to the food lists on the next page for the healthiest options from each food group.

It's also important to limit certain items like salt, butter and oils to reduce your overall calorie intake and keep your heart healthy.



Diet and Nutrition Continued

Here are some more tips to get you as healthy as possible before your neck or back surgery:

- Drink plenty of fluids and stay hydrated
- Eat more fiber to help avoid constipation (often caused by pain medications). Foods that contain fiber include: corn, peas, beans, avocados, whole wheat pasta, whole wheat bread, broccoli and cauliflower.
- Eat foods rich in iron, such as lean red meat, dark green leafy vegetables, raisins, and prunes.
- Eat foods high in Vitamin C to help your body absorb iron. Foods that are high in Vitamin C include oranges, cantaloupe and tomatoes.
- Make sure you are getting enough calcium which is needed to keep your bones strong. Foods that are high in calcium include milk, cheese, yogurt, dark leafy greens and fortified cereal.
- Eat light meals, especially the day before surgery. The combined effects of anesthesia and your medication may slow down your bowel function and can cause constipation after surgery.
- Protein shakes can help supplement an already healthy diet or be used as a meal replacement if you experience a poor appetite.

Diabetes Guidelines and Blood Glucose Management

Managing your blood glucose is always important, but it is extremely important before surgery. In fact, managing your blood glucose before surgery can help reduce the risk of problems after surgery, such as infection and poor wound healing. Surgery can affect your blood glucose control in many ways. Stress before and after surgery can cause your body to release hormones that may make it more difficult to manage blood glucose levels. Surgery can also affect your normal diet, and may change your usual medication routine. Your diabetes will be managed throughout the entire surgical process, starting with a thorough review during the pre-admission testing and continuing through the post-op period.

Smoking and Alcohol Use

Smoking

Smoking causes breathing problems, increases the risk of medical complications, and slows the recovery. Smoking also increases the risk of infection and blood clots after surgery. Individuals who smoke are at significantly higher risk for impaired wound healing. If you smoke, we encourage you to quit at least 6 weeks before surgery. Talk to your doctor about smoking cessation options if you currently smoke.

Alcohol Use

Before surgery, it is important to be honest with your health care providers about your alcohol use. Tell your health care provider how many drinks you have per day (or per week). This information helps determine if you are at risk for alcohol withdrawal or other alcohol-related problems that could occur after surgery and affect your recovery. We are here to help you prepare and recover from your surgery as quickly and safely as possible.

Medications

Some medications thin your blood, increase the risk of bleeding after surgery, or interfere with healing. These medications may need to be stopped before surgery. If you take medications that contain aspirin, anti-inflammatories (such as ibuprofen, Motrin, Advil), naproxen (Aleve), blood thinners (such as warfarin [Coumadin], or arthritis medications), ask your surgeon when to stop taking these medications. Other medications can interfere with the medications given by the anesthesiologist. This will be reviewed with you either at your pre-admission visit or by your surgical team. If you have any questions about your medications, please contact your surgeon's office.

Home Safety Preparation

Setting up your home for your return before you have surgery will help keep you safe, make your life easier, and aid in your recovery. Listed below are suggestions for preparing your home for a safe recovery.

Traffic Pattern

Move obstacles such as throw rugs, extension cords and footstools out of your walkway. Create a wide, clear path from your bedroom to your bathroom and kitchen so you can easily move about with a walker.

Sitting

It will be easier to get in and out of chairs that keep your knees lower than your hips. Choose a firm, straight-back chair with armrests. A dining room chair may work if you don't have other chairs. Add a foam cushion or folded blanket if you need to raise yourself up but avoid sitting on a soft pillow. Also, avoid sitting in rolling chairs.

Children and Pets

Small children and pets can pose a safety hazard. Small children may need to be taught how to interact with you in ways that keep you safe. If you have pets, make arrangements to keep pets in another area of the house when you arrive home. Pet hair and dirt can cause infections at the incision site, so we encourage you to keep pets out of your bed and launder your bed linens prior to surgery. Wear clean pajamas to bed each night until your incision is completely healed.

Access to Items

To avoid reaching or bending, keep frequently used items within easy reach, especially in the kitchen, bathroom and bedroom. For example, keep food and medications within arm's length. It's also a good idea to carry a cell phone or portable phone with you at all times during your recovery.

Stair Climbing

It's okay to climb stairs without assistance, if you are able. However, you may need help with climbing stairs when you first get home. Consider installing handrails or make sure existing handrails are secure. Talk with physical therapy, so they can teach you the proper stair climbing techniques.

Laundry and Cleaning

Get help with cleaning and laundry. Have a few weeks of clean clothes available.

Meals

Arrange for help with your meals and perishable food (milk, salad, fruits, and vegetables). Freeze pre-made dinners before surgery. Stock up on non-perishable foods (boxed, canned, and frozen) to make it easier to prepare meals after surgery. Have protein shakes on hand for your return home just in case your appetite is poor.

Driving

Arrange for someone to drive you to your after-surgery appointments. Do not drive until your surgeon tells you it's okay to do so. Do NOT drive while taking narcotic medications. There is no objective measure of who is safe to drive even if they have not had surgery. Talk with your doctor about when to resume driving.

Adaptive or Durable Medical Equipment

A walker is standard equipment used by all patients recovering from spine surgery. Your assigned case-manager will help assist you with ordering a walker if you do not have one already.

A neck or back brace may be recommended after spine surgery to provide stability and support during recovery.

To Complete Before Surgery

- ☐ I have verified with my insurance company that I have coverage for surgery and have all my financial responsibilities taken care of.
- ☐ I have watched both PowerPoint's, 'Spine Surgery 101' and 'Understanding your Medicines & Possible Side Effects'.
- ☐ I have completed the Pre-Functional Assessment Survey from AAOS (American Academy of Orthopedic Surgeons)
- ☐ I have made my Pre-Admission Testing Appointment prior to my surgery date for pre-operative testing and to see the Spine Nurse Navigator at the same visit.
- ☐ I have completed all lab work requested from my surgeon's office.
- ☐ I have talked to my surgeon about discharge options.
- ☐ I have not shaved or wax my legs 10 days before my surgery.
- ☐ I have arranged someone to drive me home when I leave the hospital.
- ☐ I have arranged someone to drive me to my follow-up appointments.
- ☐ I have a support coach/support system in place.
- ☐ I have chosen my goal for having spine surgery.

To improve my health before surgery



- ☐ I quit smoking to improve healing and reduce the risk of infections after surgery (if applicable).
- ☐ I had a dental check-up to make sure all my dental needs are taken care of before surgery.
- ☐ I am eating lightly the week before my surgery to help reduce the risk of constipation.
- ☐ I have increased fluids and fiber in my diet.
- ☐ I had my diabetes checked, and it is under control (if applicable).
- ☐ I am exercising regularly (3 or more days per week).

Pre-Admission Testing (P.A.T.)

A pre-operative work-up is mandatory for all spine surgery patients. Your pre-surgery appointments help get you ready for surgery. We will gather important information about your health so we can safely care for you.

What to Expect at this Visit:

- Meet with the Spine Nurse Navigator
- You may be asked to give a urine sample
- You may have blood drawn to check your lab levels
- You may have an EKG (wear comfortable clothing)
- You may have a chest x-ray
- A nurse will review your medical history, current medications, previous surgeries, illnesses and your current state of health
- A physical exam
- You should bring a list of your current medication list for accuracy

Health Questionnaire form can be found on
www.southtexassurgical.com
under the Spine Program Tab

Please bring completed form to your P.A.T. appointment OR you can email/fax your completed form.

Email: SpineProgram@stssh-sa.com
Fax: 210-507-4183

**WE RECOMMEND EMAILING
COMPLETED FORMS AHEAD OF YOUR
SCHEDULED APPOINTMENT**

The pre-admissions testing process can take 1-2 hours to complete so please plan accordingly. It is recommended you make an appointment in advance.



American Spine Registry (ASR/AAOS)

South Texas Spine & Surgical Hospital participates in the American Spine Registry (ASR/AAOS). By collecting and reporting data, the ASR provides information to guide physicians and patient decision making to improve care.

Before surgery you will receive an email from ASR/AAOS (noreply@aaos.org) and will be asked to fill out a survey regarding your neck or back surgery and how your spine pain/discomfort, affects your overall health.

Three months after your surgery, you will receive the post-operative functional assessment survey via email. This survey shows your physician how you were feeling before and how you are feeling after your orthopedic surgery. The responses we receive will play a key role in the quality of care we provide.



Spine Surgery Preparation Education

Completing this self-paced spine education prior to your surgery will provide valuable information that will help make your spine surgery experience a success. Please have your support coach watch the video's as well, so he/she will know how to best assist you after surgery.

Online PowerPoint's

Visit www.southtexasurgical.com to register and watch at your convenience. Under the **Spine Program tab**, you will find the **Self-Paced Spine Class (Online)**. Enter your information (First & last name, phone number and email). From there it will direct you to two PowerPoint's, *Spine Surgery 101 & Understanding Your Medicines and Possible Side Effects*.

You can also register by using the QR code provided.

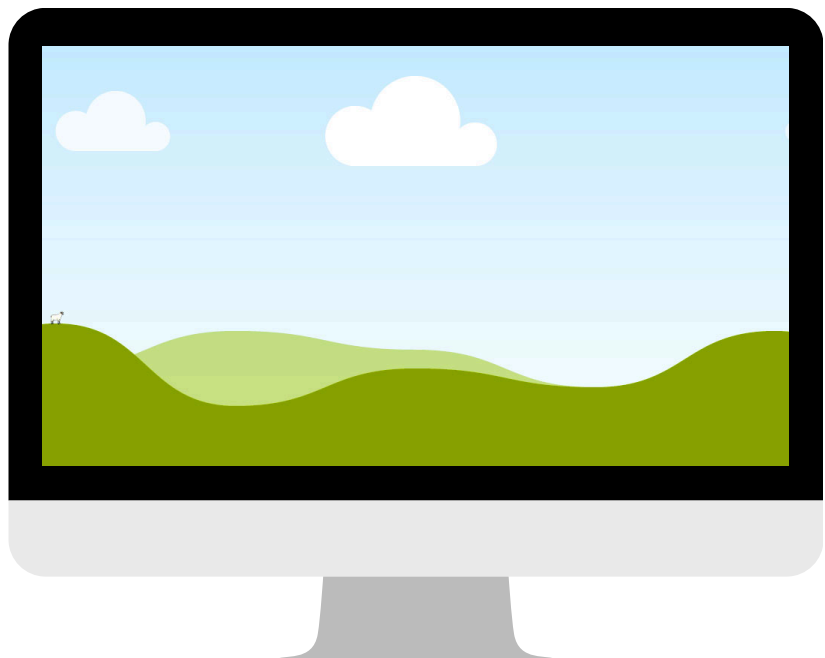
Use your phone camera to scan.



Spine Surgery Education PowerPoint's are also provided in Spanish if needed.

You will receive a text message from us as well (# 54086).

Make sure you Opt In to receive future text messages. We will send out a link for the Self-Paced Spine Class PowerPoint's 14 days prior to your scheduled surgery date.



The Night Before & Morning of Surgery

Use the Nozin nasal sanitizer the **night before surgery** and throw away when completed. This antiseptic helps reduce the risk of infection by adding a targeted level of defense by helping to shield your nose.

Shower and wash your hair the night before surgery. Wash your body from the neck down with antiseptic liquid soap Hibiclens (Chlorohexidine) two days before, the night before, and the morning of surgery.

Refer to your Pre-Admission instructions about the date, time, and location to arrive the day of surgery. It is important to arrive on time to your surgery so that nursing staff has plenty of time to answer questions/concerns as well as prepare you for surgery. **We do ask for you to arrive 2 hours prior to your surgery time.**

Do not eat or drink anything after midnight the night before surgery. You may continue to drink plain water only from midnight until 4 hours before your arrival at the hospital, unless you were told otherwise. Do not use lotions or powders on the operative leg. **Not following these instructions can result in cancellation of your surgery!**

Heart and blood pressure medications may be allowed to be taken with small sip of water. Only do this if the nurse or doctor instruct you to do so.

WHAT TO BRING TO THE HOSPITAL

- ☐ Your Spine Guide Book
- ☐ Medication List (name/dose & frequency). Please do not bring your actual medications, unless you were instructed to.
- ☐ Insurance card & Driver's license or Photo ID
- ☐ Your CPAP machine if you have one, even if not consistently used
- ☐ Personal care items such as hairbrush, eyeglass case, phone, phone charger, toothbrush, etc.
- ☐ Rubber soled gym shoes or walking shoes that cover your entire foot. Avoid crocs, flip flops or slippers.
- ☐ Loose fitting pajama pants, sweats, or shorts
- ☐ Do NOT bring valuables (jewelry, cash, etc.)

Section 2

Day of Surgery and Hospital Stay

2

- The Day of Surgery
- Anesthesia
- Hospital Stay
- Spine Precautions
- The Days after Surgery
- Discharge



The Day of Surgery

Pre-Operative Room:

- One person can accompany you in the pre-operative area.
- You will be asked to change into hospital gown and remove any jewelry, glasses, dentures/partials and hearing aids.
- Advanced Directives will be noted
- Vital signs and Neurovascular status will be assessed.
- Your operative site will be prepped and surgeon will review procedure.
- Nursing staff will answer questions you may have as well as review consents. Once physician and anesthesiologist visit with you, you will then be asked to sign consents.
- An intravenous (IV) line will be started to give you fluids and medications.
- Your surgical nurse will review your medical history and confirm your surgery details (procedure, surgeon, correct side of surgical site). Repeated questions may be asked, but this is for your safety to ensure full communication between all team members.
- You will meet your anesthesiologist; they will also review medication history and answer any further questions you have. At this time, they will review the different types of anesthesia that are available.

Anesthesia

General Anesthesia – Puts you to sleep following an injection of medications into your IV. The anesthesiologist will then insert a breathing tube in order to administer the gases used to keep you asleep. You will not feel pain and will be completely asleep throughout your surgery. When the surgery is over the tube will be removed, the gases turned off, and you will wake up.

It is common to experience throat soreness after the insertion of a breathing tube (endotracheal tube) during general anesthesia. This discomfort typically arises due to mild irritation or inflammation of the throat and vocal cords caused by the tube placement. The soreness usually resolves within a few days without treatment, but staying hydrated, using throat lozenges, and gargling with warm salt water may help alleviate symptoms.

Post Anesthesia Care Unit (PACU)/ Recovery Room

You will recover in the Post-Anesthesia Unit (PACU) and be cared for by a nurse before being taken to your hospital room. The average time in this unit is 1-2 hours. The nurse will continue to monitor you by taking vital signs, addressing any pain you are experiencing, and asking you questions to assure the anesthesia is wearing off. You will be provided with warm blankets if you are cold and you may be given oxygen. You might also have a urinary catheter in place to empty your bladder.

Visitors are not allowed in the PACU. However, once you arrive and are settled in your room, your family and/or significant others may visit you.

Hospital Stay

After your stay in the PACU, you will be moved to your private room, at which time you will be allowed visitors. It is normal to drift in and out of sleep until the anesthesia completely wears off. Because it's important to rest as much as possible, we encourage friends and family to limit their visits.

While in your hospital room, your nurse will:

- Monitor your vital signs frequently
- Check your incision/dressing
- Give IV fluids, antibiotics, and pain medications
- Check your urinary catheter (if one is present)
- Check your oxygen level
- Help you use an incentive spirometer (this breathing device helps keep your lungs clear and helps prevent pneumonia)
- Check your compression devices that help prevent blood clots
- Administer blood-thinning medications
- Assist you out of bed, out of the chair and/or up to the bathroom

Your surgery may take about **2 - 3 hours** to complete.

****** While you are in the operating room, your loved ones may wait in your room on the inpatient side. The surgeon will speak with your family once you are in the recovery room.

REMEMBER: Do not get out of your bed without assistance. Although getting up on the day of surgery aids in your recovery and helps prevent complications, you **MUST** not do so without assistance. **Call, don't fall!**

Hospital Stay Continued...

Within 24 hours after arriving to your hospital room you will receive a visit from a physical therapist to begin mobility exercises. You *may* also receive a visit from:

- Your surgeon
- An anesthesiologist
- Hospitalist
- Spine Nurse Navigator
- Case manager

The goal is to get out of bed on the same day as your surgery.



Recovery/Rehabilitation Process

A physical therapist or nurse will help you with bedside activities. Also, remember to perform the circulation exercises at the end of this guide. Physical therapy after your spine surgery is a critical part of your recovery, as well as to help you regain range of motion and strength. Although you may feel slight pain during and after your therapy sessions, it is necessary for your recovery.

Your physical therapist will teach you how to

- Lay in bed in comfortable positions
- Move from sitting to standing
- Walk with a walker
- Comply with neck and back precautions, if any
- Perform a home exercise program on your own
- Walk up and down stairs with appropriate assistive devices

Your Hospitalist

Your surgeon may collaborate with the hospitalist to help manage your medical care during your hospital stay following spine surgery.

Note: not all patients will have any or all of this equipment

Equipment

FOLEY CATHETER

A Foley catheter might be placed during your surgery to keep the bladder empty during and after the procedure. During the procedure, you are unconscious and unaware of the need to urinate. Most catheters are removed prior going to recovery, but if you are having a two phase surgery, the catheter will remain in place and then removed the second post-op day.

JACKSON PRATT & HEMOVAC DRAINS

Drains are often placed in wounds during surgery to prevent the collection of fluid underneath the incision site. This is a closed, air-tight drainage system which operates by self-suction. The drain(s) promote healing by keeping excess pressure off the incision and decreasing the risk of infection. Nursing staff will monitor the output and communicate this to your surgeon so they can make the decision on when to remove this.

NECK & BACK BRACES

A brace may be prescribed following spinal surgery with the goal of providing muscle support. They limit movements and micro-motions to provide optimal tissue healing.

Unless otherwise directed, neck braces are not to be worn when sleeping and may be removed for eating, dressing care, and showering. Back braces are to be worn when out of bed, moving up and about, and may be removed for dressing care, showering and when in bed.

FRONT WHEELED WALKER

A front wheeled walker may be prescribed following spinal surgery to provide additional support, and to maintain balance and stability while walking. Our case managers are able to issue you one here if you have not been provided one in the previous 5 years through insurance.

Spine Precautions After Lumbar Surgery

While recovering from surgery, you will follow specific precautions provided to you by your therapists/surgeon. These precautions allow you to heal properly and help prevent potential complications. Make sure to ask your surgeon when it is safe to stop following these precautions:

Note: Precautions if any may vary, depending on the surgical approach. Your surgeon and therapist will discuss your specific precautions.

Lumbar Surgery

- **No bending or twisting, pushing or pulling**
 - Small movements while getting out of bed or using the bathroom are allowed
 - Do not bend forward at the waist more than 90° or raise knees higher than hips
- **No lifting** more than 10 pounds until instructed otherwise
- Limit sitting upright in a chair to maximum 30 minutes at a time
- No driving until released at your first post-operative visit
- It is advised to stay off your wound while sleeping, until instructed otherwise
 - Lay on your sides until cleared to lay on your back
 - Do not sleep on your stomach

Use of Brace

Back Brace

- In most cases a back brace/support will be provided and should be worn while you are out of bed

*** Please refer to your surgeon's specific instruction in regards to brace ***

CALL YOUR SURGEON IMMEDIATELY IF ANY OF THE FOLLOWING OCCUR

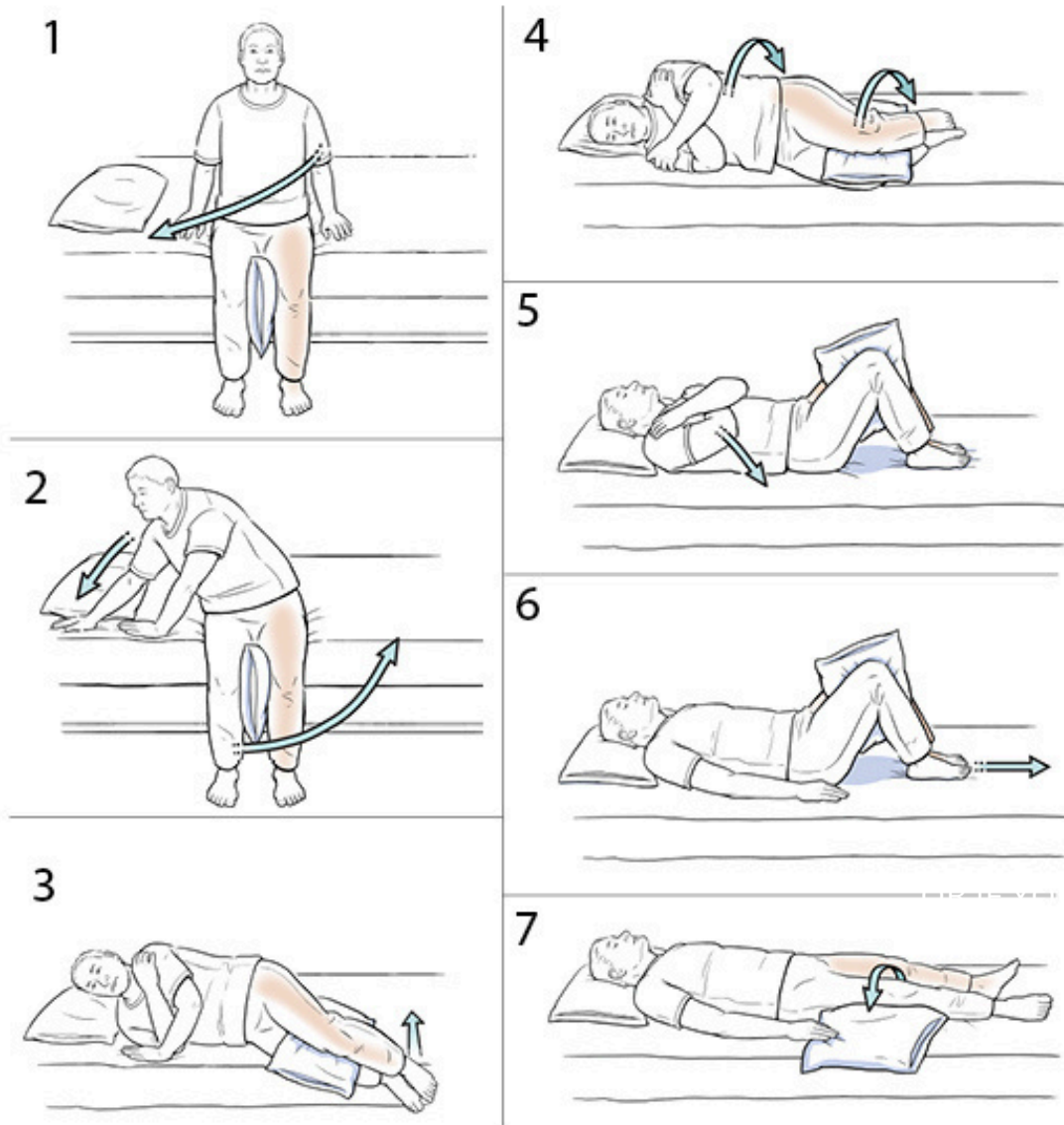
- Temperature of 101.5 F or higher
- Bleeding or drainage from incision site
- Redness or increased swelling from incision site or of the extremities
- Calf (lower leg) pain, chest pain or shortness of breath
- If you fall down or injure yourself
- If you have an infection in any area of your body
- If you need emergency dental work and need to see a dentist.
- You are unable to walk or put weight on your leg
- Increased numbness or tingling
- Loss of bowel or bladder function
- Persistent vomiting

Spine Precautions Continued

Log Roll

The log roll technique is essential for getting in and out of bed safely after spine surgery while keeping the spine aligned and reducing strain on the surgical site.

- We will go over this with you during your physical therapy sessions.

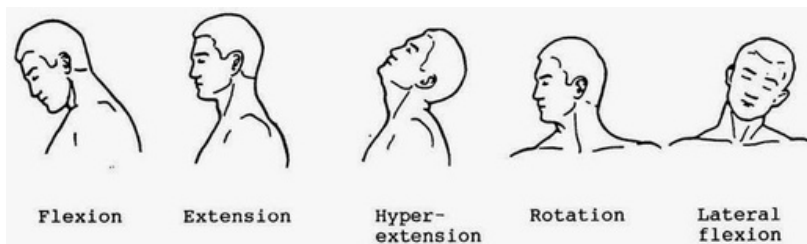


Spine Precautions After Cervical Surgery

Note: Precautions if any may vary, depending on the surgical approach. Your surgeon and therapist will discuss your specific precautions.

- Wear your collar at all times or as recommended by your doctor
- Limit neck motion as instructed
- No lifting more than 10 pounds for the first month
- No pushing or pulling
- No driving until cleared at your first post-operative visit
- Lay flat on back using only 1 pillow
- Be sure to use good sitting posture. Sit upright in a chair with arms if you have it
- Change positions often to be most comfortable. Staying in one position for too long cause stiffness and pain

Not all patients will require using a neck brace. We will discuss this with you!



Neck Brace

- Brace is to be worn at all times with the exception of lying down and showering

*** Please refer to your surgeon's specific instruction in regards to brace ***

CALL YOUR SURGEON IMMEDIATELY IF ANY OF THE FOLLOWING OCCUR

- Persistent temperature of 101.5 F or higher
- Bleeding or drainage from incision site
- Redness or increased swelling from incision site or of the extremities
- Calf (lower leg) pain, chest pain or shortness of breath
- If you fall down or injure yourself
- If you have an infection in any area of your body
- If you need emergency dental work and need to see a dentist.
- You are unable to walk or put weight on your leg
- Increased numbness or tingling
- Loss of bowel or bladder function
- Persistent vomiting

The Days Following Surgery

Your goal is to keep moving. With our assistance, we encourage you to get up for meals, go to the bathroom, and get out of bed. Begin a walking program when you get home. Gradually increase your walking daily. Shorter, more frequent walks are less taxing than an occasional long walk.

Pain is an expected part of recovery and will vary per person. If allowed by your surgeon, we will give you cold packs to manage your pain and reduce swelling. Oral pain medication will be prescribed for you and administered as ordered upon request. While in the hospital, we ask you to rate your level of pain several times a day.

It's important to tell us if you've had any problems with pain medications in the past and will help us better manage your pain.

Pain Management

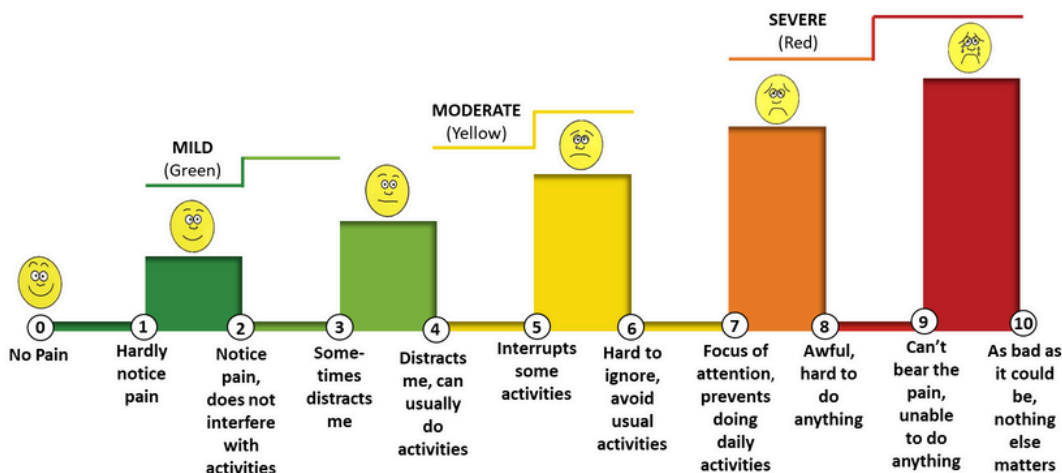
Spine surgery is designed to reduce the amount of pain you are currently experiencing. You will have some discomfort for a while after surgery and we will do all we can to help you be comfortable. Not all pain can be taken away, but pain medications can help to lessen the pain you feel after surgery. **It is common to still experience leg numbness and/or tingling after spine surgery**, especially if the procedure was done to relieve nerve compression. This is due to the nerve healing process, post-surgical inflammation, nerve irritation during surgery, and scar tissue formation. Most patients see gradual improvement as the nerves heal, but it can take weeks to several months for full recovery.

Be sure to talk with your healthcare team. Tell them how you feel and if you are in pain. We need to know how much pain you are having when you are moving your spine, not just at rest. We will talk about options for pain relief. We will also talk about what you can expect from different pain-relieving interventions. This communication is especially important the first 24 hours after surgery.

Pain Management Continued

When you first return from surgery, you may be surprised at how little pain you have. This is because of the anesthesia. We cannot be sure how long this will last. Please let your nurse know as soon as you begin to feel pain so you can receive pain medicine in different ways. Intravenous line, or intravenous medicines work quickly, but generally do not last very long. Oral medications, or pain pills, last longer. These medications work best if you take them when the pain begins. By the time you leave the hospital, you will take only pain pills. You will get a prescription for pain medication before you leave the hospital.

You can also help manage your pain with ice therapy, repositioning, movement and simple relaxation techniques. The pain will lessen as you get better and recover from your neck or back surgery.



Your Hospital Discharge

Discharge planning starts the moment you decide to have surgery. One of the first things you need to do is arrange a ride for the day of discharge. Most patients are ready to be discharged from the hospital one to two days after surgery; however, specific criteria must be met. You will be discharged from the hospital when:

- Your medical condition is stable
- You are able to eat, drink and urinate
- Your pain is controlled with oral pain medications
- Your home is prepared for your safety
- You successfully meet physical therapy goals

If you have not met the criteria to be discharged home, your surgeon will discuss other options with you.

Section 3

Going Home and Aftercare

3

- At Home Instructions
- Incisions and Wound Care
- Healing at Home
- Follow-Up Appointment(s)
- 3 Months and Beyond
- Potential Complications



At Home Instructions

After surgery you can expect gradual improvement over the coming months. You should expect less pain, stiffness and swelling, and a more independent lifestyle. Returning to work depends on how quickly you heal and how demanding your job may be.

After you are discharged from the hospital you will be scheduled for a follow up with the surgeon 2 - 3 weeks after surgery. This period of time is critical in your rehabilitation and for positive life-long results from your surgery.

In general, patients do very well after discharge. However, it's important that you contact the surgeon's office if any of the following occur:

- You have increasing pain in the operative site.
- There is new or increased drainage from your incision.
- Your calf becomes swollen, tender, hot or reddened.
- You have a temperature above 101.5 degrees or higher for more than 24 hours.

Activities to avoid

- No smoking. It decreases circulation and can slow down the healing and fusion process.
- No drinking alcohol while on opioid pain medication or muscle relaxants.
- No driving while taking any pain medication or muscle relaxants.
- No baths, hot tubs, swimming pool or submerging in water until cleared by your surgeon.
- Avoid sitting or standing for more than 1 hour at a time.
- Avoid soft or low chairs. They are difficult to get out of.
- Avoid lifting anything from below waist level or above shoulder level.
 - Do not lifting anything more than 5 pounds in one hand or 10 pounds in both hands.



Activities allowed and encouraged

- Do as much as you can for yourself while being safe and still following spine precautions
- Walk frequently at home, while using your brace or neck collar as instructed.
- Perform any exercises as recommended by PT.
- Get enough rest throughout the day.



Managing Pain and Discomfort

We encourage you to take your pain medication as soon as you begin to feel pain. Do not wait until the pain becomes severe! Follow the instructions on the prescription label. Remember to take your pain medication before activity and bedtime, and do not take pain medication on an empty stomach.

If you need to have stitches or staples removed and you are still taking pain medications, be sure to have a friend or family member drive you to your surgeon's appointment.

All medicines have side effects. If you don't tolerate your pain medicine because of side effects (nausea for example) contact your surgeon's office.

If you need additional pain medication or run out of pain medication, please contact your surgeon's office. Please plan ahead, especially for holidays and weekends.

Also remember:

- You are not permitted to drive a car while taking narcotic pain medication.
- It may take a couple of days to have a bowel movement. Anesthesia and pain medication often cause constipation. Drink plenty of fluids and eat whole grains, fruits, and vegetables. A stool softener should be taken every day and a laxative can help bowel function return to normal.
- Please do not hesitate to call your surgeons office with any questions or concerns.

Walker

Use your walker for balance as instructed by your surgeon or therapist. Discuss with your surgeon and your therapist how and when to wean from the walker.

Reminder: Your assigned case-manager will help provide you with a walker if you do not have one already.

Care at Home During the First Few Days

For your safety, it is best to have someone stay with you at least the first few days. You might need help with:

- Following written post-surgical instructions
- Back brace or neck collar
- Changing dressings
- Dispensing medications
- Going to the restroom
- Bathing
- Getting in and out of bed
- Walking with you around house or outside, multiple times a day
- Preparing meals, as needed

Continue to refrain from lifting anything greater than 10 pounds

- Laundry
- Groceries
- Pets
- Children

Rest should be your primary focus for the first few days!

- Increase your activity as tolerated
- Shorter, more frequent walks are less taxing on the body



**Walking is the
best
therapeutic
activity!**

Incisions

All incisions need to be kept clean and dry. If you have a dressing, your healthcare team will show you how to care for it. You may shower with the waterproof dressing on. No soaking in bathtubs, pools, jacuzzi, etc.

Note: Instructions may vary based on procedure and/or surgeon.

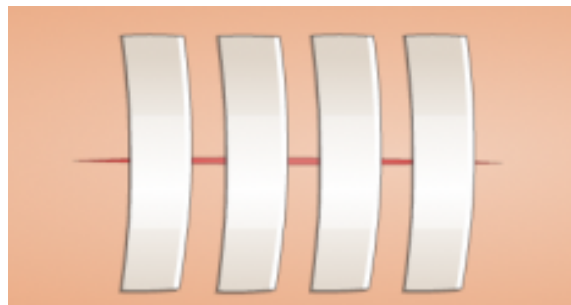
Dermabond or Prineo

a glue-like material that will peel off 10-14 days after you surgery



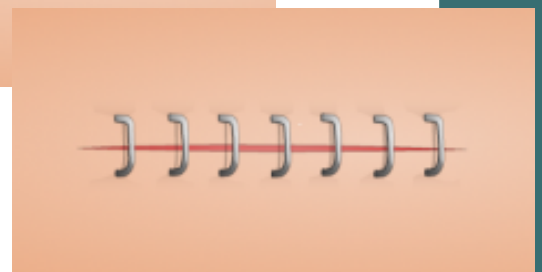
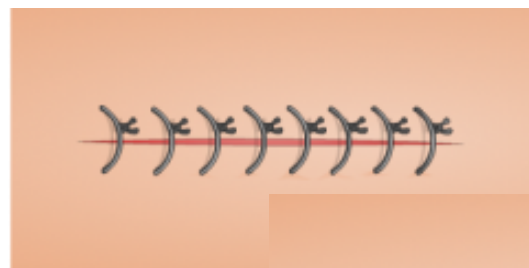
Ster-strips

a paper-like bandage that can be peeled off 10-14 days after your surgery if not already fallen off



Sutures or staples

will need to be removed in the surgeon's office at your follow-up appointment



Wound Care

Note: Wound care will vary by surgery and according to surgeon's preference.

Your incision might be covered with a dressing. Before you go home, your surgeon or nurse will explain how to take care of your wound and when to remove your dressing.

Make sure you understand these instructions before you leave the hospital and who to contact if you need assistance.

You will be sent home with a dressing change kit to include gloves, hand sanitizer, and a few dressings. Some offices will mail dressings to your home or you may also purchase them at drug stores/online.

Dressing types may vary. The most commonly used is tegaderm (waterproof dressing). You may shower with this dressing on. No soaking as in bathtubs, hot tubs, pools, etc. Do not scrub your incision. Do not apply any lotions, powders, creams or ointments to your incisions.

How to care for your wound specifically will be included in your hospital discharge instructions.



Tegaderm
(waterproof transparent
dressing)



Silverlon dressing

Diet

Resume your diet as tolerated and include vegetables, fruits, and proteins (such as meats, fish, chicken, nuts, and eggs) to promote healing. It is common after surgery have a lack of appetite. If you are having trouble eating enough throughout the day, try supplementing with protein shakes 1-3 times per day. Also, remember to get adequate fluid intake throughout the day (at least 8 glasses).

Proper nutrition is needed for healing. During the healing process, the body needs increased amounts of calories, protein, vitamins A and C, and sometimes, the mineral zinc. Eat a variety of foods to get all the calories, proteins, vitamins, and minerals you need.

If you have been told to follow a specific diet, please follow it. What you eat can help heal your wounds and prevent infection and potential complications.

If you're not eating well after surgery, contact your healthcare provider about nutritional supplements.

Bowel Movements

It is normal to have some bowel changes after surgery. Patients often experience constipation due to decreased food intake and pain medication. **Once at home, you should not go longer than 3 days without a bowel movement.** You can use any over-the-counter stool softeners (Sennakot, Colace, ect) to alleviate discomfort. If you are having trouble with constipation after your procedure, you may also try other aids over the counter such as:

- Milk of Magnesia
- Laxatives (Dulcolax, Miralax, etc)
- Suppositories or enemas

If constipation persists and over-the-counter aids are not working, contact your surgeon for further instruction.

Healing at Home

What can I expect?	What can I do to help?	Call the surgeon if:
Pain - some is normal	Take medications as needed	<ul style="list-style-type: none"> • Pain is getting worse • Pain that is terrible after taking medication
To have a bowel movement 3 days after surgery (pain medication cause constipation)	Use stool softeners - colace, or laxatives - milk of magnesia if needed	It has been longer than 3 days (if this is not your normal pattern)
Numbness and weakness, if any, that gets better over time	<ul style="list-style-type: none"> • Walking can help prevent problems after surgery • Change positions often throughout the day to ensure muscles don't get stiff 	<ul style="list-style-type: none"> • New numbness occurs • New weakness occurs • Loss of feeling in arms or legs • Loss of bowel or bladder control
Minimal bleeding or drainage	Follow take home instructions that detail wound care	Increased bleeding or drainage concerns
No infection	<ul style="list-style-type: none"> • Keep bandage clean and dry • No baths or swimming until approved • Wash hands before touching around incision/ changing bandage 	<ul style="list-style-type: none"> • Redness, draining or swelling around incision • Fever of 101.5 or greater

As Recovery Continues...

After a few days, you will start to feel better and have more energy. Because of this, many people stray away from the discharge instructions given to them.

CAUTION: this is not the time to start vacuuming the house or mowing the lawn.

Overdoing it can result in a serious set-back in healing, may cause an increase in pain, or even injury.

If you have an increase in energy, it is perfectly fine to take a walk. But it is not okay to start a new home project or take mile long hikes.

You might also feel that you do not need your pain medications. Reducing your use or stopping use of the medication is great progress! However, remember that if you have pain, it is okay to continue taking your pain medication as prescribed by your surgeon.

Reminder: be patient with yourself and your body as you heal.

- Having surgery traumatizes the body
- Having surgery triggers multiple and complex healing processes

Continue to get sufficient rest and eating a nutritious diet to give your body the nutrients necessary to fully recover.

At Your Follow-Up

Most surgeons will have you follow up 2 weeks after your surgery.

These appointments typically include:

- Post-Operative Assessment – Your surgeon or specialist will check the healing process, assess incision sites, and ask about pain levels or complications.
 - If you have *staples* present, these will be removed
- Neurological Evaluation – The provider may check reflexes, muscle strength, and sensation to ensure there are no new or worsening neurological symptoms.
- Imaging Tests – X-rays, CT scans, or MRIs may be ordered to evaluate spinal alignment, hardware placement, and overall healing.
- Pain Management Review – Discussion of medications, physical therapy, or alternative pain relief options.
- Activity Guidelines – Review of restrictions (lifting, bending, twisting), physical therapy progress, driving, and return-to-work recommendations.
 - If you were told to use a brace, this may also be addressed.
 - In general, patients should avoid driving until they can safely turn their head, react quickly, and are no longer taking narcotic pain medications.
- Wound Care Management – Instructions on caring for surgical sites.
- Future Follow-Ups – Scheduling additional visits, if needed, to monitor long-term recovery.

Potential Complications

Blood Clots

Blood clots are potential complications following neck or back surgery. A blood clot from your leg can travel to your lungs and cause serious health complications. Preventing a blood clot from forming is the best treatment method.

After surgery, the use of TED hose (thromboembolic deterrent stockings) or SCDs (sequential compression devices) is recommended to help prevent blood clots, improve circulation, and reduce the risk of deep vein thrombosis (DVT).

- TED hose provide graduated compression to support blood flow in the legs
- SCDs use intermittent air pressure to promote circulation.
- Your surgeon will determine the appropriate duration and usage based on your surgery type, mobility level, and overall risk factors. It is important to wear them as instructed and notify your medical team of any discomfort, swelling, or changes in circulation.
- Move around, change positions and walk frequently during the day.
- Perform ankle pumps every hour while travelling or prolonged sitting.

Signs of Blood Clot in Legs

- Redness in the calf or groin
- Tenderness in the calf or groin
- Pain, heat, or tenderness in calf, back of knee, or groin
- Increased swelling of your thigh, calf, ankle, or foot
- Shortness of breath and chest pain or pain when breathing

Call your surgeon immediately if you develop any of these symptoms

Surgical Site Infections

A surgical site infection (SSI) is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection.

If any of these symptoms occur, contact your surgeon's office immediately.

Preventing Infection

Preventing infection is extremely important.

- Always wash your hands before touching near the incision.
- Take proper care of your incision site.
- If you happen to obtain a cut, scrape or injury immediately wash the site with soap and water.
- Before having any procedures, let the physician or dentist doing the procedure know you have an implant. He or she should provide antibiotics. You may also contact the surgeon who performed your spine surgery to obtain the appropriate prescription antibiotics, if needed.

Some common symptoms of surgical site infection are:

- Increased redness and pain around the incision site
- Any drainage, in particular, green, brown, or cloudy fluid from your surgical wound
- Sharp or increased pain at surgical site
- Fever of 101.5 degrees or higher for more than 24 hours

Call your surgeon immediately if you develop any of these symptoms

Section 4

Mobility and Activity Techniques

4

- General Rules & Tips From PT
- Mobility and Activity Techniques
- Back Brace Overview
- Neck Brace Overview



General Rules

As you feel better, you naturally will be anxious to get back to work, life, etc. It is imperative to take small steps in accordance with your surgeon's instructions.

IF physical therapy is recommended, it is generally initiated 4-6+ weeks following surgery.

Remember!

- Ambulate every 1-2 hours with appropriate assistive device
- Rotate between sitting/laying/walking
- Gradually increase your walking distance every
- Use the log roll technique when getting in and out of bed

Exercise

- Walking is the best exercise you can do in the initial 6 weeks after surgery
- Climb stairs based on comfort level
- **NO: bending, lifting, twisting or strenuous activities**

Devyn Phalen Pt. DPT

Simple Mobility Tips

Getting into a car:

Backup towards the seat. Sit onto the seat. Scoot my bottom all the way back. Swing the leg closest to the door inside and then bring the other leg inside



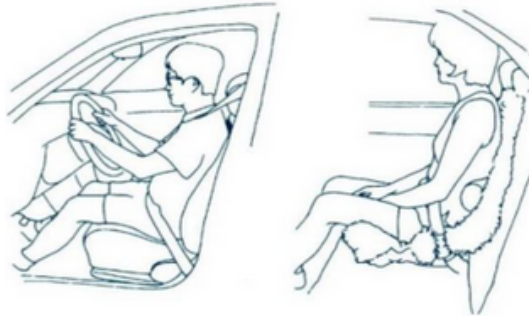
Getting out of a car:

Lift leg closest to the door out of car and place it on the ground. Swing the other leg out. Scoot my bottom forward and then stand up.



Sitting in a car:

Before driving, move the seat and steering wheel to a comfortable position. A rolled towel can be used to support my lower back when driving or riding.



Laundry:

To unload small items at the bottom of washer, lift my leg. Make sure I lift the leg opposite to the arm I am using.



Simple Mobility Tips

Work height and reach:

When standing, the best height for a table is no more than 2-4 inches below my elbow. When sitting, only work at elbow level. Do not reach past my arm's length.



Shaving and brushing teeth:

Stand up straight with one foot on the ledge of the cabinet under the sink. If I do not have a cabinet, place one foot on a step stool.



Showering:

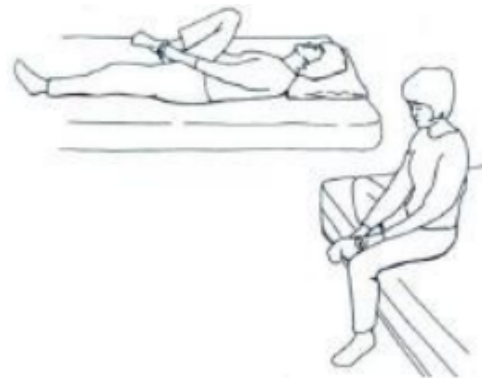
Standing to shower is better than sitting in a tub. Use a long-handled bath brush, hand-held shower and rack to hold toiletries. This will keep me from bending over and twisting my back. Use a rubber mat to keep from slipping



Dressing:

Lying down: Lie on my back to place socks or pants over my feet.

Sitting: Bend my leg up, while keeping my back straight.



Caring for Yourself At Home

When you go home, there are several things you need to know for your comfort, safety, and speedy recovery.

Spinal Precautions

The following will help avoid injury to your spine, and will promote healing. These precautions must be followed in order to protect your spine.

Things to consider and practice while in bed:

- **Log rolling:** this means keeping your body in a single unit as you roll right or left. Your right hip must stay aligned with your right shoulder just as your left hip needs to stay aligned with your left shoulder.
- **To sit up:** log roll to your side. Push yourself up with your arms, and as your legs go down your shoulders go up.
- **DO NOT** come to a seated position without first rolling to your side.
- **DO NOT** twist or rotate your spine.

Things to consider while sitting:

- **DO NOT** bend forward or to the side.
- **DO** use your long handled or adaptive equipment to put on socks and shoes.
- **DO** use your reacher/grabber to get objects that are on low and high surfaces.
- **DO** sit in a firm straight-back with arm rests; seat height should be knee height.
- **DO NOT** twist/rotate your spine to reach for something.

Things to consider while standing:

- **DO NOT** twist/rotate your spine.
 - **DO NOT** bend at your waist. You **MUST** bend from your knees.
-

Back Brace

The brace will keep you from bending forward. It should be uncomfortable when you begin moving into positions you should avoid. You should be able to do many normal activities by yourself or with a little help from caregivers or special tools.

How long do I need to wear the brace?

Your doctor will decide how long you need to wear your brace. Follow your doctor's advice even if you feel better and would like to stop wearing it sooner. Your doctor will be checking your progress and will decide what is in your best long-term interest.

1. Place the back panel so that the bottom of the back panel is at or near the top of the buttocks.
2. Apply the brace tightly around the abdomen, the right side overlapping the left.
3. When applied properly, both the upper and lower edge of the brace should be snug. If there is any gap, reapply the brace and angle the ends to insure a snug fit at both the upper and lower edge.
4. Slip your thumbs through the holes in the pull tabs. Pull away from your body.
5. The left pull tab controls lower compression and the right pull tab controls upper compression. Adjust compression as needed,
6. When tightened, secure the pull tabs to the front of the brace.
7. Adjust the upper and/or lower compression by loosening or tightening the pull tabs as needed. When you are seated, slightly loosening the upper portion may be beneficial.



REMINDER:
DO NOT BATHE
WITH YOUR
BRACE ON



Neck Brace

1. Position your chin so that it is centered on the chin piece and aligned with the sternal notch.
 - Your chin should not touch the chin piece at this point of the application process.
2. Position the back panel behind your neck, ensuring it is centered.
3. Connect the straps on both sides and tighten. Tighten the support strap until secure and comfortable.
 - Make sure to tighten both sides equally



REMINDER:
DO NOT BATHE
WITH YOUR
BRACE ON

Soft cervical collars are sometimes allowed. We will discuss this with you.



Section 5

PATIENT RESOURCES AND FREQUENTLY ASKED QUESTIONS

5

- Medication Side Effect
- Information Sheet
- Frequently Asked Questions
- Notes Pages



Medication Side Effect Information

The following list provides information about the most common side effects associated with medications you may receive during your stay. If you have any questions or concerns, please ask your nurse

Use	Medication: Generic (Brand)	Common Side Effects
Pain	<ul style="list-style-type: none"> • Examples: • Fentanyl • Hydrocodone/Acetaminophen (Vicodin, Lortab, Norco) • Hydromorphone (Dilaudid) • Morphine • Oxycodone/Acetaminophen (Percocet) • Tramadol (Ultram) • Acetaminophen (Ofirmev) 	May Cause: <ul style="list-style-type: none"> • Drowsiness or Dizziness • Constipation • Rash • Nausea/Vomiting
Nausea/Vomiting	Examples: <ul style="list-style-type: none"> • Ondansetron (Zofran) • Promethazine (Phenergan) • Scopolamine Patch • Metoclopramide (Reglan) 	May Cause: <ul style="list-style-type: none"> • Headaches • Constipation • Fatigue
Heart Burn/Reflux	Examples: <ul style="list-style-type: none"> • Pantoprazole (Protonix) • Ranitidine (Zantac) • Omeprazole (Prilosec) • Famotidine (Pepcid) 	May Cause: <ul style="list-style-type: none"> • Headaches • Diarrhea
High Cholesterol	Examples: <ul style="list-style-type: none"> • Simvastatin (Zocor) 	May Cause: <ul style="list-style-type: none"> • Diarrhea • Muscle Pain • GI Discomfort
Blood Clot Prevention	Examples: <ul style="list-style-type: none"> • Aspirin • Clopidogrel (Plavix) • Rivaroxaban (Xarelto) • Enoxaparin (Lovenox) 	May Cause: <ul style="list-style-type: none"> • GI Discomfort • Easy Bruising Risk of Bleeding
Blood Clots Treatment	Examples: <ul style="list-style-type: none"> • Heparin • Enoxaparin (Lovenox) • Warfarin (Coumadin) • Rivaroxaban (Xarelto) 	May Cause: <ul style="list-style-type: none"> • Bleeding • Easy Bruising Risk of Bleeding

Use	Medication: Generic (Brand)	Common Side Effects
Heart Failure, Heart Rhythm Abnormalities	Examples: <ul style="list-style-type: none"> • Amiodarone(Pacerone, Cordarone) • Digoxin (Digitek) 	May Cause: <ul style="list-style-type: none"> • Drowsiness or Dizziness • Headaches
High Blood Pressure	Examples: <ul style="list-style-type: none"> • Diltiazem (Cardizem (CD) • Cartia XT, Tiazac, Dilacor 	May Cause: <ul style="list-style-type: none"> • Drowsiness or Dizziness • Headaches
High Blood Pressure & Heart Rate; Heart Attack and Heart Failure	Examples: <ul style="list-style-type: none"> • Atenolol (Tenormin) • Carvedilol (Coreg) • Metoprolol (Lopressor, Toprol XL) 	May Cause: <ul style="list-style-type: none"> • Drowsiness or Dizziness • Fatigue
High Blood Pressure: Heart Attack and Heart Failure	Examples: <ul style="list-style-type: none"> • ACE Inhibitors or Angiotensin Receptor Blockers • Benazepril, Enalapril, Lisinopril • Valsartan (Diovan) • Losartan (Cozaar) 	May Cause: <ul style="list-style-type: none"> • Dizziness
Bacterial Infections	Examples: <ul style="list-style-type: none"> • Amoxicillin/Clavulanate (Augmentin) • Cefazolin (Ancef) • Ceftriazone (Rocephin) • Cefoxitin (Mefoxin) • Clindamycin (Cleocin) • Ertapenem (Invanz) • Levofloxacin (Levaquin) • Metronidazole (Flagyl) • Piperacillin/Tazobactam (Zosyn) • Vancomycin (Vancocin) 	May Cause: <ul style="list-style-type: none"> • GI Discomfort • Rash/Flushing • Headaches
Inflammation	Examples: <ul style="list-style-type: none"> • Celecoxib (Celebrex) • Dexamethasone (Decadron) • Hydrocortisone (Cortef) • Ibuprofen (Motrin) • Ketorolac (Toradol) • Prednisone 	May Cause: <ul style="list-style-type: none"> • GI Discomfort • Insomnia
Anxiety, Sedation or Insomnia	Examples: <ul style="list-style-type: none"> • Diazepam (Valium) • Lorazepam(Ativan) • Midazolam (Versed) • Temazepam (Restoril) • Zolpidem (Ambien) 	May Cause: <ul style="list-style-type: none"> • Drowsiness • Headaches
Constipation	Examples: <ul style="list-style-type: none"> • Miralax • Dulcolax • Milk of Magnesium 	May Cause: <ul style="list-style-type: none"> • Bloating/Gas • GI Discomfort • Diarrhea

Frequently Asked Questions (FAQ's)

My neck or back is bruised and swollen after surgery. Is that normal?

Some bruising and swelling around the neck or back after surgery is generally normal and expected as part of the healing process. This can occur due to the manipulation of tissues during surgery, the effects of gravity, or minor bleeding under the skin. Swelling and bruising typically peak within a few days and gradually improve over the next couple of weeks.

However, if the swelling worsens, becomes excessively painful, is accompanied by redness, warmth, drainage, or difficulty breathing, or if you experience neurological changes such as weakness or numbness, contact your surgeon immediately, as these could be signs of complications.

When can I shower?

You can shower once you are home. Follow your surgeons instructions on how to care for dressing. Do not bath/submerge the incision until fully healed or as instructed by your surgeon.

How will this affect my sleep?

It is very important to get your rest. You will have busy days doing exercises, walking and healing. Sometimes it will be difficult to find a comfortable position to sleep. Try to change positions while sleeping. It is best to stay off your incision and lay on your side with a pillow between your knees. If you had neck surgery, use one pillow behind your head to allow for proper alignment. Remember, do not sleep on your stomach.

How long will I need my walker?

The amount of time you'll need a walker after neck or back surgery depends on your specific surgery, overall health, and how well you're healing. Typically, a walker is used during the initial recovery phase to help with balance and mobility.

When can I drive?

Your surgeon will decide when it is appropriate for you to resume driving based on your recovery.

DO NOT drive while taking narcotic pain medications

Frequently Asked Questions (FAQ's)

I feel a little depressed. Is that normal?

Yes. You have been through a lot. You are not sick. You probably do not like to be slowed down this much. Remember, your recovery is not a sprint, it is a marathon. Keep track of all your progress. Talk about how you feel with someone. Side effects of the narcotic medications will make these feelings worse. The sooner you can stop taking them, the better. Call your doctor if you continue to feel depressed.

How long will I need to be off work?

This depends on the nature of the surgery and the patient's job or daily activities. Typically, patients can return to work in 4-6 weeks, but those with physically demanding jobs may need to wait 2-3 months.

What kind of exercises can I do after surgery?

Light walking is often encouraged, but more intense exercise should be avoided until the surgeon approves.

How long will I need to take pain medication?

It will take a few weeks for your incision to heal. Your need for the pain medicine will become less over time. Please check with your surgeon before you use over-the-counter pain medications.

Once your incision heals, you should start to feel better than you did before surgery. Remember to also use ice if approved. Your knee will tell you when to rest and elevate. Your job will be to listen to it.

Who Should I Call?

	YOUR DOING GREAT	CALL NAVIGATOR	CALL YOUR SURGEON
PAIN	<ul style="list-style-type: none"> • Every day I am getting better • I can perform my exercises and I feel good after taking pain medication or using ice • I am able to sleep at night 	<ul style="list-style-type: none"> • I am moving around ok but have to stop due to pain • My pain is getting worse • Pain medication is not helping as much as it was before • I have difficulty falling and staying asleep 	<ul style="list-style-type: none"> • My pain is so bad that I cannot do much • I have pain that is sharp or stabbing • Medication, ice, or rest do not help my pain • My pain keeps me from sleeping at night
SURGICAL DRESSING/ SITE	<ul style="list-style-type: none"> • My surgical site and dressing are clean and dry • My temperature is normal • My skin is not warm or swollen and looks normal around surgical site 	<ul style="list-style-type: none"> • I see clear drainage • My temperature is 100-100.5 • My surgical site feels and looks different than when I left the hospital 	<ul style="list-style-type: none"> • The skin around my surgical site is bright red and swollen • And/or • The skin is hot to the touch around my surgical site • I have a fever of 101 or higher • I see green or yellow discharge from site
BOWEL MOVEMENT	<ul style="list-style-type: none"> • I have had normal bowel movements since I left the hospital • My appetite is good • The stool softeners are working 	<ul style="list-style-type: none"> • I have hard, small poop within the last 1-2 days • The stool softeners do not seem to help • I eat ½ or less of my meals • I feel bloated 	<ul style="list-style-type: none"> • I have not pooped since I left the hospital or within the last 3 days • The stool softeners are not working • My belly looks bigger • I often feel like I am going to throw up • I am not able to eat much
EXERCISE/ ACTIVITY	<ul style="list-style-type: none"> • I have not had any concerns • I am able to perform all my exercises • I feel like I am progressing as I should be 	<ul style="list-style-type: none"> • I have lost my balance and still need to hold onto things to walk • I don't feel I am where I should be in my recovery • I am doing my exercise, but progressing slowly 	<ul style="list-style-type: none"> • I am not able to do my exercises • I spend most of the day resting • I feel confused, dizzy or weak • I am worried about my movement and don't know what to do

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