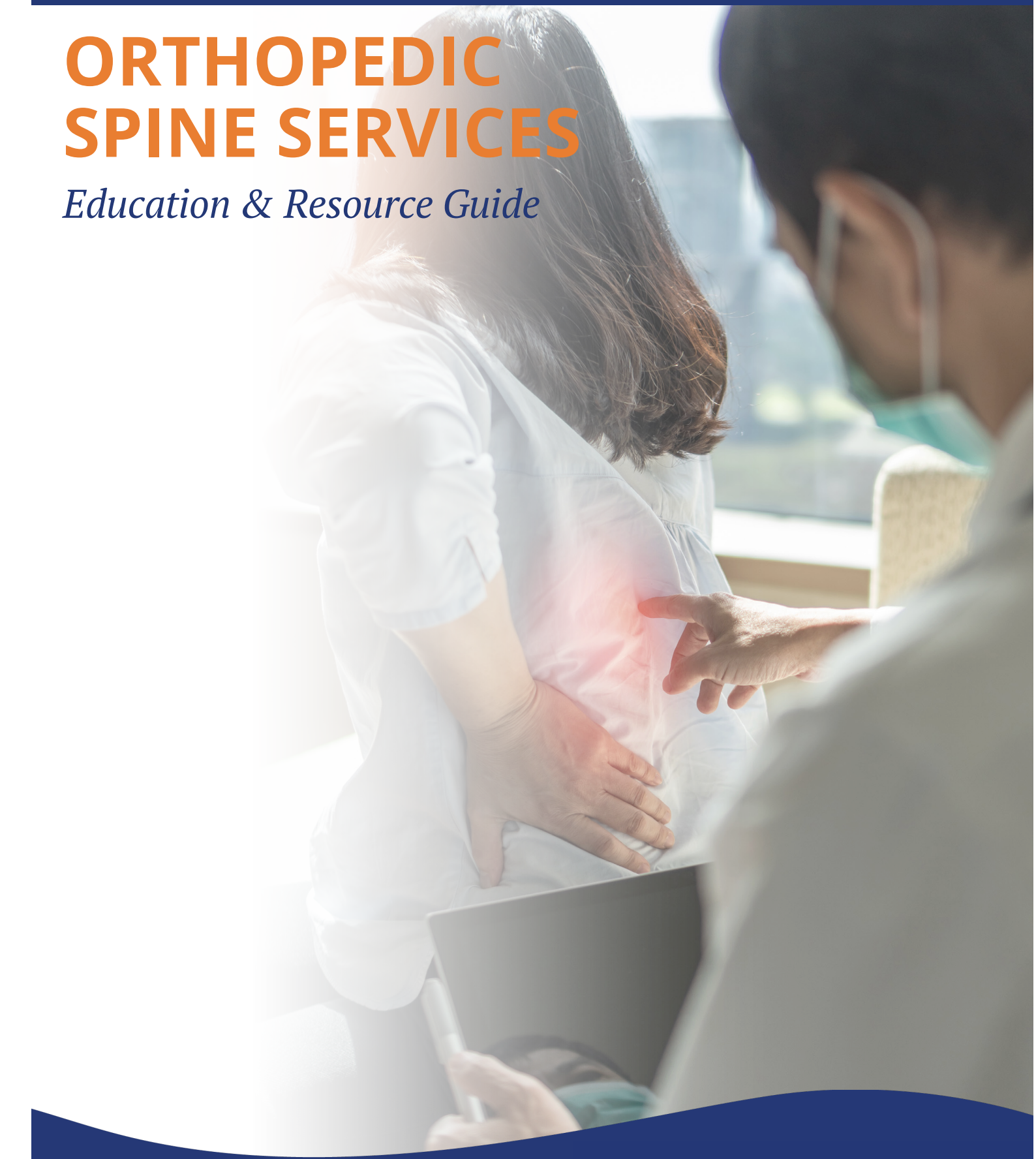
ORTHOPEDIC SPINE SERVICES

Education & Resource Guide



RIDGEVIEW

#10291 01/2023

WELCOME

Thank you for choosing Ridgeview's Orthopedic Spine Services to help restore you to a higher quality of living. Ridgeview's spine services team is pleased that you have chosen us for your spine care. We look forward to working with you to help you have a great experience and recovery.

Many people just like you have spinal surgery at Ridgeview every year. Individuals with back pain, weakness or numbness in arms or legs that interfere with daily activities, walking, leisure exercise, recreation and work are good candidates for spine surgery. The surgery aims to relieve pain, restore your independence, and help you return to your daily activities.

Ridgeview's Orthopedic Spine Services is a comprehensive program designed to offer the best medical and rehabilitative care. We believe that you play a key role in achieving a successful recovery. You are active in the process every step of the way, from preoperative preparation and education, to discharge planning and outpatient rehabilitation. Your involvement is crucial to achieving the best outcome following surgery. This guidebook will provide you with the necessary information to promote a more successful surgical outcome.

Your team includes physicians, physician assistants, nurse practitioners, nurses, nursing assistants, social workers, and physical and occupational therapists who specialize in spine care. Every detail, from preoperative teaching to postoperative exercising, is considered and reviewed with you. The Spine Services team will help plan your individual treatment program and guide you through it. Please contact us at any time if you have questions, comments, or concerns regarding your surgery or rehabilitation. Your feedback will help us to continually improve our program for patients and their families.

Sincerely,

Ridgeview Orthopedic Spine Services
Phone: 952.777.5383 or 1.800.967.4620 ext.36561

RIDGEVIEW

TABLE OF CONTENTS

Preoperative SPINE

Patient name

Surgery date

You will be contacted by Ridgeview's Orthopedic Spine Services coordinator to review your preoperative education. Please refer to the preoperative information in this guidebook for specific details.

If you have any questions prior to your surgery, please call Ridgeview's Orthopedic Spine Services at 952.777.5383 or 1.800.967.4620, ext. 36561.

A nurse from Ridgeview's Same Day Surgery Department will call you on the last business day prior to your surgery to review preoperative instructions. This includes surgery time, arrival time, and food, drink and medication restrictions. If you will not be available to receive that call at any of your listed phone numbers, please call the Surgery Department at the number listed above to receive your preoperative information and instructions.

Surgery time	**Time to stop eating**	**Time to stop drinking liquids**

Same Day Surgery hours:
Monday – Friday, 7 a.m. to 3 p.m.
952.777.5132 or 1.800.967.4620

Please have this guidebook available:

- **For your hospital preoperative education**
- **While admitted in the hospital**
- **For all physical therapy visits after surgery**

TELEPHONE DIRECTORY

Ridgeview	952.442.2191
(toll-free)	800.967.4620
Ridgeview's Orthopedic Spine Services	ext. 36561
Nurse manager, 3rd Floor Ortho/Surgical	ext. 36562
Pharmacy (available 24/7)	ext. 35200
Surgical Services department	ext. 36562
Home Health Services	ext. 35078
Social Services department	ext. 35190
Rehab	ext. 35065
Ridgeview Home Medical Equipment	952.442.2283
Ridgeview Patient Financial Services	952.442.8054
Twin Cities Orthopedics	952.442.2163
Rebound Orthotics & Prosthetics	952.442.3233

To contact any of the Orthopedic Spine Services team members, please call Ridgeview Orthopedic Spine Services at the number listed above.

1. GENERAL INFORMATION

RIDGEVIEW

GENERAL INFORMATION

THE PURPOSE OF THE GUIDEBOOK

Preparation, education, continuity of care and discharge planning are required for the best results after spine surgery. This guidebook is filled with information so that you will know:

- What to expect every step of the way
- What to do before and after surgery

OVERVIEW OF RIDGEVIEW'S ORTHOPEDIC SPINE SERVICES

Ridgeview's Orthopedic Spine Services is unique. It is a dedicated department within the Waconia campus hospital designed with wellness and rehabilitation in mind.

Features of the Orthopedic Spine Services program include:

- Nurses and therapists who specialize in the care of patients after spine surgery
- Private rooms
- Individual care
- Family and friends are encouraged to participate as "coaches" in the recovery process
- Coordination of all preoperative care and discharge planning/instruction
- A comprehensive patient guidebook for referencing throughout your spine surgery journey

THE ORTHOPEDIC SPINE SERVICES TEAM

Orthopedic team

The orthopedic spine team consists of an orthopedic physician/surgeon, physician assistant, and nurse practitioner who specialize in comprehensive spine care.

Anesthesiology care team

The anesthesiology care team consists of an anesthesiologist and certified nurse anesthetists who specialize in patient care during surgery and managing pain relief.

Hospitalist team

The hospitalist team consists of internal medicine physicians who specialize in hospital care. They will review your preoperative history and physical information and examine you for baseline information. The team may continue to provide care for you throughout your hospital stay.

Nursing team

While you are in the hospital, your care is provided by a nursing team that consists of nurses and nursing assistants. The team can answer any questions you may have about your care and recovery. The nurse manager is responsible for the overall functioning of the nursing unit.

Rehabilitation team

The rehabilitation (rehab) team will help get you moving, teach you exercises and instruct you how to walk and function after spine surgery. While in the hospital, you will work with physical therapy staff each day post-surgery to help improve your strength and flexibility. You will also see an occupational therapist who will teach you techniques for dressing and bathing using

appropriate precautions and adaptive equipment. You will receive information about how to gradually increase your functional independence. The therapists can offer suggestions on ways to make your home safe, accessible and more efficient while you are recovering from surgery.

Social Services

Social Services is available to assist you during your hospital stay. Some patients have questions or concerns regarding their family, finances, employment, or how to arrange for the care they need after discharge. A social worker is available to answer questions and will help make arrangements for care following discharge from the hospital, as needed.

Home Health liaison

A home health liaison will help determine a discharge plan and if you require and qualify for home care services, including verification of your insurance benefits and will coordinate the services you will receive.

FREQUENTLY ASKED QUESTIONS

Listed below are some of the frequently asked questions regarding spine surgery. If you have additional questions, please ask your surgeon or the Ridgeview Orthopedic Spine Services team.

Why do I need spine surgery?

Your spinal nerves or nerve roots are being squeezed or compressed. This may be the cause of different types of problems you are having. These problems may include back and neck pain and weakness or numbness in your legs. More serious symptoms include problems with bowel or bladder function.

What is spinal fusion?

A fusion stabilizes the vertebrae of the spine creating less chance for slippage of the discs. Bone from your pelvis, local bone from the operative site, grafts from the bone banks, and other bone may be used as a bone graft to enhance the fusion. One or more discs will be removed from between your vertebrae. The graft is inserted between the vertebrae replacing the disc and then rods and screws are placed. This will allow the vertebrae to fuse together as one.

What parts of the spine can be fused?

- Vertebrae in the neck (cervical fusion)
- Vertebrae in the mid-back (thoracic fusion)
- Vertebrae in the lower back (lumbar fusion)

A fusion can be done from the front and/or back side of the body. Your surgeon will decide which is best for you.

What is a laminectomy?

A laminectomy is a type of surgery in which a surgeon removes part or all of the vertebral (spine) bone to help ease pressure on the spinal cord or the nerve roots.

What is a discectomy?

A discectomy is surgery to remove herniated disc material that is pressing on a nerve root or the spinal cord.

What are the benefits of spine surgery?

Most people have spine surgery to lessen the pain and symptoms that are caused by nerve compression. Some benefits of a successful spine surgery include:

- Less pain in the affected extremities
- Less weakness or numbness in the affected extremities
- The ability to be more active and increase quality of life
- Improved physical fitness
- Better mood
- Increased productivity, including being able to return to work or other activities

What are the risks of spine surgery?

Most surgeries are without any complications. Every effort is made to avoid complications however, like any surgery, spine surgery has risks. Your surgeon would not recommend this procedure unless the expected benefits far outweigh the risks.

Minor risks include:

- Pain/muscle soreness/muscle spasms
  Spine surgery can be a very painful procedure, so you should expect to have pain after surgery. You will be encouraged to move, even with pain. Movement will help the muscles relax and minimize pain.
- Wound infection
  Refer to the infection prevention section of this guidebook to learn more about reducing this risk.
- Constipation or difficulty having a bowel movement
  You will be started on a stool softener while you are in the hospital to reduce this risk. Activity and diet also play a crucial role in preventing constipation.
- Nerve irritation
- Blood clots in your legs
  Refer to the blood clot section of this guidebook to learn more about reducing this risk.
- Spinal fluid leak or a Dural tear
- Confusion from anesthesia or pain medicine

Major risks include:

- Neurologic problems, up to and including paralysis
- Blood clots that travel to your lungs (pulmonary embolism)
- Deep wound infection that requires surgery or intravenous (IV) medication
- Failure of the bones to fuse together or instrumentation that breaks
- Other major medical problems such as stroke, heart attack or death

Should I exercise before the surgery?

Yes. Being as active as possible will help you recover better after surgery. Ask your surgeon and physical therapist about the exercises most appropriate for you.

How do I get FMLA paperwork filled out?

If you have Family and Medical Leave Act (FMLA) paperwork that must be completed prior to surgery, please bring it to the surgeon's office for assistance from the care coordinator.

How long will I be in the hospital?

Your length of stay in the hospital will depend on your health before surgery, the type of surgery you have, the pace of your recovery and how well you prepare yourself before coming to the hospital.

Will I be awake during surgery?

You will receive general anesthesia to make you sleep through your surgery and not feel any pain. Your anesthesiologist will discuss the risks of anesthesia with you prior to surgery.

Where will I go after discharge from the hospital?

Most patients are able to go directly home after discharge. Patients heal faster recovering at home, in a familiar environment. Upon discharge, plan to have someone stay with you as long as you need assistance. You will need help for the first several days or weeks, depending on your progress. Remember you will not be able to drive for approximately two to six weeks after surgery. Plan for assistance with laundry, house cleaning, cooking and yard work.

If you need assistance at home, the Home Health liaison will help verify insurance coverage and arrange Home Health services to come to your home as needed. Family or friends will still need to be available to help, as Home Health services do not provide 24-hour care or housekeeping. Home Health services are typically present for only one to two hours at a time, two or three days per week. Being well prepared prior to surgery can minimize the amount of help needed.

How long will I need pain medication?

Each person is different in terms of how much pain he/she experiences and which medications are effective. Please refer to page 25 of the pain management section of this guidebook, to find suggestions for managing pain and gradually reducing the use of narcotic pain medications.

When will the numbness go away?

If you had numbness and/or weakness in your arms or legs prior to surgery, it can take several weeks to months for it to go away. If the numbness or weakness was present for more than a month before surgery, it can sometimes be permanent.

What will my restrictions be following surgery?

You should avoid bending, twisting, and lifting more than 10 pounds for six weeks following your surgery. Avoid all overhead lifting. Avoid sitting for longer than 1 hour at a time. Sitting for longer periods of time may add to your discomfort. Women should avoid high heels for the first month after surgery.

Will I be able to smoke after surgery?

You should NOT smoke after surgery. Smoking decreases the rate of skin and bone healing. This can impact the success of your spine surgery. Smoking also interferes with the effectiveness of your pain medication. The hospital and buildings on the campus are smoke-free, and you will NOT be allowed to go outside to smoke. Contact your primary care physician for smoking cessation options prior to your surgery. Your surgeon requires that you be nicotine-free for four weeks prior to surgery. In some cases, a nicotine test is required before surgery.

What physical/recreational activities may I participate in after surgery?

You are encouraged to participate in a walking program immediately following surgery. After four weeks, you may begin to incorporate non-impact aerobic exercises such as a stationary bike or an elliptical machine. Sexual intercourse may be resumed at any time, as tolerated. Avoid bending and twisting. The safest position for you is to lie flat in bed.

Will I need to wear a brace or supportive device after surgery?

Yes. It will depend on the type of surgery you had. You may be fitted for a supported device prior to surgery or given one while in the hospital.

When will I see my surgeon after I am discharged from the hospital?

You will follow up with your surgeon approximately two to four weeks after surgery. That appointment will be made for you either prior to surgery or before you are discharged from the hospital.

INSURANCE PROCESSING INFORMATION & PATIENT FINANCIAL RESPONSIBILITY

INPATIENT AND OUTPATIENT SERVICES

Contact your insurance provider to understand the specifics of your medical coverage for both your surgery procedure and hospital stay. Upon admission to the hospital, you will receive the insurance processing information and patient financial responsibility booklet for your reference.

SURGERY AUTHORIZATION AND SCHEDULING

Prior to scheduling, your surgery must be authorized by your insurance company. This typically takes three to four weeks. Once your authorization has been received a Twin Cities Orthopedics (TCO) care coordinator will contact you to schedule your surgery.

HOURS AND SERVICES

Account specialists are available in the Patient Financial Services department during regular business hours, Monday through Friday from 8 a.m. to 4:30 p.m. They can answer questions about your account or scheduled services. To reach an account specialist, please call Ridgeview's Patient Financial Services department at 952.442.8054 or toll-free at 800.967.4620. You can also find information at ridgeviewmedical.org

HOTEL AND ACCOMMODATION SERVICES

For the convenience of Ridgeview's Orthopedic Spine Services patients, there are discounted rates offered at a hotel located near the hospital. This is a convenient service for those driving long distances or to avoid driving in bad weather.

EXERCISE YOUR RIGHTS

Advanced directives are a means of communicating to all caregivers a patient's health care wishes. If a patient has a living will or has appointed a health care agent and is no longer able to express his/her wishes to the physician or hospital staff, Ridgeview is committed to honor the legally documented wishes of the patient. Upon admission to the hospital, you will be asked if you have an advance directive. If you do, please bring copies of these documents to the hospital with you the day of surgery. Advance directives are not a requirement for hospital admission.

GETTING TO RIDGEVIEW WACONIA CAMPUS

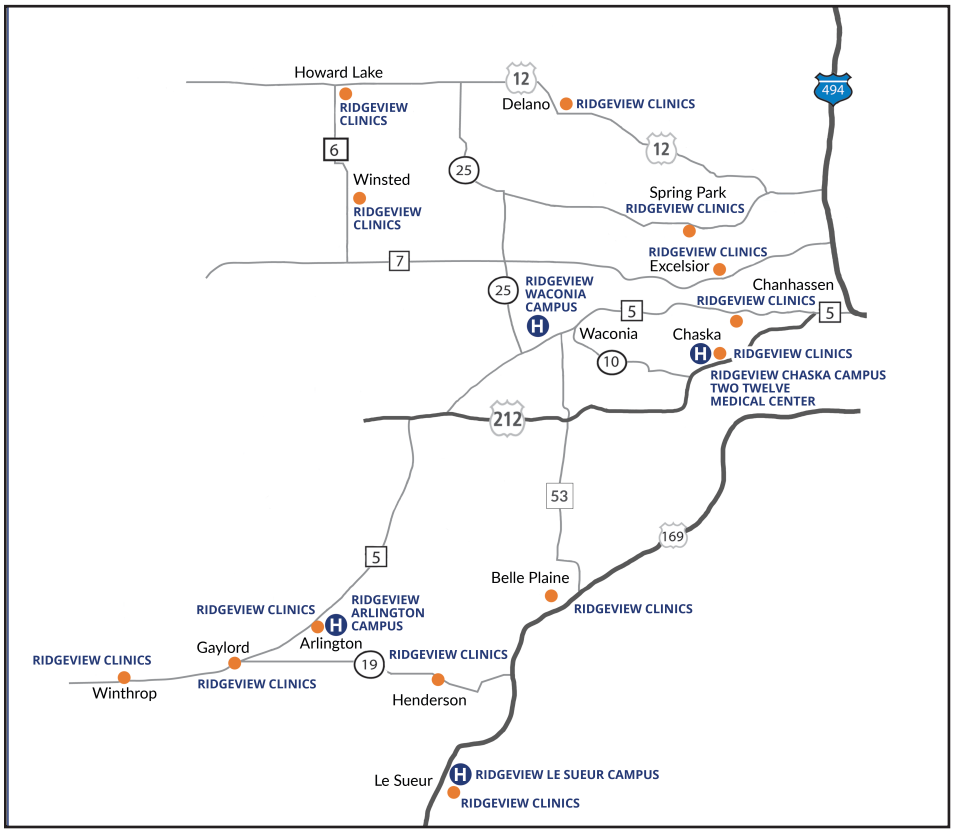
- **From Minneapolis:** Take I-35W south to Hwy. 62 west, and Hwy. 62 west to Hwy. 212/5 west. This will turn into Hwy. 5 west. Continue on Hwy. 5 west through Eden Prairie, Chanhassen and Victoria. Once in Waconia (still on Hwy 5) look for South Maple Street (1 block after second set of lights on Hwy. 5). Turn right onto South Maple Street.

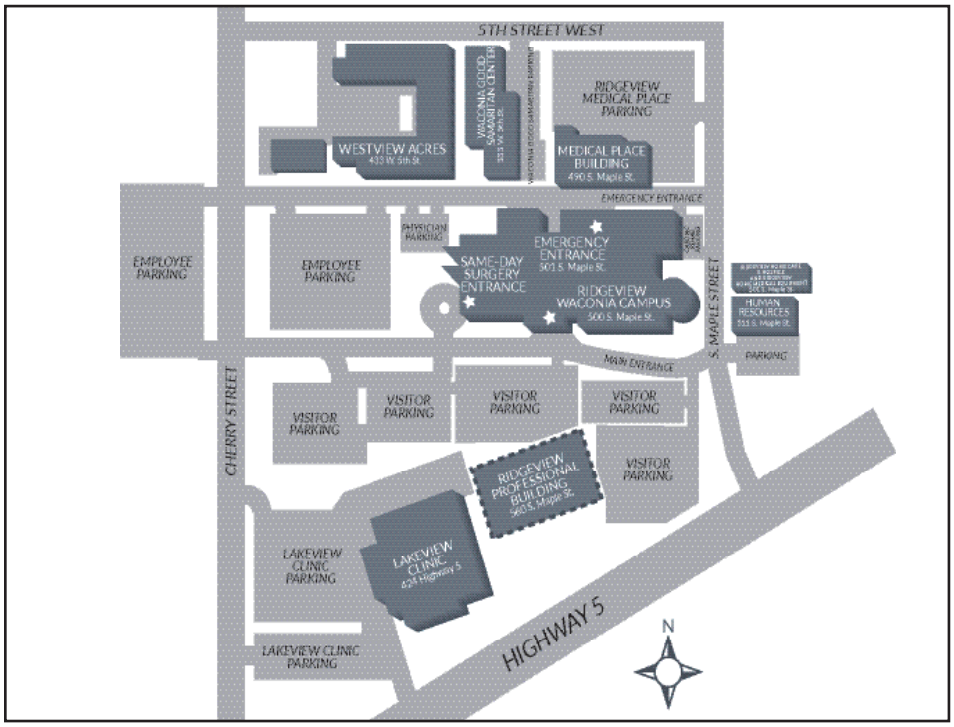
- **From the North:** Take I-494 south to Hwy. 5 west. Continue on Hwy. 5 west through Eden Prairie, Chanhassen and Victoria. Once in Waconia (still on Hwy. 5) look for South Maple Street (1 block after second set of lights on Hwy. 5). Turn right on South Maple Street.

- **From the South:** Take Hwy. 169 north to Hwy. 41 north. Take Hwy. 41 north to Hwy. 5 west. Take Hwy. 5 west through Victoria. Once in Waconia (still on Hwy. 5) look for South Maple Street (1 block after second set of lights on Hwy 5). Turn right on South Maple Street.

- **From the East:** Take I-494 west to Hwy. 5 west. Take Hwy. 5 west through Eden Prairie, Chanhassen and Victoria. Once in Waconia (still on Hwy. 5) look for South Maple Street (1 block after second set of lights on Hwy. 5). Turn right on South Maple Street.

- **From the West:** Take Hwy. 5 east to Waconia. Upon entering Waconia, look for South Maple Street. Take a left on South Maple Street.





RIDGEVIEW WACONIA CAMPUS
500 S. Maple Street • 952.442.2191

RIDGEVIEW

(9/2022)

2. PREOPERATIVE INFORMATION

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PREOPERATIVE INSTRUCTIONS

PREOPERATIVE (BEFORE SURGERY) CHECKLIST

Check items off this list when completed. Details for each item are on the following pages.

- ❑ Call your insurance provider to review coverage for your surgery procedure, hospital stay, and postoperative rehabilitation needs.
- ❑ Complete and mail in the pre-registration form in the prepaid envelope provided.
- ❑ Schedule preoperative history and physical with your primary care physician.
  - Discuss smoking cessation, if applicable.
- ❑ Preoperative information review – you will be contacted by Ridgeview's Orthopedic Spine Services coordinator two to four weeks before your surgery.
- ❑ Schedule post-surgical outpatient physical therapy, as directed.
- ❑ Prepare your home for after your surgery.
- ❑ Look into any adaptive equipment needs you may need after your surgery.
- ❑ Get fitted for a custom brace, if applicable.
- ❑ Arrange to have a responsible adult, such as an adult family member or a trusted adult friend, drive you to and from the hospital.
- ❑ Arrange for a responsible adult (family or friend) to stay with you after surgery.
- ❑ Stop any medications that increase bleeding (5-14 days before surgery), as directed by your physician.
- ❑ Confirm your arrival time (on the last business day before your scheduled surgery date).
- ❑ Stop eating food and drinking beverages, as directed by the Same Day Surgery nurse.

PRE-REGISTER

As soon as you receive this guidebook, please complete and mail in the pre-registration form, located in the front pocket of this guidebook (using the prepaid envelope provided).

SCHEDULE A PREOPERATIVE HISTORY AND PHYSICAL

You will need to schedule a preoperative appointment with your primary care physician within three weeks of your scheduled surgery date.

In the front of this guidebook, you will find the preoperative anesthesia requirements form, explaining what tests need to be completed at your preoperative appointment. Bring this form to your preoperative appointment for your primary care physician to complete.

You may also have to undergo a preoperative cardiac clearance if you have a heart condition or a cardiac history.

If you are a smoker, you should discuss smoking cessation methods at this time.

Important medical conditions, such as uncontrolled diabetes or a family history of blood clotting disorders should also be discussed with your surgeon before your surgery.

PREOPERATIVE INFORMATION REVIEW

Ridgeview's Orthopedic Spine Services coordinator will call you to do a preoperative information review two to four weeks before your surgery.

PREPARE YOUR HOME FOR RETURN FROM THE HOSPITAL

It is very important to have your house ready for your arrival back home. A little preparation will make your transition to home much easier. These preparations include general cleaning, laundry and having clean linens on the bed. Prepare meals and freeze them in single-serving containers. Cut the grass, tend to the garden and finish any other yard work needed. Remove throw rugs which can be a fall hazard and tack down any loose carpeting. Remove electrical cords and other obstructions from all walkways. Install nightlights in bathrooms, bedrooms and hallways.

Install handrails for stairs that do not have any. Arrange for someone to collect your mail and take care of pets or loved ones, if necessary. Arrange for help with snow removal or lawn care.

Falls in the home typically occur in bathrooms, bedrooms and on stairs. Refer to the fall prevention safety tips handout at the end of this section, to help minimize the risk of falling in your home.

LOOK AT ADAPTIVE EQUIPMENT NEEDS

Most of the equipment that you will need can be purchased from the hospital. Another option is to borrow or rent equipment that you do not expect to need long-term. Your inpatient rehabilitation team will offer suggestions during your hospital stay, based on your needs at the time of your discharge from the hospital.

Because most insurance plans will only cover the cost of one assistive device, you may want to borrow equipment if more items are necessary. To increase the likelihood of insurance paying for an assistive device, do not purchase this equipment (i.e. crutches, cane, walker) before your surgery, or check with your insurance guidelines and coverage options.

Items Ridgeview Home Medical Equipment has for sale, but are not covered by insurance include:

- Reacher
- Sock aid
- Long handled shoe horn
- Raised toilet seat

CUSTOM BRACE FITTINGS

If the surgery you are having requires a custom brace, Rebound Orthotics and Prosthetics will call you to schedule an appointment to have your brace fitted a few weeks prior to your scheduled surgery.

MAKE TRANSPORTATION ARRANGEMENTS TO AND FROM THE HOSPITAL

You will need to arrange to have a responsible adult, such as a family member or a trusted friend, drive you to the hospital and pick you up from the hospital. This person needs to be flexible about which day he/she can pick you up, because the day and time of discharge is not always predictable. You will be asked to provide the name of the person who will be taking you home. It may be necessary to arrange for alternative adults as a backup.

ARRANGE FOR SOMEONE TO STAY WITH YOU AFTER SURGERY

You will need to make arrangements for family or friends to stay with you after surgery. Most patients are able to go home after surgery, but they may need assistance with tasks throughout the day.

SURGERY PREPARATION & HOSPITALIZATION

Stop all blood thinners and non-steroidal anti-inflammatory drugs (NSAIDs) prior to your surgery.

Stop medications and supplements that contain blood thinners as directed by your physician. Before surgery, all anti-inflammatory medications will need to be stopped to reduce the risk of bleeding. If you are taking other prescription anti-inflammatory or pain medication, please speak with your primary care physician to see if the medication(s) act as a blood thinner.

Use the following guide to know when to stop your blood thinners (unless directed otherwise by your physician.)

+ **Five Days** before surgery, stop taking:
  - Coumadin
  - Warfarin

+ **Seven Days** before surgery, stop taking:
  ** A Lovenox bridge CANNOT be given within 24-hours of surgery.
  - Xarelto
  - Plavix
  - Pradaxo
  - Eliquis
  - Clopidigrel
  - Aspirin
  - Vitamin E

+ **Ten Days** before surgery, stop taking:
  - Ibuprofen
  - Advil
  - Naprosyn
  - Naproxen
  - Aleve
  - Celebrex
  - Diclofenac
  - Meloxicam

+ **Fourteen Days** before surgery, stop taking:
  - Fish oil supplements

Please inform your physician about all your supplement (and vitamin) use, as some of them have a risk for increased bleeding. The following is a list of supplements that may thin your blood.

- Alfalfa
- Bromelain
- Chewing tobacco
- Danshen
- Dong qual
- Feverfew
- Garlic
- Green tea
- Ginger
- Ginkgo
- Ginseng
- Omega 3 fatty acids
- Saw palmetto

DAY BEFORE SURGERY

You will receive a phone call regarding your arrival time at the hospital.

The hospital will call you the last business day before your surgery to let you know when your procedure is scheduled. For example, if your surgery is on Monday, you will be called on Friday. You will be asked to come to the hospital approximately 2 ½ hours before your scheduled surgery time for the nursing staff to prepare you for surgery and answer any questions you may have. It is important that you arrive on time. You will also be instructed on when to stop eating and drinking before surgery. The nurse will review your current medications with you at this time.

When to stop eating and drinking.

Follow the instructions from the surgery nurse about when to stop eating food and drinking beverages. This includes chewing gum or using tobacco products.

What to bring to the hospital

- Personal hygiene items (toothbrush/toothpaste, comb/brush, deodorant, etc.)
- Clothes for discharge and a pair of sturdy walking shoes
- This guidebook
- A copy of your advanced directive
- Your insurance card
- A photo ID
- **All medications** that you are currently taking, including supplements, eye drops and inhalers **(all in their original containers)** for medication verification. If you are considered as an outpatient procedure, you will use your own medications from home, as needed, while you are in the hospital.
- Eyeglasses, dentures, hearing aids (and their containers for when they are not in use).
- Patients with sleep apnea, bring your CPAP machine (distilled water will be provided).
- Checkbook or cash to purchase supplies (bring no more than $50 in cash).
- Your cellphone and charger (Wi-Fi is available at the hospital).

RIDGEVIEW

FALLS PREVENTION SAFETY TIPS

The National Council on Aging reports that 1 in 4 Americans aged 65 and older fall each year. Falls are the number one cause of injury and death among older adults. Every 11 seconds, an older adult is treated in the emergency room for a fall; every 19 minutes, an older adult dies from a fall.

Falls in the home typically occur in: bathrooms, bedrooms and on stairs. Most falls are preventable and are not a normal part of the aging process. Regular strength exercises can significantly reduce your risk of falling and reduce your risk of being injured if you do fall.

The following checklist is designed to help people minimize the risk of falling in their homes.

OUTSIDE SAFETY

- Paint the edges of outdoor steps and any steps that are especially narrow or are higher or lower than the rest.
- Paint outside stairs with a mixture of sand and paint for better traction. Keep outdoor walkways clear and well-lit.
- Clear snow and ice from entrances and sidewalks.

MAKE YOUR HOME SAFE

- Remove all unnecessary clutter in your house.
- Keep phone and electrical cords out of pathways.
- Tack rugs, and glue vinyl flooring so they lie flat. Remove or replace rugs or runners that tend to slip, or attach non-slip backing to the rug(s).
- Ensure that carpets are firmly attached to the stairs.
- DO NOT stand on a chair or table to reach something high. Use a “reach stick” (grabbing tool) or ask for help instead.
- Store frequently used objects where you can reach them easily.

KEEP A WELL-LIT HOME

- Have a lamp or light switch that you can easily reach without getting out of bed.
- Use night lights in the bedroom, bathroom and hallways.
- Keep a working flashlight handy.
- Have light switches at both ends of stairs and halls. Install handrails on both sides of stairs.
- Turn on the lights when you go into the house at night.

TIPS FOR A SAFER BATH

- Add grab bars in shower, tub and toilet areas.
- Use nonslip adhesive strips or a mat in the shower or tub.
- Consider sitting on a bench or stool in the shower.
- Consider using an elevated toilet seat.

(continued on reverse)

FALLS PREVENTION SAFETY TIPS

(continued)

USE CARE WHEN WALKING

- Use a helping device, such as a cane, as directed by your healthcare provider.
- Wear nonslip, low-heeled shoes or slippers that fit snugly. Avoid walking around in stocking feet.
- **Wear a personal alarm.** This is a device that allows you to call 911 if you need help. Ask your healthcare provider for more information.
- **Manage your medical conditions.** Keep all appointments with your healthcare providers. Visit your eye doctor as directed.

HOW CAN I MAKE MY HOME SAFER?

- **Add items to prevent falls in the bathroom.** Put non-slip strips on your bath or shower floor to prevent you from slipping. Use a bath mat if you do not have carpet in the bathroom. Use a shower seat and a hand-held shower head so you do not need to stand while you shower. Sit on the toilet or a chair in your bathroom to dry yourself and put on clothing.
- **Keep paths clear.** Remove books, shoes, and other objects from walkways and stairs. Place cords for telephones and lamps out of the way so that you do not need to walk over them. Tape them down if you cannot move them. Remove small rugs. If you cannot remove a rug, secure it with double-sided tape.
- **Install bright lights in your home.** Ask others to help change light bulbs. Consider using LED bulbs to reduce how often they need to be changed. LED bulbs last longer and can save you money over time. Use night lights to help light paths to the bathroom or kitchen. Always turn on the light before you start walking.
- **Keep items you use often on shelves within reach.** Do not use a step stool to help you reach an item.
- **Paint or place reflective tape on the edges of your stairs.** This will help you see the stairs better.

OTHER SAFETY TIPS

- Keep emergency phone numbers in large print near each phone.
- Put a phone near the floor in case you fall and cannot get up.
- Consider wearing an alarm device that will alert someone if you fall.
- Review medications with your doctor or pharmacist. Some medications, including over-the-counter medications, can make you drowsy, dizzy, and unsteady.
- Discuss safe amounts of alcohol intake with your physician.
- Have your hearing and eyesight tested. Inner ear problems can affect balance. Vision problems make it difficult to see potential hazards.
- Exercise regularly to improve muscle flexibility, strength and balance.
- If you feel dizzy or lightheaded, sit down or stay seated until your head clears. Stand up slowly to avoid unsteadiness.

CALL 911 OR HAVE SOMEONE ELSE CALL IF:

- You have fallen and are unconscious.
- You have fallen and cannot move part of your body.

WHEN SHOULD I CONTACT MY HEALTH CARE PROVIDER?

- You have fallen and have pain or a headache.
- You have questions or concerns about your condition or care.

3. HOSPITAL CARE

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HOSPITAL CARE

ANESTHESIA FOR SPINE SURGERY

The Ridgeview anesthesia department tailors anesthesia for each patient and their planned operation. An anesthesiologist and certified nurse anesthetist compose the team that delivers anesthesia at Ridgeview. The anesthesiologist will explain your anesthesia options and develop a plan. The nurse anesthetist will be with you throughout the surgery, to help manage your anesthesia and respond to any issues that may arise.

TYPE OF ANESTHESIA USED

Spine surgery patients receive general anesthesia—medicine given in an intravenous (IV) line. After you are anesthetized, a tube is placed in the back of your throat or trachea (windpipe) to help you breathe. Additional medicine is given to control pain and keep you anesthetized until the surgery is over. At that time, you will be awakened and the breathing tube is removed.

SIDE EFFECTS

Your anesthesiologist will discuss the risks and benefits associated with general anesthesia as well as any complications or side effects that can occur. Nausea or vomiting may be related to anesthesia. Medications to treat nausea and vomiting will be given during and after surgery if needed. The amount of discomfort you experience will depend on several factors. Your pain will be managed with medications and other measures. Your discomfort should be tolerable, but do not expect to be totally pain-free. Ridgeview's Orthopedic Spine Services team will teach you the pain scale (0-10) to assess your pain level.

DAY OF SURGERY – WHAT TO EXPECT

You will be admitted and prepared for surgery. This includes starting an IV and cleaning the area on your body where the surgery will occur. Your surgeon will meet with you and mark your surgical area(s). You may also meet with one of Ridgeview's hospitalists (an internal medicine physician specializing in hospital care). He/she will review your preoperative history and physical information. He/she may continue to care for you throughout your hospital stay.

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. With this information, the anesthesiologist will determine the type of anesthesia best suited for you. He/she will also answer any additional questions you may have.

After being admitted and prepared for surgery, you will be brought into the operating room where your surgery will be performed.

Following surgery, you will be taken to a recovery area where you will remain for about an hour. During this time, your pain will be controlled, and your vital signs monitored. You will then be taken to Ridgeview's Orthopedic Spine Services department for continued care. You may have a Foley catheter in your bladder. You may have a surgical drain placed that will be removed one to two days after surgery before you are discharged from the hospital. You will begin performing ankle pump exercises to improve blood flow through your legs and you will start to use your incentive spirometer to keep your lungs clear. Immediately after surgery, the provider will go over the appropriate diet for you. It will most likely be clear liquids (broth, Jell-O, tea and clear juice), then you will progress to a regular food diet, as you are able to tolerate it. If you have any

problems with menus, food service or the meals, please ask to talk with the dietician. Your appetite may be poor, but your desire for solid food will return. Drink plenty of fluids to stay hydrated.

A physical therapist may evaluate you, begin exercises, get you up and begin your walking program.

You should expect to be awakened several times the first night, as your nurse will come in often to assess you.

DAY ONE – AFTER SURGERY

On the first day after surgery, you will be assisted with personal hygiene and helped into the recliner for breakfast. An occupational therapist will work with you and discuss any adaptive equipment you may need.

A member of the orthopedic team will visit with you to assess your progress.

Your Foley catheter and surgical drain may be removed.

Intravenous (IV) pain medications will be stopped, and you will continue with oral pain medications.

A physical therapist will work with you, teach you exercises and continue your walking program. They will assess your brace or distribute one to you if needed.

Some patients may be ready for discharge on this day. Upon discharge, if you are going home, your ride will need to be available to pick you up. Ridgeview's Orthopedic Spine Services team will escort you to the main entrance and assist you into your vehicle.

DAY TWO – AFTER SURGERY

On the second day after surgery, you will continue to progress your activity level. You will again be seen by a physical therapist who will advance your exercises and progress you through your walking program.

If your Foley catheter or surgical drain is still in place, it will be removed.

Have your ride available throughout the day for when you are discharged. Ridgeview's Orthopedic Spine Services team will escort you to the main entrance and assist you into your vehicle.

EVERYDAY

Ridgeview's Orthopedic Spine Services will focus on helping you return to normal daily activities during your hospital stay. We will emphasize being independent and encourage you to practice doing tasks as you would at home with caregiver assistance or adaptive equipment. You will use the bathroom for personal hygiene, bathing and brushing your teeth as you would at home. You will be in a chair for meals and periodically throughout the day. Sitting should be limited to 60 minutes or less each time. You will walk the halls in the hospital three to five times during the day. You will work on increasing your walking each time.

Ridgeview's Orthopedic Spine Services staff use colored stars to identify your level of independence with getting up and walking. If you have a yellow star on your door frame, please call for assistance whenever you need to get up, use the bathroom, move around your room or take a walk. Once the physical therapy and nursing staff feel that you are safe to be up on your own, you will be promoted to a green star. This indicates to Ridgeview's Orthopedic Spine Services team that you can be independent, using the bathroom or walking the halls without staff assistance.

COACHES

Your coach is welcome to be with you as much as they are able. We understand that not everyone has a coach, and some people may have more than one. Any time your coach is here during mealtime, he/she is welcome to order a meal tray and stay with you and eat in your room. The guest meal tray cost is $5.00 per tray. This may be paid for over the phone by credit card when ordering, or in person in the cafeteria prior to the meal. More information will be provided during your stay.

DISCHARGE PLANNING

Discharge Checklist:

Before you are discharged from the hospital, Ridgeview's Orthopedic Spine Services team wants to make sure you know the following information. Please review and check off the items as you complete them. Ask for assistance with anything that you are not completely comfortable with.

- ❑ How and when to change the dressing
- ❑ Signs and symptoms of infection
- ❑ Signs and symptoms of a blood clot
- ❑ How to put the compression stockings on
- ❑ How often to remove the stockings and for how long
- ❑ How to get in and out of bed safely
- ❑ How to use the incentive spirometer
- ❑ How to progress your home exercises and walking program
- ❑ How to go up and down stairs
- ❑ Pain medication:
  - Side effects
  - When and how often to take each
  - How much to take
  - How to avoid constipation
- ❑ Bone growth stimulator – if applicable
  - If you had a fusion, Orthofix may call you to arrange for a bone growth stimulator.

Ridgeview's Orthopedic Spine Services recommend every effort be made so you can return home after surgery and recover in your own environment. The decision to go home, with or without home care, or to a skilled rehab facility will be made together by you, Ridgeview's Orthopedic Spine Services team, including your surgeon, nurses, physical and occupational therapists, social services and your insurance company.

You will need to arrange to have a responsible adult, such as an adult family member or a trusted adult friend, drive you home and stay with you for 24 to 48 hours after you are home. You will receive verbal and written discharge instructions concerning medications, physical therapy, activity, pain management and more. Ridgeview's Orthopedic Spine Services staff will also help arrange for the equipment you may need at home. Social Services and the nursing staff will make every effort to ensure you have the resources you need when you discharge home. If you should require Home Health Services to assist you in your recovery process at home, the Home Health Liaison and nursing staff will assist you in arranging this resource.

INCENTIVE SPIROMETRY

WHAT IS AN INCENTIVE SPIROMETER?

An incentive spirometer is a device that measures how deeply you can inhale (breathe in). It helps you "exercise" your lungs by taking slow, deep breaths to expand and fill your lungs with air. If you do not exercise your lungs, you could have complications after surgery such as fevers or lung problems (Example: pneumonia).

WHY IS AN INCENTIVE SPIROMETER NEEDED?

The use of incentive spirometry after surgery is important to help reduce postoperative lung complications and to maintain a clear, open airway. After surgery with anesthesia, pain medications and decreased activity, your lungs are more relaxed, and you do not breathe as deeply as you would if you were active. The incentive spirometer helps to exercise your lungs, keeping them working like they should. It is also important to use the incentive spirometer often if you smoke or have other medical issues that increase your risk of airway or breathing issues.

HOW DO I USE THE INCENTIVE SPIROMETER?

1. Exhale normally.
2. Close your lips tightly around the mouthpiece. DO NOT block the mouthpiece with your tongue.
3. Take a slow, deep breath in through the mouthpiece and raise the piston on both sides.
4. Watch the piston on the left of the incentive spirometer to make sure you are keeping it in the "best" or "better" range.

   You can also watch the piston on the right to see what level you raise the piston to. The number on the left should be a goal for you to increase that number each time you use the incentive spirometer.
5. When you cannot inhale any longer, hold your breath for 3-5 seconds, while keeping the piston at the same level.
6. Exhale normally.

HOW OFTEN SHOULD I USE THE INCENTIVE SPIROMETER?

You should use the incentive spirometer 10 times per hour while you are awake. Do not exceed five inhalations in a row in order to prevent you from becoming dizzy or lightheaded. Repeat this process every 30 minutes or more frequently until you complete the 10 times per hour. Continue to use the incentive spirometer for two weeks after surgery, until you are up and moving frequently.

4. PAIN MANAGEMENT

RIDGEVIEW

PAIN MANAGMENT

MANAGING PAIN AFTER SPINE SURGERY

You may have concerns about managing your pain after your spine surgery. The goal is for you to be functional in your daily activities with a tolerable level of pain. It is expected that you will have pain. In the hospital, you will use a scale that goes from 0-10 to describe how much pain you are having. If you have a little pain, you might score it as a "2". If you have a lot of pain, you might score it as an "8". Think about the worst pain you can imagine that becomes the "10" on the scale.

Your surgeon will write a prescription for pain medication to use at home. Be sure to time your pain medications so you can take them about 60 minutes before you do your exercises and walking. Keeping your pain under control will allow you to complete your exercises and increase your mobility sooner. You should also remember to rest and use ice to reduce swelling, which is a common cause of pain after surgery.

REST

Pain, swelling and over-activity are all related. The key to managing all three is rest. While it is important to do your physical therapy and walking, you also need to take time to rest. During the first two weeks of recovery, be active for short periods of time and rest for longer periods in between. Use your walking program as a guide for progressing your activity. Sit up in a chair periodically throughout the day but limit to 30 to 60 minutes at a time.

ICE

Ice can be useful for managing pain and inflammation. Right after surgery, ice and pain medications will be used together for pain relief. You may apply a covered ice pack for 20 minutes, several times during the day for the first few weeks. Use ice packs after activities, such as physical therapy exercises, walking, outings and before sleep. Continue to use ice as you become more active. It will likely be needed for the next few months.

MEDICATION

To control your pain, most patients will be given a written prescription for oral narcotic pain medication to be filled at a pharmacy. It will be the same medication that you have been taking in the hospital. During your hospital stay, Ridgeview's Orthopedic Spine Services staff will determine which medication works best for you with the fewest side effects. If you experience intolerable side effects or have problems with your pain medication at home, please call to speak with your surgeon. There are many different types of pain medication and you may just need a different type.

Narcotic pain medications have side effects, including:

- **Nausea and vomiting** – to avoid nausea and vomiting, take your pain medication(s) with food and 4-6 ounces of water.
- **Lightheaded or dizziness** – you should sit down or stay seated until your head clears. Stand up slowly to avoid unsteadiness.
- **Itching**
- **Drowsiness**
- **Altered mental status**– *including poor memory*.
- **Constipation** – take an over-the-counter stool softener such as Colace or Senokot. Follow the recommended dosage on the bottle. Increase your fiber (dietary and/or with a supplement, such as Metamucil) and fluid intake. DO NOT exceed three days without having a bowel movement. If on the third day you have not had a bowel movement, use a laxative, such as Milk of Magnesia, Miralax, a suppository or an enema.

REFILLING PRESCRIPTIONS

All patients who are given a narcotic prescription are looked up in the Minnesota Prescription Drug Monitoring Database. Patients may only receive narcotics from one provider. Your surgeon will NOT refill narcotic prescriptions after normal business hours or on weekends (Friday - Sunday). Surgeons are in different clinics throughout the week; narcotic prescriptions cannot be called into a pharmacy. A written prescription must be picked up at the surgeon's office or mailed to your home. Keep this in mind and do not wait for the evening or weekend to call if you need more medication. Narcotic prescriptions will generally be refilled ONLY one time. No refills will be allowed after the four-week postoperative appointment.

UNDERSTANDING YOUR PRESCRIPTIONS

The most prescribed narcotics after spinal surgery are:

- **Norco** (hydrocodone and acetaminophen) – short-acting pain medication.
- **Percocet** (oxycodone and acetaminophen) – short-acting pain medication.
- **Oxy IR** (oxycodone) – short-acting pain medication.

Patients are prescribed a short-acting pain medication. These medications are taken on an "as needed" basis. You should not take them more often than the prescribed interval of every four to six hours. If your pain is well managed, you should not have to take them as often. Most pain medications are ordered to take one to two tablets at a time. You can decide how many you need to take based on how well your pain is controlled. If one tablet works well, then you do not need to take two. If your pain is not controlled with one tablet, then you may need to take two tablets to control the pain.

In addition to your narcotic prescription, you may also receive a prescription for other medications to help with the pain.

- **Muscle relaxants** (Robaxin, Flexeril, Vistaril, Ativan, Valium). These can help with pain control and muscle spasms, but they may make you drowsy. If you are finding that you are too tired, you can try taking the narcotic without the muscle relaxer.
- **Anti-inflammatories** (Celebrex, Meloxicam, Diclofenac)
- **Nerve Medications** (Gabapentin, Lyrica)

The narcotic prescription you will receive may contain acetaminophen – which is also known as Tylenol®. Acetaminophen (Tylenol®) is sometimes abbreviated as APAP on prescription bottles. You may start using acetaminophen (Tylenol®) instead of the narcotic when your pain improves, and you do not need as much of the narcotic medication. Please keep track of how many milligrams (mg) of acetaminophen (Tylenol®) you are taking in a day. You should not take more

than 4,000 mg of Tylenol® within a 24-hour period. There are different strengths of acetaminophen (Tylenol®) available over-the-counter. Please check any over-the-counter medications that contain acetaminophen (Tylenol®).

DOSING SCHEDULE

Use the chart on the following page to keep track of your narcotic pain medications, and your dosing schedule. Also, write down the amount of acetaminophen (Tylenol) you are taking – to keep a running total for each day to prevent taking more than 4,000 mg in a 24-hour period.

FREQUENTLY ASKED QUESTIONS

How long will I need to take the prescribed narcotics?

The length of time that someone might need to take narcotic pain medication varies because everyone experiences pain differently. The key to managing pain well after spine surgery is to expect a tolerable level of discomfort, with or without taking pain medication. Take an amount that helps you to stay active and to rest comfortably.

You can gradually reduce your use of pain medication when you feel ready. There are many ways to do this. Most people are eventually able to take fewer medications during the day but may still need to take something at night.

How can I wean myself off the prescribed pain medication?

Reduce or stop using any prescribed muscle relaxer as a next step to weaning off pain medications.

Begin to take your prescribed pain medications less frequently and use acetaminophen (Tylenol®) in between the prescribed narcotic doses. For example, if you are taking a narcotic every four hours, you may find that you can wait five or six hours before taking more. Gradually, you will be able to go seven or eight hours (and longer) between doses.

You can also try alternating between the narcotic and acetaminophen (Tylenol®). Make sure to time your narcotic pain medications so you can take them about 60 minutes before exercises and at bedtime.

You may eventually find that the use of acetaminophen is enough to control your pain.

DOSING SCHEDULE TRACKING WORKSHEET

Date	Time	Name of Medication Taken	# Pills	Product Contains How Many mg of Acetaminophen	Running Daily Total of Acetaminophen

5. BLOOD CLOT PREVENTION

RIDGEVIEW

BLOOD CLOT PREVENTION

AFTER SURGERY

After surgery, you are at an increased risk for a blood clot. There are two types of blood clots:

- *Deep Vein Thrombosis*
- *Pulmonary Embolism*

Deep Vein Thrombosis (DVT)

Deep Vein Thrombosis is a blood clot in the leg. Also known as a DVT.

Decreased activity may cause the blood to slow and coagulate (clot) in the veins of your legs, creating a blood clot. If a clot occurs, you may need to be admitted to the hospital. Prompt treatment usually prevents more serious complications.

If you have any of the signs or symptoms listed below, contact your surgeon or medical physician immediately.

- Increased swelling in a leg that does not go away with rest, ice, or elevation.
- Pain, heat, redness, or tenderness in calf, back of the knee or groin area, or the entire leg.

Note: Blood clots can form in either leg.

Pulmonary Embolism (PE)

A Pulmonary Embolism is a blood clot in the lung. Also known as a PE.

A blood clot in the lung is a complication of a DVT that occurs when part of the clot breaks up and travels through the bloodstream to the lung. This is an emergency, and you should call 911 immediately if you suspect and have any of the signs/symptoms of a pulmonary embolism listed below:

- Chest pain
- Difficult and/or rapid breathing
- Shortness of breath
- Sweating
- Confusion

PREVENTION OF BLOOD CLOTS

To help prevent painful or dangerous vein clotting, take the following steps:

- Perform foot and ankle pumps.
- Walk and engage in frequent activity.
- Wear compression stockings.

COMPRESSION STOCKINGS

You may be asked to wear white compression stockings after surgery. These stockings are used to help ensure optimal blood flow and reduce the risk of blood clots. Wear the stockings continuously, removing them for one hour twice a day.

If you were told to wear compression stockings, ask your surgeon when you can stop wearing the stockings. Usually, this is approximately two to four weeks after surgery. The compression stocking can be washed. Wash them by hand and allow them to air dry during the time you can have them off.

6. INFECTION PREVENTION

RIDGEVIEW

INFECTION PREVENTION

CARING FOR YOUR INCISION

Your incision will be closed with absorbable sutures that will dissolve. These will not need to be removed.

Your Steri-strips (the small pieces of tape over your incision) will fall off naturally after approximately seven to 10 days. DO NOT pull off the Steri-strips or any stitches.

When showering, remove the gauze bandage over your incision, but leave the Steri-strips in place. After showering, pat dry and place a new gauze bandage over your incision.

Apply a new gauze bandage daily and as needed (if it becomes soiled or wet) for two weeks after surgery.

DO NOT sit in the bathtub (take baths) or sit in a hot tub/sauna for six weeks after surgery and your incision is healed.

SIGNS OF INFECTION

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do NOT develop an infection. Some of the common signs that your incision may be infected may include:

- Increased swelling and redness in the incision area.
- A change in color, odor, or amount of drainage (it is normal to have some drainage).
- Fever greater than 101 degrees Fahrenheit (101°F).
- Increased pain in the surgical area.
- Skin around the incision area is hot to the touch.

INFECTION PREVENTION

To prevent an infection of your incision:

- Take proper care of your incision site as explained by your surgeon or Ridgeview's Orthopedic Spine Services staff.
- Use good hand washing habits. Wash your hands often.
- Wash your hands before and after you change the dressing or touch your incision.

7. POSTOPERATIVE ACTIVITY GUIDELINES

RIDGEVIEW

POSTOPERATIVE ACTIVITY GUIDELINES

POST-OPERATION SPINE WALKING PROGRAM

Your surgeon/health care provider and physical therapist will encourage you to begin a progressive walking program as soon as possible after surgery. Walking is a low-load activity, ideal for most people during their recovery from spine surgery. It is the least harmful to your back, does not require any special equipment, and provides the most benefits compared to other forms of exercise. Remaining active aids in your successful recovery from spine surgery.

At the same time, you need to take care not to reinjure your back by overdoing it. Wear comfortable clothes and safe walking shoes that provide good support. Walk at a comfortable pace, avoiding hills and stairs for the first few weeks. You will notice the results quickly if you follow the instructions of your provider and physical therapist.

The benefits of participating in a walking program may include:

- Help your bones fuse by increasing the blood flow to the area that was fused
- Improved muscle strength and endurance
- Less stress
- Better mood
- Regular bowel activity
- Less pain
- Easier breathing
- Improved posture
- Blood clot prevention

While you are still in the hospital after surgery, you will be encouraged to walk, once you are able. You will start by walking the hospital halls three to five times a day. By day four, you should be walking for five full minutes, up to four times a day. Over the course of the first six weeks after surgery, you will work toward increasing your time walking. Please refer to your walking program schedule to help guide you. Eventually, you will be able to return to your regular fitness routine. By that time, you may appreciate the benefits of walking so much that you may make it an important part of your healthy lifestyle.

YOUR BRACE INSTRUCTIONS

- ❑ Wear your cervical collar at all times, other than bathing or eating, for four weeks.
- ❑ Wear your lumbar corset when walking or standing for four weeks.
- ❑ Wear your corset/cervical collar only as needed for comfort.
- ❑ No brace is necessary for activity.

POST-OP SPINE WALKING SCHEDULE

Date_____ Day of Surgery Up in Chair __ Walk in hall __	Date_____ Post-Op Day #1 Up in Chair ___ ___ ___ Walk x3-5 ___ ___ ___ ___ ___	Date_____ Post-Op Day #2 Up in Chair ___ ___ ___ Walk x3-5 ___ ___ ___ ___ ___	Date_____ 5 min/ x4 __ __ __ __	Date_____ 5 min/ x4 __ __ __ __	Date_____ 5 min/ x4 __ __ __ __	Date_____ 5 min/x4 __ __ __ __
Date_____ 5 min/x4 __ __ __ __	Date_____ 5 min/x5 __ __ __ __ __	Date_____ 5 min/x5 __ __ __ __ __	Date_____ 5 min/x5 __ __ __ __ __	Date_____ 7 min/x4 __ __ __ __	Date_____ 7 min/x4 __ __ __ __	Date_____ 7 min/x4 __ __ __ __
Date_____ 10 min/x3 __ __ __	Date_____ 10 min/x3 __ __ __	Date_____ 10 min/x3 __ __ __	Date_____ 10 min/x3 __ __ __	Date_____ 10 min/x3 __ __ __	Date_____ 10 min/x3 __ __ __	Date_____ 10 min/x3 __ __ __
Date_____ 15 min/x2 ___ ___	Date_____ 15 min/x2 ___ ___	Date_____ 15 min/x2 ___ ___	Date_____ 15 min/x2 ___ ___	Date_____ 15 min/x2 ___ ___	Date_____ 15 min/x2 ___ ___	Date_____ 15 min/x2 ___ ___
Date_____ 15 min/x3 __ __ __	Date_____ 15 min/x3 __ __ __	Date_____ 15 min/x3 __ __ __	Date_____ 15 min/x3 __ __ __	Date_____ 15 min/x3 __ __ __	Date_____ 15 min/x3 __ __ __	Date_____ 15 min/x3 __ __ __
Date_____ 15 min/x3 __ __ __	Date_____ 15 min/x3 __ __ __	Date_____ 15 min/x3 __ __ __	Date_____ 15 min/x3 __ __ __	Date_____ 15 min/x3 __ __ __	Date_____ 15 min/x3 __ __ __	Date_____ 15 min/x3 __ __ __

POSTOPERATIVE ACTIVITY GUIDELINES AND GOALS

Use the following guidelines to advance your activity over the next several weeks. Each individual gets better at a different rate. It is important to stay active as well as spending adequate time icing and resting. Use your medication to allow you to exercise without excessive pain and to help you enjoy restful sleep at night.

Weeks 1 and 2

After one to two days, you should be ready for discharge from the hospital. Most spine surgery patients go directly home. During the first two weeks of recovery, your goals are to:

- Continue progressing with your walking program, increasing the number of walks and duration, as you are able
- Alternate activity with ice and rest
- Continue using your incentive spirometer every hour
- Wear your compression stockings
- Take sponge baths or showers, and dress independently
- Do the exercises twice a day from the home exercise program that was given to you
- Do NOT lift anything over 10 pounds
- Avoid bending and twisting

Weeks 2 to 4

During weeks 2 to 4, you will become more independent. You will need to adhere to your home exercise program to be able to achieve the best outcome. Your goals for this period are to:

- Achieve all goals from weeks 1 and 2
- Continue progressing with your walking program
- If tolerated, begin walking up and down stairs
- Shower and dress independently
- Resume driving – if off all narcotic pain medications and you feel comfortable operating your vehicle safely
- You should be able to get in and out of the driver's seat without difficulty and be able to comfortably turn your head from side to side. You should also be able to easily move your foot from the gas pedal to the brake and apply adequate pressure before you consider driving.
- Perform your home exercises, twice a day
- Return to work – if your job does not involve physical labor
- DO NOT lift anything over 10 pounds
- Avoid bending and twisting

Weeks 4 to 6

During weeks 4 to 6, you will progress to full independence. Your goals for this period are to:

- Achieve all goals from weeks 2 to 4
- Walk up to 45 minutes per day
- Incorporate non-impact aerobic exercise such as stationary biking or an elliptical machine
- Continue to progress walking up and down stairs
- Resume light household activities
- Return to work – if your job does not involve physical labor

- Drive a car
- Continue with your home exercise program, twice a day

Weeks 6 to 12

During weeks 6 to 12, you should be able to begin resuming many of your activities. Your goals for this period are to:

- Achieve all goals from weeks 1 to 6
- Ability to continue walking up to 45 minutes per day
- Return to work, if you have not already done so
- Gradually resume all activities

While Ridgeview's Orthopedic Spine Services offers these milestones to help encourage you to make progress, there is a great deal of variability in "normal" recovery after spine surgery. DO NOT be discouraged if it seems to be taking longer to achieve these goals. Keep working at it and consult with your surgeon if you have concerns.

WALKING	You should begin walking as soon as you are able after surgery. Use the walking program as a guide to progress your activity throughout your recovery.
SITTING	You should sit up in a chair periodically throughout the day, limiting each sitting session to 30 to 60 minutes.
BATHING	You may begin showering on the 3rd day after your surgery. Do not sit in a bathtub or hot tub for 4 to 6 weeks after surgery.
LIFTING	Avoid lifting more than 10 pounds for 4 to 6 weeks after surgery.
BENDING/ TWISTING	Avoid activities that cause you to bend or twist for 4 to 6 weeks after surgery, such as raking.
DRIVING	You must be off all narcotic pain medications and muscle relaxers before you can drive. You should feel comfortable operating your vehicle safely. You should be able to get in and out of the driver's seat without difficulty. You should be able to comfortably turn your head from side to side. You should be able to easily move your foot from the gas pedal to the brake and apply adequate pressure before you consider driving.
OFFICE WORK	Most people can return to office work within 2 to 4 weeks after surgery.
LIGHT HOUSEWORK	After 4 weeks post-surgery, you may begin light housework - if tolerated.
BIKING	After 4 weeks post-surgery, you may begin to incorporate using a stationary bike or an elliptical machine.

FUNCTIONAL ACTIVITIES

Standing up from a chair, using an assistive device (Example: a walker)**:**

- DO NOT pull up on the walker to stand.
- Sit in a chair with armrests, when possible.
- Scoot to the front edge of the chair.
- Push up with both hands on the armrests or seat.
- Balance yourself before reaching for the walker.

Getting into bed:

- Position yourself toward the top of the bed.
- Begin to scoot further back on the bed and shift your weight in a diagonal direction.
- Bend your elbow and begin to lean on it. Lift both legs at the same time onto the bed, as you lie down.
- Roll onto your back, without twisting, keeping your knees together.

Getting out of bed:

- Bend your knees. Scoot your body to the edge of the bed.
- With your knees bent, keep your feet, hips, and shoulders in line as you "log roll" onto your side.
- At the same time, lower your legs down and push with your elbow to sit up.
- Place your feet on the floor and stand up by pushing up from the edge of the bed.

Bathing:

- Bath seats, grab bars, long-handled bath brushes, and hand-held shower heads can make bathing easier, and safer.
- Always use a rubber mat or a non-skid adhesive on the bottom of the tub or shower.

Getting into the car:

- Walk up to the car door, turn, and then back up until you feel the car behind your legs.
- Reach back and place your left hand on the car door or dashboard and place your right hand on the back of the front seat.
- Bend your legs, and gently sit down.
- Scoot your hips back and slowly turn your body as you put your legs inside the car.

Getting out of the car:

- Gently turn your body toward the door while placing both legs outside the car.
- Scoot forward until both feet are on the ground.
- Push up to a standing position by placing your hands on the back of the seat and the car door or dashboard.

How to use a sock aid:

- Sit safely toward the front of your chair.
- Slide the sock onto the sock aid.
- Hold the cord and drop the sock aid in front of your foot. It is easiest to do this if your knee is bent.
- Slip your foot into the sock aid.
- Straighten your knee, point your toes, and pull the sock on. Keep pulling until the sock aid pulls out.
- You may reach lower on the cord, as long as you follow your bending precautions.

8. GLOSSARY

RIDGEVIEW

GLOSSARY

A

Abdomen
The part of the body between the chest and hips, including the area containing the stomach and other digestive organs.

Adaptive equipment
Any tool, device, or machine that is used to help with any daily activity task. (Example: walker, crutches, shower chair, sock aid, etc.)

Advanced directive
A legal document that states a person's wishes about receiving medical care if that person is no longer able to make medical decisions because of a serious illness or injury.

Altered mental status
Refers to general changes in brain function, such as confusion, memory loss, loss of alertness, disorientation, unusual/strange behavior, etc.

Anesthesia
A drug typically used with surgery or specific medical procedures that pertains to a loss of feeling in all or part of the body with or without a loss of consciousness.

Anesthesiologist
A doctor who specializes in perioperative care and administration of anesthesia.

Anesthesiology
Pertaining to anesthesia and anesthetics. See anesthesia.

Anti-inflammatory drug
A drug that reduces inflammation, pain and fever. Also known as a non-steroidal anti-inflammatory drug (NSAID).

Assistive device
See adaptive equipment.

B

Bladder
An organ in the body that resembles a pouch where urine is temporarily collected until released from the body.

Blood clot
A thick and sticky clump of dried blood that stops blood from flowing through a blood vessel.

Blood thinner
A type of medication that helps to prevent blood clots from forming.

Bone growth stimulator
A form of therapy often used to promote healing after spinal fusion surgery.

Bone graft
A surgical procedure that uses transplanted bone to repair and rebuild diseased or damaged bones. Grafts can be taken from the hip, legs or ribs.

Bowel
Refers to the large intestine (gut).

C

Cardiac
Pertaining to the heart.

Cervical
Pertaining to the neck.

Certified nurse anesthetist
An advanced practice registered nurse who provides anesthesia-related care before, during and after various procedures.

Cervical fusion
A surgery that joins selected bones in the neck. See spinal fusion.

Coagulate
To clot; gather together or form into a mass or group.

Compression stockings
Special socks designed to help maintain blood flow and reduce discomfort and swelling.

Constipation
A condition in which there is difficulty in emptying the bowels, due to hardened stool (feces).

D

Daily activities
Also known as activities of daily living (ADLs). Routine activities people do every day without assistance (Examples: eating, bathing, getting dressed, toileting, mobility and continence).

Deep vein thrombosis
A blood clot in the leg. Also known as a DVT.

Dietary Supplement
A product that is taken by mouth (orally) that contain one or more ingredients (such as vitamins) that are intended to supplement one's diet but are not considered food.

Dietitian
An expert on diet and nutrition.

Discectomy
A type of surgery that removes a herniated disc and/or its material that is pressing on a nerve root or the spinal cord.

Dural tear
An accident and potential complication of spine surgery, which occurs when the thin covering over the spinal cord is nicked by a surgical instrument.

DVT
Abbreviation for deep vein thrombosis.

E

F

Fahrenheit
A term used in measurement, as in temperature.

Family and Medical Leave Act
This act allows eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons.

FMLA
Abbreviation for Family and Medical Leave Act.

Foley catheter
A thin, sterile flexible tube used to drain urine from the bladder.

G

Groin
The area that includes the lower abdomen and upper thighs.

H

Health care agent
A person who is chosen in advance to make health care decisions in the event the individual is unable to make decisions for his/herself.

Herniated disc
A rupture of the tissue that separates the vertebral bones of the spine. Also called a bulged, slipped or ruptured disc.

Home Health care
A variety of health care services that can be given in an individual's home environment, after an illness, surgery or disability.

Hospitalist
A physician who specialists in providing and managing the care and treatment of hospitalized patients.

I

Incentive spirometer
A device that helps to expand an individual's lungs by helping breathe more deeply and fully.

Infection
A condition that is typically caused by germs that enter the body, multiply, and cause harm or illness. Germs that typically cause infections are bacteria and viruses.

Inpatient
Refers to someone who has been admitted to the hospital.

Incision
A cut or wound made from a surgical procedure.

Interdisciplinary team
A coordinated group of experts from several different teams who work together towards a common goal.

Intravenous
Within a vein. The giving of something (Example: drugs/medication) into a vein.

IV see Intravenous.

J

K

L

Laminectomy
A type of surgery in which a surgeon removes part or all of the vertebral bone (spine) to help ease pressure on the spinal cord or the nerve roots.

Living will
A written, legal document spells out medical treatments that an individual would and would not want to be used to keep him/her alive, as well as preferences for other medical decisions, such as pain management or organ donation.

Lumbar
Pertaining to the lower back or spine.

Lumbar fusion
A surgery that joins selected bones in the lower back. See spinal fusion.

M

MD
Abbreviation for medical doctor.

Medical doctor
A person who has been educated, trained, and licensed to practice the art and science of medicine. Also known as a 'physician'.

MG (Milligrams)
Abbreviation for milligrams. A unit of measurement, typically used with certain medications.

Muscle relaxant
A drug that affects skeletal muscle function, typically used to lessen or stop muscle spasms and pain.

Muscle spasm
Pertains to sudden, painful contractions and tightening of muscles. Also known as muscle cramps.

Musculoskeletal
Pertaining to the muscles, soft tissues, and bones of the body.

N

Narcotic
A type of prescribed drug that helps relieve moderate to severe pain.

Nerve medication
This type of medication works by suppressing nerve activity, pain and muscle spasms often caused by nerve damage.

Neurologic
Relating to or affecting the nervous system (including the brain, spinal column, nerves).

Non-impact aerobic exercise
Refers to any exercise that does not cause jarring impact on the joints or body. (Examples include walking, swimming and exercise biking)

Non-steroidal anti-inflammatory drug
A type of over-the-counter medication that reduces pain, fever and inflammation (Example: Tylenol, Advil, etc.)

NP
Abbreviation for nurse practitioner.

NSAID
Abbreviation for non-steroidal anti-inflammatory drug.

Nurse practitioner
A nurse who is qualified to treat certain medical conditions without the direct supervision of a physician.

O

Occupational therapist
Healthcare professionals who help patients to regain basic life skills (see Daily activities).

Oral
Referring to the mouth, or taken by mouth (in regards to medications).

Orthopedic team
A team consisting of an orthopedic physician/surgeon, physician assistant, and a nurse practitioner, who specializes in the care of bone diseases and musculoskeletal injuries, and who supervises a patient's overall care.

Orthotic
An external medical device (such as a brace or splint) for supporting, immobilizing, or treating muscles, joints, or skeletal parts of the body. Also known as orthosis.

OTC see Over-the-counter medications.

Outpatient
Any appointment or service or treatment at a clinic or specialty facility that does not require hospitalization. Also called ambulatory care.

Over-the-counter medications
Medications that can be purchased with a prescription. Also called OTC's.

P

Paralysis
Complete or partial loss of function especially when involving the motion or sensation in a part of the body; loss of the ability to move.

PE
Abbreviation for pulmonary embolism.

Perioperative
Pertaining to the time period of a patient's surgical procedure.

Personal hygiene
Pertains to bathing, washing your hands, brushing your teeth, brushing your hair, etc.

Physical therapist
Healthcare professionals who teach patients how to prevent or manage their condition through prescribed exercises.

Physical therapy
A form of treatment for illness or injury by physical methods such as massage, heat or exercise rather than by medication or surgery.

Physician see Medical doctor.

Physician assistant
A mid-level healthcare professional who diagnoses illnesses, develops and manages treatment plans, prescribes medications, and may often serve as a patient's primary health care provider.

Pneumonia
An infection or inflammation to one or both lungs.

Postoperative
The period following a surgical operation. Also known as postop or post-surgery.

Post-surgical
Pertaining to "after surgery" or the care you receive after a surgical procedure.

Preoperative
The period before a surgical operation. Also known as preop or before surgery.

Prescription
A medicine that is only available with a doctor's written authority. Not available over-the-counter.

Prevention
The keeping of something (such as an illness or injury) from happening.

Prosthetic device
An artificial device designed to replace a missing part of the body or to make a part of the body work better.

Pulmonary embolism
A blood clot in the lung. Also known as a PE.

Q

R

Rehabilitative
See Rehabilitation.

Rehabilitation
The process of helping a person restore lost skills to regain maximum self-care.

S

Side effect
Unwanted effect of treatments (or medications).

Skilled rehabilitation facility
An in-patient rehabilitation and medical treatment center staffed with trained medical professionals, who provide medically necessary services to help patients prepare to return home.

Sock aid
An assistive device that allows you to put on socks easier without being affected by pain or physical limitations.

Spine
Also known as the backbone or spinal column. A line of bones down the center of the back that provides support for the body and protects the spinal cord.

Spinal cord
A bundle of nerves that go to and from the brain which is enclosed and protected by the spinal column (spine).

Spinal fusion
A surgical procedure that “weld’s” together two or more vertebrae (back bones) so they heal into a single, solid bone.

Spine surgery
A surgical procedure that aims to change a patient’s anatomy, such as removing a herniated disc that is causing pain, to correct possible structural abnormalities.

Spine services team
An interdisciplinary team of spine experts who work together to provide the best treatment and outcome from spine surgery.

Sponge bath
A cleaning technique in which the bather is cleaned by a wet sponge or washcloth dipped in water, without getting into a tub of water (or a shower).

Steri-strips
Thin adhesive bandages that help close edges of small wounds and encourage the skin to heal. Also known as butterfly stitches.

Supplement
See dietary supplement.

Supportive device
An external device that assists a person in performing a particular task. (Examples: a brace, cane, crutches, walkers, wheelchairs, shower chairs, etc.). Also known as adaptive equipment, or assistive device.

Surgical drain
A circular device connected to a tube that is surgically placed inside an individual to help remove fluid buildup after a surgery.

Symptom
A sensation or change in bodily function experienced by an individual, which is typically not seen. (Example: nausea, pain, headache, tiredness).

T

Thoracic fusion
A surgical procedure in which two or more bones (vertebrae) of the thoracic spine are joined together to eliminate movement between them. See spinal fusion.

Thoracic spine
Refers to the upper and middle part of the back, consisting of 12 vertebrae (bones), called T1 through T12.

U

V

Vertebrae
Pertains to any of the bones or segments of the spinal column (consisting of cervical, thoracic, lumbar, and sacral regions).

Vital Signs
Blood pressure, pulse rate, respiration rate. Can also include level of oxygenation in the blood (oximetry).

W

Wound

Pertains to a type of physical injury where the skin is torn, cut, or punctured (open wound), or where blunt force trauma causes a bruise (closed wound).

X

Y

Z