

Spine Surgery Program

Patient Guide for

- Fusion
- Laminectomy
- Kyphoplasty
- Vertebroplasty
- Microdiscectomy



PROVIDENCE

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Spine Surgery Program

We Look Forward to Caring for You!

*Y*our choice to have spine surgery is a decision that should greatly improve the quality of your life!

At Providence, we have a 30-year history of excellence in spine care. We will help you make every day more enjoyable and productive by reducing your pain and by improving the level of your independence.

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

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

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

Your Providence Spine Surgery Team

Before Surgery

We want you to attend our Spine Clinic at least two to four weeks before your surgery, or sooner if you're able. This is a good time to become familiar with our spine surgery program, meet our team, get answers to any questions you have, and start preparing for your recovery needs. Please call to register for the Spine Clinic at 877-380- BACK (2225).

Pre-Surgical Testing

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

Your Spine Surgery Team

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

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

Appointments for pre-surgical testing are scheduled Monday, Tuesday, Thursday and Friday, 8:30 a.m. – 12:30 p.m. Call us two weeks prior to your surgery to schedule your appointment.

248-849-3089
Pre-surgical Testing

Program Goals

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



Dr. Teck Soo



Dr. Perez-Cruet



Dr. Mendelow

Your Role in Recovery

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

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

Keep in Mind!

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

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

The team will work with you to determine your discharge needs. Most patients do well enough to leave the hospital and go directly home without additional physical therapy. While still in the hospital, therapy will work with you after surgery, teaching you how to move and care for yourself at home.

The surgical office visit is scheduled within 2 – 4 weeks after surgery. Your doctor may put you in an outpatient therapy program, usually after your follow-up visit. Rarely some patients may need a physical therapist to come to their home after surgery. These services will be arranged for you if you need them. Insurance coverage and Medicare guidelines are considered when determining therapy after discharge.

Before Surgery

General Items (2 – 4 Weeks prior to Surgery)

- Make appointments and obtain medical clearance.
- Call 248-849-3089 two weeks before surgery to arrange your presurgical testing visit.
- Call 877-380-BACK (2225) to schedule attendance at the Spine Class.
- You should take a multivitamin at least daily and any other supplements prescribed by your doctor to build up your blood count.
- Complete all routine dental care, including cleaning, prior to your surgery.
- You WILL NEED someone to stay with you at discharge, but if you would like someone to stay with you at home, they should be available as soon as 3 days after your operation. They will not need to lift or carry you. They will be available for encouragement and to help you with light tasks.
- Ask your church or synagogue to arrange visits while you recuperate.
- Prepare a place to rest on the first floor. You will be able to walk up and down stairs, but this makes taking short naps easier.
- Arrange your bedroom and frequently used areas (kitchen, living areas) to provide extra space for moving around with a walker.
- Locate a sturdy comfortable chair with arms for your living area, placing recreational items like magazines, crafts, or the TV remote on a small table within easy reach.
- Prepare meals in advance and freeze them for quick preparation after surgery.
- Have prescriptions filled.
- Have banking done and small amounts of cash for things like purchasing a newspaper or bread.
- Leave your home clean and laundry done. Remove throw rugs and power cords to avoid tripping.
- Complete your pain medication log for the week prior to surgery.



Day of Surgery

Please consult your Physician regarding discontinuing the following medications:

Twenty One Days Prior

- You MUST stop taking Plavix®, Aggrenox, Pletal, and Coumadin at least 21 days prior to surgery.

Ten Days Prior

- You MUST stop taking Aspirin, Vitamin E (except in multivitamins) and nonsteroidal anti-inflammatory medications such as Motrin, Relafen, Naprosyn at least ten days prior to surgery.

One to Two Weeks Before

- Stop Smoking; Smoking makes bones less likely to heal.
- Stop taking all herbal medications two weeks before surgery. You may continue to take Glucosamine and Chondroitin if you are using these supplements.
- Call the Pre-Surgical Testing Department at 248-849-3089 two weeks before surgery to make an appointment. They will compile your medical file and have you sign additional paperwork. They will draw blood (to determine your blood type), and they may have someone perform your pre-surgery physical/exam.
- At this pre-surgery appointment, you may have an EKG and/or x-rays. You will also complete paperwork. If necessary, these things may be done on the day of surgery.

Please refer to “Patient Information for Surgery” booklet for more details about your surgery and pre-admission Instructions. This guide will be mailed to you. If you have not received your booklet, please call 248-849-3089.

Please bring all of your medications with you to your pre-surgical testing appointment.

Day and Evening before Surgery

- The hospital will call you and let you know when you should report to Admitting on the day of your operation.
- Pack loose fitting clothes and shoes. We will help you get dressed as soon as possible after surgery, usually the second day.
- Pack your actual prescription medications in their original bottles. You do need to bring your pain medications.
- Pack your patient education folder, exercises, and brace or collar if your surgeon provided you with one.
- You will not be allowed to eat or drink anything past midnight the evening before surgery.

Morning of Surgery

- Take essential medications (blood pressure and heart) with small sips of water.
- Report to the Admitting Department. Be sure to arrive on time.
- Plan on arriving at least two hours prior to your surgery time.

Day of Surgery

Information for Family and Friends

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

Other Concerns

- Sometimes patients feel nauseated after surgery. If this happens to you, please ask for medication to feel better.
- If you had a general anesthetic during surgery, you may feel some mild throat irritation caused by the breathing tube that was used.

In Your Hospital Room

After leaving the Post-Anesthesia Care Unit, most patients are admitted to 5-East after surgery. The nursing staff will continue to monitor your vital signs and comfort level. You may be groggy for some time after surgery. The 5-East nurses station phone number is 248-849-3130

Your care may include the following:

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



- Oxygen (through a tube in your nose).
- A catheter in your bladder to drain urine. This is removed within 48 hours after surgery
- Support stockings (TED hose) and foot pumps to help prevent blood clots.
- A dressing covering your surgical site which will have steri-strips, staples and sutures.
- A wound drainage tube may be in place post -op and will usually be removed 24 – 48 hours after surgery.

After Surgery

- Depending on surgeon preference, you may need to wear a brace or collar post-operative to promote a safe recovery.
- A spirometer is a small device to promote deep breathing. This will be at your bedside and you should begin using it right away. Let us know if you need help.
- Most patients are fed a clear liquid diet after surgery but you may not have a good appetite for the first few days.
- Your diet will be advanced as you are able to tolerate. A soft diet may be necessary for cervical fusion patients.
- Cervical Fusion patients may experience a temporary sore throat and trouble swallowing due to swelling.
- If your vital signs are stable, your pain is controlled, and you are feeling up to it, the nursing staff may get you up in a chair on the day of surgery.
- After surgery, the nursing staff will check your vital signs (blood pressure, pulse, respirations, and temperature), even during the night.
- A slight fever is normal. It is the body's reaction to surgery.
- Some drainage from your incision is expected for a few days.

Medications

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

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

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

Anticoagulants (blood thinners)
To decrease the risk of getting a blood clot after surgery.

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

Pain Management

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

Pain management is accomplished with special anesthetics, scheduled or additional medication (we call breakthrough pain medications), ice, and movement.

After Surgery

Patients have a right to have their pain controlled.

Commitment to Pain Control

Pain control is essential to your recovery. We will ask you to “rate” your pain frequently, especially before and after medication.

Pain management is complicated post surgically and varies greatly from patient to patient. Certain types of pain may be relieved immediately by the surgery while other “new” types of pain may be encountered after surgery. Your team will strive to meet your needs and manage your pain. We encourage you to keep a log of all pain medications you required prior to surgery and provide this information to your surgeon.

If the medication you are given is not effective, you will be given another type of medication, or we can call your doctor.

We will work with you to relieve your pain.

Lab Work

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



Activity is the Key

After your surgery, you may feel like staying in bed. You should try sitting up, so please ask the nursing staff for help if you need it.

Physical therapy will begin the day after surgery. The nursing staff will help you get out of bed before physical therapy and again later in the day. We want you to be up at least three times each day. Patients who are bed-confined lose strength and motion quickly. They are also susceptible (at risk) for several complications like pneumonia, blood clots, and skin breakdown.

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

Occupational Therapy

What's Involved in Physical Therapy at the Hospital?

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

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

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

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

Precautions for Spinal Fusion

- Avoid movements that twist your spine.
- Avoid excessive bending of your spine
- It is important to keep your spine in proper alignment.

Getting In and Out of Bed

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

- Roll your body to the side as a unit.
- Place your legs off of the edge of the bed as you push yourself up into a sitting position.
- Reverse this process when returning to bed.

Standing and Sitting From A Chair

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

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

Physical Therapy

Expectations for Your Progress

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

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

First Day after Surgery:

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

Two and Three Days after Surgery:

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

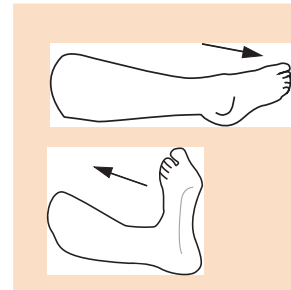
Physical therapy is done according to your need and ability. We need you to help by doing your exercises, and by walking and sitting up in the chair (with help) each day independently.

Exercises

Ankle Pumps

To promote your circulation and maintain ankle movement.

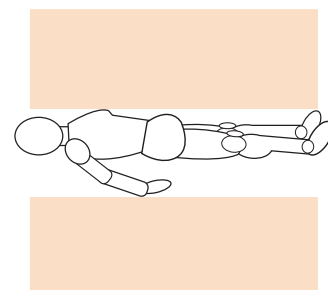
- Point foot down.
- Pull foot up.
- Repeat slowly 10 times, every 2-3 hours.



Gluteal Set

To increase your circulation and strengthen your pelvis.

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

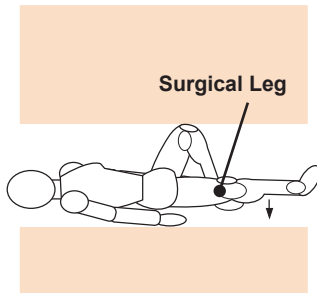


Physical Therapy

Quad Set

To strengthen your quadricep muscle and straighten your knee.

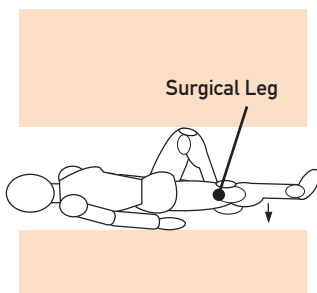
- Lie on back with surgical leg as straight as possible.
- Press surgical knee into bed,



Heel Slides

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

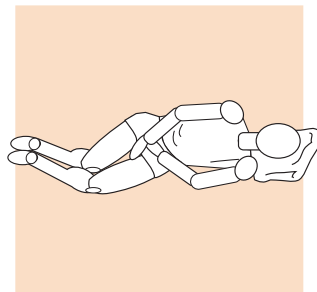
- Lie on back.
- Slowly bend surgical knee up, sliding heel toward bottom.
- Repeat 10 times, 2 – 3 times/day.



Log Roll

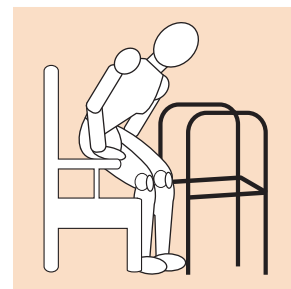
Use this technique to roll in bed and to get out of bed.

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



Standing and Sitting

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



Rehabilitation

What's Involved in Occupational Therapy at the Hospital?

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

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

First Day After Surgery:

- An occupational therapist will talk with you about your recovery and begin therapy.

Two and Three Days after Surgery:

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

Your Equipment and Home Care Needs

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

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

- **Outpatient Therapy** – You may be placed in an outpatient program after you see your surgeon for follow-up (2 – 4 weeks). If you need supervised therapy, you will leave your home three times a week to see a physical therapist in an outpatient physical therapy setting (gym). This will last an hour.

Patients are sometimes placed in a therapy program 4 – 6 weeks after surgery when they will get the most out of these services, and when their incision has healed. Your doctor will determine if you need this.

Recovery at Home

If You Need Additional Rehabilitation

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

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

- Your level of functioning, as determined by the spine surgery team.
- Your facility preference.
- Space availability and admission criteria of the chosen facility.
- Insurance coverage.
- **Hospital Rehabilitation** – You will stay at an “inpatient rehab” center and receive three hours of therapy a day. This is daily for one to two weeks.
- **Nursing Home Rehabilitation** – You will stay at a nursing care facility, receiving one to two hours of therapy a day. This may last two to four weeks, sometimes longer.

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

If you have concerns about returning directly home after surgery, please call the care management department at 248-849-3313 prior to your admission. They can help you with your plans.

Once adequate healing has taken place your doctor may put you in an outpatient therapy gym program. This will be addressed at your follow-up visit. You would go there 3 times a week.

Pain and Swelling Control

Pain Medication:

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

Support Stockings:

Wear the support stockings sent home with you from the hospital. Put them on in the morning and remove them at bedtime. Wash by hand and lay flat to dry. Wear them until your post-op visit.

Recovery at Home

Incision

We will show you how to care for the incision. Please do the following to help your incision heal quickly:

- It usually does not need to be covered.
- Keep it clean and dry.
- You may shower. If the incision gets wet, simply pat it dry.
- No tub baths are allowed. Please ask your doctor when you may take a bath.

Sexual Activity

You may resume sexual activity when you are ready, usually six weeks after surgery. Protecting your incision is necessary until all discomfort has gone and your incision is healed.

Feel free to discuss your concerns with your doctor, physical therapist or nurse practitioner. He/she will be able to tell you when it's okay to resume sexual activity.

Home Medications

- Everyone needs to do something to prevent a blood clot after surgery. Compression hose, exercises and mobility may help prevent blood clots after surgery.

Remain Active

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

Conserve Your Energy

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

What about Driving?

Most patients are able to resume driving six weeks after surgery, sometimes sooner. Please ask your physician before doing so.

Diet

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

When to Contact Your Surgeon

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

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

Swelling

- Hoarseness may occur after cervical fusion surgery.

Safety At Home

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

Remember to Tell Your Other Physicians and Dentists

Always notify your physicians and dentists that you've had spine surgery. You will need to take an antibiotic before any surgical or dental procedures for 2 years after your spine surgery.

Commonly Asked Questions

Are there risks of surgery?

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

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

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

Who will perform the surgery?

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

Will I need a transfusion?

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

What is a coach?

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

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

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

May I have visitors?

Yes. During hospital visiting hours (11:30 a.m. to 8 p.m.) anyone may visit.

Who should come on the day of surgery?

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

How long will I be in the hospital?

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

What will help my pain?

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

Commonly Asked Questions

How will I receive therapy at the hospital?

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

Will I be able to manage stairs after surgery?

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

Will I need help at home?

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

Will I need Home Care?

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

Will I need any other equipment?

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

May I shower?

You may shower within two days after surgery, but no tub baths are allowed when you go home. Check with your doctor when you may resume baths.

When may I resume sexual activity?

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

When will I be able to go back to work?

We recommend that most people take at least two months off work, unless your job is sedentary. In that case, you may return to work with a walker, or cane somewhat earlier. Jobs with greater physical demands may require longer recuperation.

Whatever type of work you do, you will need to be up and taking short walks frequently.

What sports and activities are allowed after surgery?

Consult your doctor.

Will I need antibiotics for dental or special procedures?

Yes, for the first two years. Let your doctor know that you have had a spine surgery and they will order antibiotics for you before the procedure.

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

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

Commonly Asked Questions

Will I activate metal detectors at the airport?

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

Numbers to Know

Providence Hospital:
248-849-3000

Spine Clinic
877-380 BACK (2225)

Spine Surgery:
877-380 BACK (2225)

Admitting Department 248-849-3037

Pastoral Care: 248-849-3209

5 East Spine Unit 248-849-3130

Social Work: 248-849-3313

Pre-Surgical Testing (PST): 248-849-3089

PST Fax: 248-849-5487

Visiting hours:

11:30 a.m. – 8 p.m.

Discharge:

After noon-time on Day 2 or Day 3

Our Recommended Web sites:

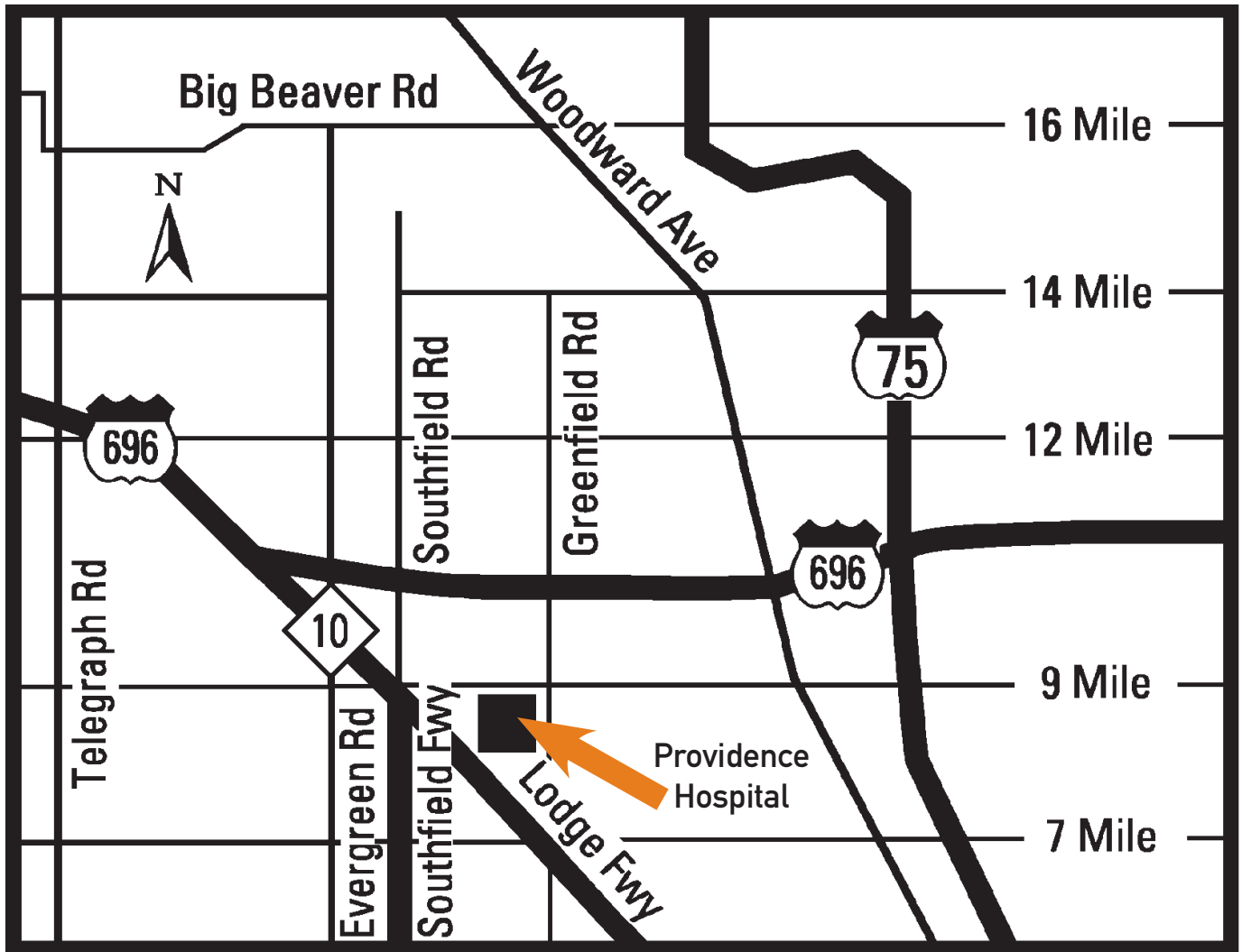
www.stjohn.org/ProvidenceNeuro

www.stjohn.org

www.spineuniverse.com

www.NOF.org

General Information



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

Spine Surgery Team Members

Nurse Practitioner

Registered Nurses

Patient Care Assistants

Physical Therapists

Occupational Therapists

Social Worker

Care
Coordinator

www.stjohn.org
1-888-440-7325