

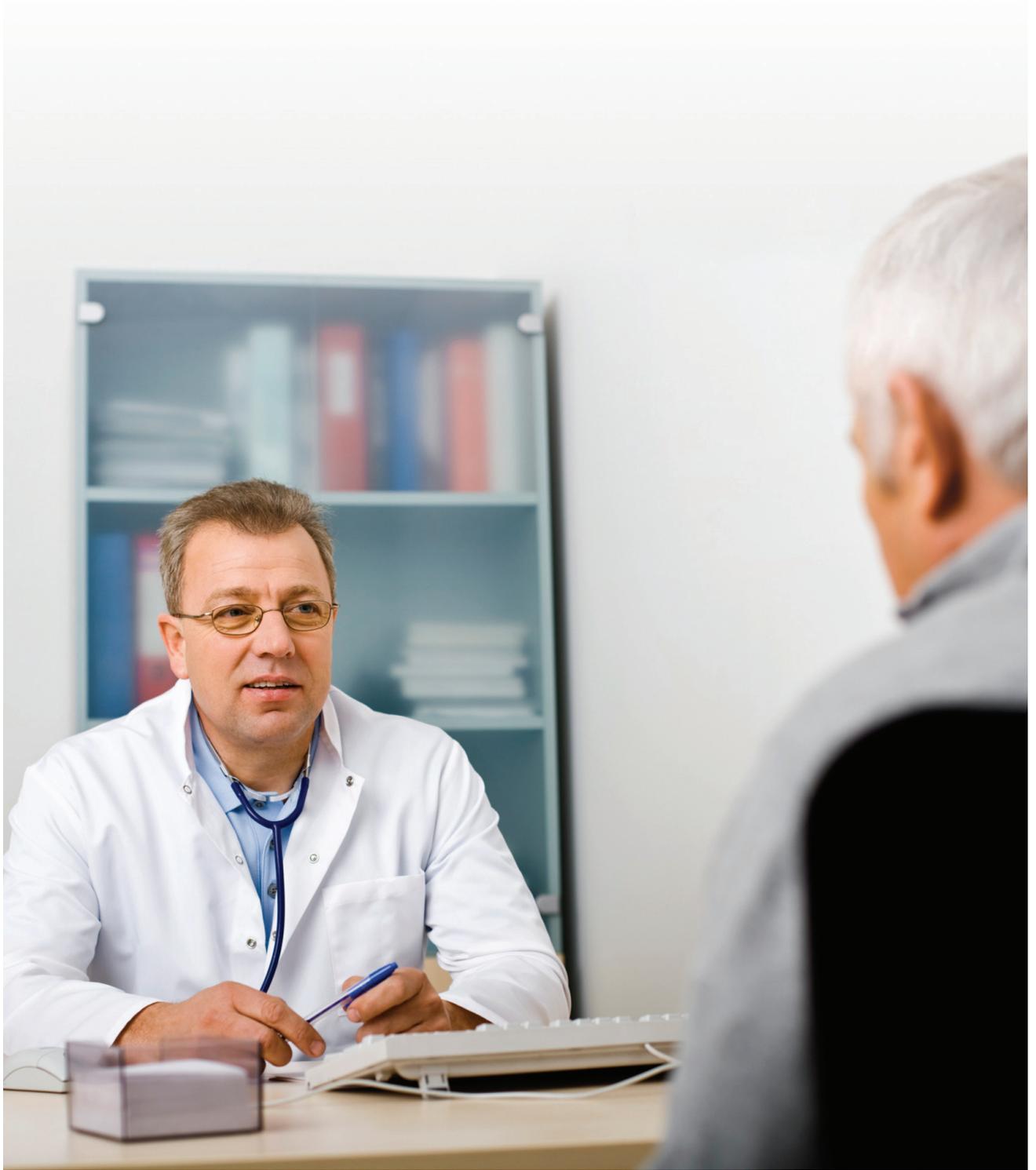
Preparing for Spine Surgery



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Preparing for Surgery



Getting to Know Your Spine

Anatomy

It is important to understand how your spine functions so you can protect it before and after surgery.

A healthy **spine** shelters the spinal cord and supports the body while allowing it to move freely. It does this with the help of the three natural curves, strong and flexible muscles, and soft cushioning discs.

The spine is composed of bones called vertebrae. The vertebrae are separated by a shock absorber called a disc, and flexible joints that slide to allow movement. There are 7 cervical vertebrae, 12 thoracic vertebrae and 5 lumbar vertebrae.

The base of the spine is called the sacrum. The tailbone or coccyx is attached to the bottom of the sacrum.

The smallest vertebrae are in the neck (cervical spine), and the largest are in the lower back (lumbar spine).

The **discs** are located between the vertebrae.

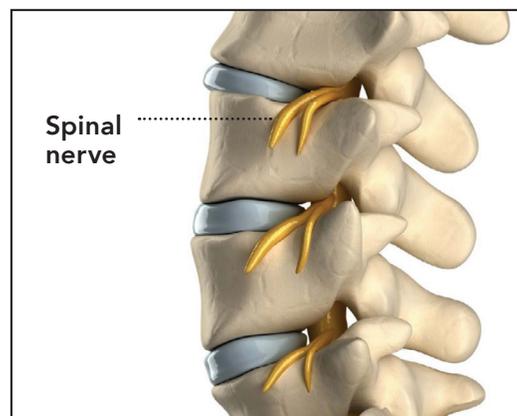
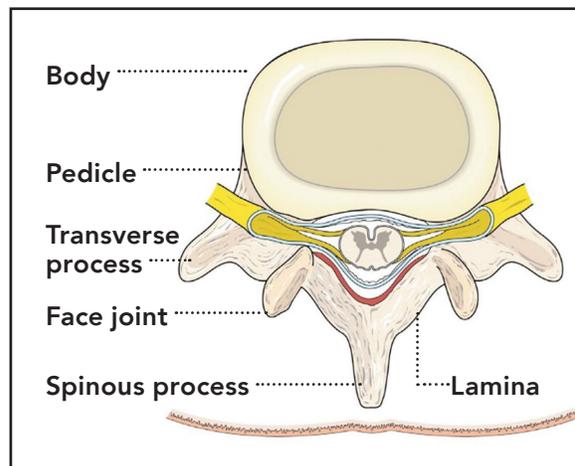
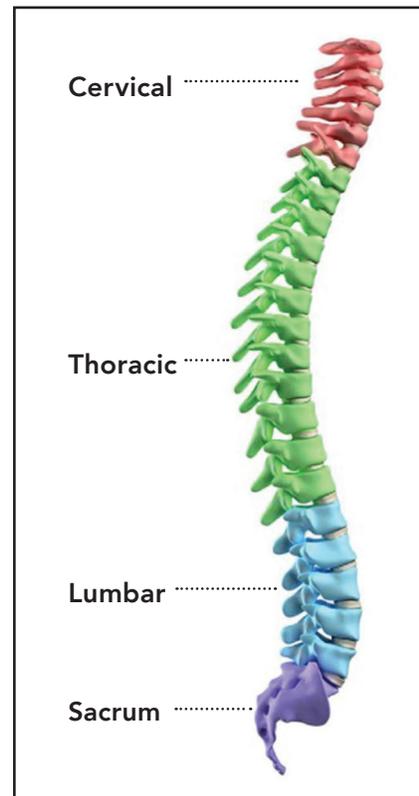
The disc has a jelly-like center (nucleus) and tougher outer ring (annulus) with nerve endings.

The disc acts as a soft cushion to absorb shock and is the major joint through which movement occurs.

The **spinal nerves** are a bundle of fibers coming to and from the spinal cord. The nerves pass through a space between the vertebrae. The nerve fibers carry messages between the spinal cord and all parts of the body.

Pressure (from any source) on a nerve can produce symptoms throughout the body. These symptoms include numbness, pain and/or weakness.

Certain nerves go to specific areas on the arms and legs. These same nerves work with specific muscle groups in the extremities.



Surgical Procedures

Discectomy

A surgical procedure performed to remove the portion of herniated or degenerative disc in the lower spine. Discectomy may also be recommended if you have signs of nerve damage, such as weakness or loss of feeling.

Corpectomy

A surgical procedure involving removal of some or all of the vertebral body to relieve pressure. This is typically done in conjunction with a discectomy.

Spinal Fusion

A surgical procedure performed to permanently join together one or more vertebrae. Fusing bones together can provide stability and prevent painful motion. A bone graft is placed between two or more vertebrae after the disc is removed.

Laminectomy and Laminotomy

A surgical procedure performed by removing some of the bone (lamina) from affected vertebrae. This opening may be enough to relieve pressure on the nerves.



Your Spine Surgery Team

Our goal is to provide you with a “team approach” to guide you through your surgery and recovery. We are working from your personalized plan of care and are dedicated to making your spine surgery as successful as possible. However, you are the most important part of your spine surgery team!

Care Coach: Family or a friend you have identified to be your support person and help you with your pre- and post-hospitalization needs.

Surgeon: The doctor who will perform your surgery and follow your progress related to surgery.

Physician Assistant (PA) or Advanced Registered Nurse Practitioner (ARNP): The provider who assists with your surgery and post-operative care.



Anesthesiologist: Serves as the doctor administering your anesthesia. With general anesthesia you are unconscious and have no awareness of the surgical procedure or other sensations. General anesthesia is produced by medications that are given intravenously (in a vein) and by medications that are inhaled through a mask or a special breathing passageway. They provide pain control and support life functions during and after your surgery.

Registered Nurse (RN) & Certified Nursing Assistant (CNA): Makes up your primary nursing team while in the hospital. A specific nurse and CNA will be assigned to provide your bedside care throughout their shift.

Hospitalist (MD)/Internal Medicine Specialist: This medical doctor may follow your care and manage the current medical conditions that you have during your hospital stay such as blood pressure, diabetes, thyroid problems, etc.

Physical Therapy (PT): Physical therapist will teach you proper and safe mobility techniques for optimal recovery and long term spine health.

Occupational Therapy (OT): Occupational Therapists teach you how to perform daily activities such as bathing or dressing within your precautions following surgery. They will demonstrate how to use adaptive equipment such as reachers, shower benches and raised toilets.

Spiritual Care: We believe that total patient care demands attention to the spiritual, as well as the physical and emotional needs of each patient. Members of the Spiritual Care staff are available to assist you, whatever your religious preference or spiritual need. Your priest, minister or rabbi is always welcome to visit you while you are here as well.

Transition Planners: Transition Planners may be assigned to each patient care area and are trained to help patients and family members as needed to navigate the discharge process.

Before and After Care: A Registered Dietitian and Care Coordinator may be assigned to your team to prepare you for surgery and support you after discharge.

Clinic Registered Nurse and Clinic Medical Assistant: Makes up your team before surgery and then once you are discharged home. They will work with your surgeon to provide care through the clinic.

Planning ahead for your homecoming

- Arrange for your care coach to take you home from the hospital. They should be prepared to pick you up as early as 9:00AM on your day of discharge.
- Arrange for your medications to be picked up at the pharmacy.
- Arrange for your care coach or other family/friends to stay with you for 72 hours after discharge.
- Consider installing any recommended medical equipment which may include grab bars, elevated toilet seats, bath or shower benches or a plastic chair that can fit safely in the shower. This is usually determined during your hospitalization.
- Place items within easy reach you use regularly, such as in the kitchen, bath and bedroom.
- You may want to stock up on items prior to surgery.
- Arrange for assistance with shopping and housekeeping. You will need assistance with daily activities.
- You may need someone to help feed and water pets. Remember pets can cause you to trip and fall.
- If you have difficulty getting out of a bed, chair or couch due to its low height, you may consider placing secure objects made for that purpose under the furniture legs.
- Only showers are allowed during the first month. No soaking or swimming.
- Check your home for possible hazards such as throw rugs or cords and remove them from your walking paths.
- Plan for transportation to and from the hospital, using a car that you can get in and out of easily. While you recover from surgery, your reaction times may be delayed. Check with your surgeon for clearance before driving. Do not drive while under the influence of pain medications.



Preventing Surgical Site infections

What is a surgical site 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 symptoms of a surgical site infection are:

- Redness and pain around the area where you had surgery
- Drainage or opening from the incision site
- Fever greater than 100.4 F (38 C).

Can a surgical site infection be treated?

Surgical site infections can be treated with antibiotics. The antibiotic given to you depends on the bacteria (germs) causing the infection. Some patients with surgical site infections may need another surgery to treat the infection.

Your Role in Preventing Infection for your Surgery

Tell your surgeon about other medical problems you may have, especially diabetes, skin problems or sores.

Tell your doctor if you have ever had MRSA (Methicillin Resistant Staphylococcus Aureus).

Quit smoking. Patients who smoke get more infections. Talk to your physician or surgeon about how you can quit before your surgery.

Remind family, friends and caregivers to wash their hands when visiting you. Ask them not to visit if they are ill.

Follow the important instructions on the following page to help minimize the risk of infection for your surgery.

If you have questions after reading this information, please call your surgeon's office.



Shaving

Do not shave near your surgical site for 48-72 hours before your surgery. Do not shave any part of your body 48 hours before surgery.

Washing

Shower three times before surgery using the special soap (chlorhexidine or DynaHex) you were given. This will help prevent infection of your surgery site.

SHOWER 1: *two days before surgery*

- Shower from your neck to toes with this soap. Focus on the area where your surgery will be. Avoid getting this soap in your eyes.
- Use regular soap or shampoo for your face and hair.
- Rinse well and pat dry with a fresh, clean towel.
- Dress in freshly washed clothes.
- Sleep on fresh clean sheets.

SHOWER 2: *night before surgery*

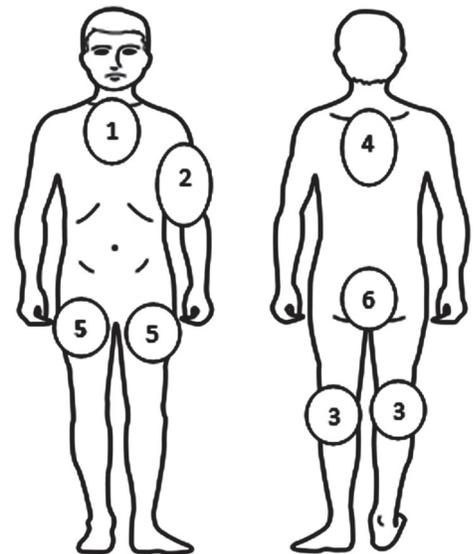
- Repeat above.

SHOWER 3: *the morning of surgery*

- Repeat above.
- **IN ADDITION:**
 - Apply **NO** makeup, perfume, cologne lotions, powders, creams, nail polish, hair products or deodorant after your shower.
 - Dress in warm freshly washed, loose and comfortable clothing. (Keeping warm before surgery can help prevent infection.)

Wash each area of the body in the following order and rinse thoroughly:

1. **Neck, chest and abdomen**
2. **Both arms**, starting with the shoulder and ending at fingertips. Thoroughly wipe your **arm pits**.
2. **Both legs**, starting at the thigh and ending at the toes. Thoroughly wipe **behind your knees**.
4. **Back** starting at the base of your neck to your waistline. You may need help.
5. **Right and left hip** followed by your **groin**. Be sure to wipe folds in the groin area.
6. **Buttocks**.



Medications

Medications Before Surgery

Please refer to your specific instructions from your Pre-Op Appointment for what you are to stop taking and to continue taking prior to surgery.

- **Aspirin and other Non-Steroidal, Anti-Inflammatory Drugs (NSAID):** Stop these medications 7 days prior to surgery. If you are having a fusion, you will be instructed to not take these medications after surgery.
- **Blood Thinners and anti-platelet medications:** Discuss this with the prescribing provider for a safe plan to holding these medications prior to surgery and when to restart after surgery.
- **Vitamins and Herbal Supplements:** Stop these 2 weeks prior to surgery to avoid any potential adverse reactions with anesthesia.

Medications on the Day of Surgery

Refer to your specific instructions on what to take the morning of surgery. Take with a small sip of water only, unless otherwise directed at your Pre-Op Appointment.

The Day Before Surgery

- We will call you the day before your surgery to confirm your time of arrival. Commonly we ask you to arrive approximately two to three hours before surgery.
- Take a shower using the antibacterial soap or wipes provided the night before your surgery and the morning of your surgery. Follow the instructions given on page 7.
- Eat a healthy, balanced meal the evening before your surgery. Avoid alcoholic beverages. You must stop eating at midnight.
- Do not eat or drink after midnight. You may be given specific instruction on types of liquids you CAN consume at your Preoperative visit.
- Ensure that you have your transportation arranged to and from the hospital.

Surgery and your Hospital Stay

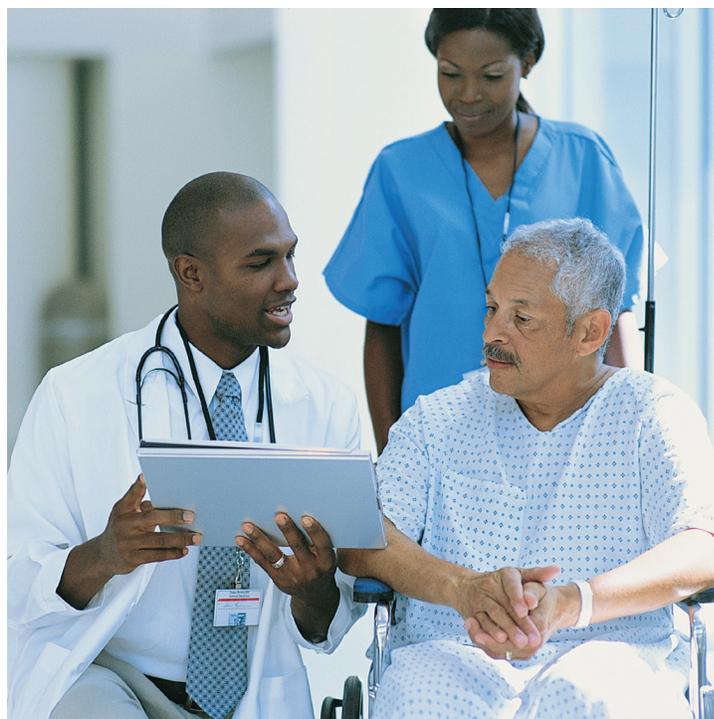


What should I bring with me the day of surgery?

- Medical insurance card(s) (Medicare and/or other)
- Photo Identification
- You may want to bring a credit card or modest amount of cash for personal needs including purchasing medication prior to discharge
- A list of your current medications, dosages, and last time taken. Include prescription, over-the-counter and herbal supplements.
- A copy of your living will or advance directives
- Your cell phone and charger
- A list of important phone numbers, including friends you might want to call while in the hospital
- Cane or walker if you normally use one – please mark with your name
- Brace if ordered – please mark with your name
- Glasses or contact lens with case
- Hearing aids
- If you use CPAP or BIPAP (machines sometimes prescribed to individuals with sleep disorders), bring it with you
- Sturdy shoes with non-skid soles
- Loose comfortable outfits to wear after surgery. Basketball shorts work well. Drainage from your surgical site may end up on your clothes so we don't suggest bringing your most favorite things
- Reading material, including this Booklet
- Do not bring jewelry (including your wedding ring, body piercings), large amounts of money or other personal valuables
- Do NOT use hairspray, hairpins, makeup, body lotion, powder, deodorant or nail polish (the day of your surgery)

Arriving at the Hospital

- Once you arrive at Providence Regional Medical Center Everett at 1700 13th Street in Everett, please park in the patient parking garage on 13th Street and enter the hospital from the North entrance on level P3. See the map in the appendix. Proceed to the admitting desk.
- You will then be directed to the 2nd or 3rd floor Surgical Admission area to be prepared for surgery. If you desire, your visitors are welcome to accompany you to the pre-operative area until you go to the operating room.
- Your surgeon and anesthesiologist will visit you before your procedure.
- We will strive to be timely with the start of your surgery. However, your procedure may be delayed if the surgery before yours takes longer than expected or there is an emergency surgery that must be performed before yours. We appreciate your patience.
- When you are taken to surgery, your family may wait in the lobby. The surgeon may speak with them after surgery.
- Let your family know that you may be in the recovery room on average of one to two hours once the surgery is complete. You will be reunited with your family once you leave the recovery room.



Keeping you safe is our top priority. We will regularly ask you your name and birth date, and compare it to your identification armband. This assures we provide the right treatment, tests and medications during your stay with us.

At Providence Regional Medical Center Everett, we want to perform the right procedure, on the right patient, at the right site every time. We will ask you to be involved in the process by identifying your surgical site, confirming the site of your operation.

Returning to Your Hospital Room After Surgery

After surgery is completed you will be moved to Recovery, where you will be monitored as the anesthesia wears off. After that you may be discharged home or moved to a hospital bed, depending on your surgery and how you are doing.

Oxygen: You will likely be on oxygen when you arrive in your room. Deep breathing and coughing will help keep your lungs clear.

Intravenous (IV) Fluids: Given through an IV catheter placed in your arm to help keep you hydrated and/or to give you medications.

Drain: You may have a tube that drains any remaining bloody fluids into a little container. This prevents fluid from collecting under the skin that could cause an infection. The tube is placed next to your incision. It is generally removed within 24-48 hours after surgery.

Incision: You will review care of your incision with your healthcare providers prior to discharge.

Sequential Compression Devices (SCDs): You will have sleeves that wrap around your foot or calf that are connected to a machine that improves blood circulation. It is important to wear these sleeves while you are in bed until you are getting in and out of bed frequently to walk.



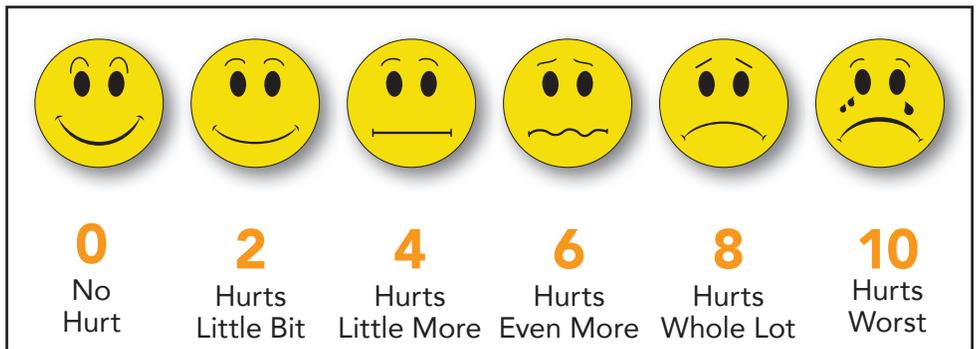
Pain Management in the Hospital

After surgery both bone and tissue are undergoing a healing process that will not be complete for several weeks after the operation. You should anticipate some discomfort.

We are committed to treating and managing your pain after spine surgery. There are different methods in which we give the medications to treat your pain.

As a patient at this hospital, we expect that you will:

- Assist your healthcare professional in assessing your pain. You will be asked to rate your pain on a "0-10" scale. A score of "0" means no pain and a score of "10" means the worst pain.
- Discuss pain relief options with your healthcare professional to develop a pain management plan. Also discuss any concerns about taking pain medications.



Pain Management Medications

- **Oral:** Pain pills last longer than IV medication, so it is our goal to have you routinely orally medicated for this sustained relief. You may also receive muscle relaxants that will increase your comfort level.
- **IV:** These will only be used as needed.
- **PCA Pump:** Some patients have a patient controlled analgesia (PCA) pump following spine surgery, which delivers medication through the IV. The surgeon will direct your nurse to program the device with the specific, safe dosage to deliver each time you push the button. You can administer the dose by pushing a button. Only you should push the PCA button for pain medication.

Pain Management Feedback

People experience pain in different ways. Our goal is to help you manage your pain so you can effectively work with the team to regain independence during your hospital stay.

Important points to remember include:

- Be specific when describing the pain (throbbing, aching, shooting, cramping, etc.).
- You will not be totally pain-free after surgery and during the recovery period. The first week is typically the worst, swelling starts at 3-5 days.
- Pain is very individual. If you have taken chronic pain medications, your pain control may be more difficult to manage.

Nutrition and Spine Surgery

Eat a Healthy Diet

Eat a healthy balanced diet, focused on protein, plenty of fruits and vegetables, and whole grains. If you have a Registered Dietitian on your care team, follow the specific instructions given to prepare for surgery and support your healing.

Preventing Constipation

During your hospitalization and post-operatively, you will be prone to constipation.

- The first step to prevent constipation is to eat a high fiber diet and drink several glasses of water each day.
- Walking is an important part of your recovery and will also help you avoid constipation.
- You may be discharged with medications to help you have and to continue to have bowel movements after surgery. Some examples are Colace, Senna and Miralax. These may also be prescribed at the time of discharge. We advise that you continue to take stool softeners following your discharge until you are weaned off the narcotics (pain medicine).

Progression During your Stay

Goals for Day of surgery: *(Day Zero)*

- **Pain will be adequately managed** so you can effectively work with the team to begin out of bed activities including walking
- Deep breathing and coughing every hour.
- You will get out of bed with assistance from staff (with brace if ordered) observing spinal precautions
 - Get out of bed to go the bathroom
 - Go for a walk.
 - Get up to a bedside chair for your meals
- You will be on your regular/specified diet – cervical surgery patients be aware of any difficulty swallowing and report to your physician and nurse.
- Discuss discharge plans with the healthcare team and your care coach/family. Ensure you have a ride home for day of discharge by 9:00 AM

Goals for Discharge

- Pain adequately managed on oral medication
- Walk frequently (with walker or cane as needed)
- Go up and down stairs with assistance
- Get dressed in your own clothes
- All patient and care coach training completed
- Make sure you have the equipment you need for use at home. Your ride is arranged and your care coach is present by 9:00 AM

Spinal Precautions

There is a tremendous amount of healing that takes place following surgery. When you go home, it is important that you follow precautions to prevent re-injury and speed your recovery. Also, it is important to use good body mechanics as instructed for lifetime, not just during the acute recovery period. Use the following guide for precautions related to specific spine procedures:

Lumbar Fusion Precautions (typically 8-12 weeks)

- Avoid bending at the waist
- Avoid twisting
- Avoid lifting more than 5-10 pounds (a gallon of milk)
- Prolonged sitting may be uncomfortable
- You may be prescribed a brace. If so, wear as directed by your surgeon
- Do not use non-steroidal anti-inflammatory medications (NSAIDs) until directed by your surgeon

Lumbar Laminectomy Precautions

- You may progress your activities as your symptoms allow, unless otherwise directed by your surgeon
- Bending, twisting, and lifting activities may be uncomfortable
- Prolonged sitting may be uncomfortable
- Avoid lifting more than 5-10 pounds

Lumbar Discectomy Precautions (typically 4-6 weeks)

- Avoid bending at the waist
- Avoid twisting
- Avoid lifting more than 5-10 pounds (a gallon of milk)
- Prolonged sitting may be uncomfortable

Cervical Fusion Precautions

- You will likely be prescribed a collar (sometimes called a brace or orthosis). If so, use as directed by your surgeon
- Avoid moving beyond a comfortable range of motion until/unless otherwise directed by your surgeon
- Avoid overhead work
- Avoid lifting more than 5-10 pounds
- Do not use non-steroidal anti-inflammatory medications (NSAIDs) until directed by your surgeon

Wound Care

You will be given specific instructions regarding wound care at discharge from the hospital. Typically, your incision will be kept covered for at least 3 days. You may be asked to continue keeping it covered, changing the dressing daily, especially if you have continued drainage after surgery.

No lotions, creams or ointments should be applied to the incision, unless provided to you by your surgical team.

Exercise and Mobility

Bed Mobility

Rolling in bed (log roll): When rolling to your side, bend your knees, move your shoulders and hips together and avoid twisting your back. It helps to tuck your chin down and brace your abdominal muscles for added stability.

Getting out of bed: From a side-lying position, move your lower legs off the bed as you bring your upper body into a sitting position. Avoid twisting by using the arm closest to the bed for support, eliminating the need to reach across your body.

Getting into bed: From a sitting position on the edge of the bed, lower yourself onto your side, raising your legs onto the bed at the same time. From the side-lying position with knees bent, roll onto your back, if desired.

Exercise

- The most important and primary exercise after surgery is walking.
 - Gradually increase your walking/activity as tolerated. Do not push yourself to the point of pain or exhaustion.
- Your therapist(s) may give you gentle exercises for strength or flexibility.

Daily activities

Bathing

- Refer to your discharge instructions for when you can shower after surgery, or if your incision is allowed to get wet.
 - After that, shower daily. Do not scrub your incision.
 - Dry well, you can either pat dry or use a hair dryer on cool.
- It is recommended to sit in the shower on a shower chair or stool, especially if you are unsteady after surgery.
- No swimming pools, hot tubs, bath tubs or submerging in any water after surgery until cleared by surgeon's office.
- If a brace has been ordered, refer to your discharge instructions if it can be removed for bathing.

Household Tasks

- You should be able to do light cleaning as long as you adhere to your precautions at all times.
- Avoid sweeping, vacuuming, laundry, mopping, raking and mowing the lawn
- Remember your weight limitations
- Avoid overhead work.

Return to Work

Your surgeon may release you to return to work when you can safely perform job duties while maintaining precautions and with possible modifications. Please discuss with your surgeon.

As a general reminder, if an activity increases your pain, modify it.

What to expect at home after surgery



Leaving the Hospital

The length of stay in the hospital will depend on your surgery. After lumbar discectomies or de-compressions, you may go home the same day or the following morning. You and your Spine Team will decide when the best time is for you to leave the hospital.

Pain Management at Home

Surgery is a stressful event for your body, it is normal to tire easily. This should gradually improve after surgery. When it comes to effective pain management, the tips you learned in the hospital also work at home. To get the best pain relief possible, remember these points:

- Use your medication only as directed. If your pain is not relieved or if it gets worse, call your surgeon's office.
- As your pain lessens, take your medications less often. Pain medication needs prior to surgery, and the surgery type itself, can affect what medications you may need after surgery and how long you may need them.
- Remember that medications need time to work. Most oral pain relievers need at least 20 minutes to take effect. Time your medication so that you take it before beginning an activity.
- Constipation is a serious, common consequence of pain medications. Eat several servings of fruits and vegetables. Drink plenty of water to reduce constipation. Continue stool softeners while taking pain medication or muscle relaxants.
- If you have had a fusion, DO NOT TAKE Non-Steroidal Anti-Inflammatory Drugs (NSAIDS) of any type for at least 3 months following your surgery unless approved by your surgeon. Some of these include Motrin, Ibuprofen, Naprosyn, Advil or Aleve (please refer to the list of Medications to Avoid Before Surgery). These medications can delay and could even prevent fusion from occurring.
- Changing positions throughout the day and walking frequently will help minimize pain and muscle spasms. Avoid strenuous activities.
- Your care team will help you with alternative pain management strategies, such as breathing/relaxation, ice, heat and mobility techniques.
 - When using ice, do not use for more than 20-30 minutes at a time.
 - When using heat, place on sore muscles but DO NOT place heat on your incision.

Arm and Leg Pain

Noticing a return of your pre-surgical symptoms, including pain and numbness, may occur 3 to 5 days after surgery. This can be due to movement of your nerves during surgery and swelling. This should improve as your swelling decreases. Swelling happens around days 2 and 3 after surgery.

Muscle spasms are common after surgery because your muscles were moved, stretched, and/or cut to allow access to your spine. Muscle relaxant medications, ice and heat can help. Spasms should improve as you heal from surgery.

Frequently asked Questions

How soon can I drive after having surgery?

Check with your surgeon's office before driving. You cannot be on narcotics or other medications that indicate not to operate heavy machinery, must not have numbness or weakness of any extremity, and must be able to check blind spot.

When do my stitches or staples come out?

Sutures and staples are typically taken out at your first post-op appointment, which is about 2 weeks after surgery.

Where can I smoke?

To promote a healthy lifestyle, Providence Regional Medical Center Everett is a tobacco-free campus and there are no designated smoking areas. Studies have shown that smoking negatively impacts bone health, including delaying or preventing healing or successful fusions. For more information for smoking cessation, please talk with your care team.

How long will I be in surgery?

The time will vary depending on your specific surgery. Ask your surgeon.

Will I be able to take my other medications while I am in the hospital after my surgery?

Yes, your surgeon will prescribe these medicines for you during your hospital stay. They will be dispensed by the hospital's pharmacy, and administered by a nurse. Patients are not permitted to administer their own drugs, including over-the-counter and herbal medications, or keep personal medications at their bedside unless ordered by the surgeon. This is for your protection to ensure your medical team knows exactly what medications you are taking, and how you are responding to them.

How soon will I be able to drink alcohol after my operation?

It is important to avoid alcohol while you are taking any pain medications or muscle relaxants.

Will I set off the metal detectors at the airport with hardware in my spine?

The hardware is titanium and therefore it is not likely to "set off" security alarms in airports or other venues. However, depending on the level of security sensitivity or if you have other hardware in your body (such as total knee replacement), security agents may need to perform a further examination to verify that you have had surgery.

What is recommended to help me sleep?

Sleeping is necessary following surgery. Muscle relaxants and pain medication may help you to sleep, but use caution to avoid dependence on medications. Over the counter or prescribed sleep aids are not recommended. Contact your primary care physician. Try to maintain a normal sleep cycle with staying awake and active during the day, and resting at night.

When can I resume sexual activity?

Patients may find that they can return to sexual activity after back surgery sooner than expected. But, plan to return to these activities slowly. Overall, let comfort be your guide. Find the position of greatest comfort for you, and support your back in that position during sexual activity. Be aware that some medications (narcotics and muscle relaxants) can inhibit performance. Consult your surgeon or their staff for more specific information.

When to call the surgeon

- When medications are not managing symptoms or pain.
- A fever greater than 100.4 F (38 C)
- Drainage from your incision
- Increased redness, swelling or tenderness in your incision
- Opening of the incision
- A significant increase in pain or change in strength, sensation
- Chills, nausea / vomiting
- Suffer any type of trauma (i.e. a fall, an auto accident, etc.)

If having other medical problems not related to the spine, please contact your primary care doctor.

After Surgery Care Reference



WALK!

Walking is one of the best things you can do to promote health and healing.

- Get up and move at least every hour
- Avoid sitting/standing for long periods of time
- Start by walking short distances
- Increase your amount of walking as tolerate

General Restrictions

IF IT HURTS, DON'T DO IT!

- Lifting restriction of 5-10 lbs.
- Minimal twisting and bending at surgical site
- Prolonged sitting may be uncomfortable, especially if you had **Lumbar** spine (low back) surgery
- Avoid moving past a comfortable range of motion until directed to do so by your provider
- If you had **Cervical** spine (neck) surgery, no overhead work



Call 911

- Chest pain
- Difficulty breathing
- Stroke like symptoms:
 - Facial droop
 - Arm/leg weakness or numbness – other than what you were experiencing prior to surgery
 - Slurred speech or difficulty swallowing



Wear your brace, if ordered



- When you are up moving
- When you are in a car
- You may be instructed to wear it all times.

It is ordered to help support your spine and your muscles during recovery, and to remind you to not excessively bend or twist your neck or back.

Use your incentive spirometer

Continue to use the incentive spirometer 10 times every hour while awake for at least 2 weeks

- A good tip is to complete during the commercials while watching TV

Prescription Medications

You may be sent home with prescriptions for pain medication and/or muscle relaxants:

- Our providers prescribe for a LIMITED time after surgery
- Your prescriptions will be tapered down and off
- Please give us **72 BUSINESS HOURS** for refill processing



DON'T Drive



- While taking narcotics or medications that make you drowsy
- If you can't check your blind spots
- If you have leg or arm weakness or numbness

Shower Daily

Keep your incision clean!



- **NO** baths, swimming pools, hot tubs or bodies of water
- **Do NOT** scrub your incision
- **Do NOT** apply lotions, powders, creams or ointments to your incision

Avoid constipation

This is one of the most common side effects of narcotic medications

- Increase fiber
- Increase fluid
- Walk



If you do get constipated, try one of these:

- Metamucil (fiber supplement)
- Docusate (stool softener)
- Senna (laxative)
- Miralax (laxative)
- Milk of Magnesia (laxative)
- Dulcolax, pills or suppository (laxative)

If you are still constipated after trying the above medications, try one of these:

- Fleets enema rectally, up to once a day
- Magnesium Citrate, one time only

Check your incision site daily

- Keep your incision dry for three days, unless otherwise instructed. Once dressing is removed, you can shower normally
- You may notice a small amount of clear or yellowish drainage from your incision
- You do not need to keep your incision covered unless there is drainage or if otherwise instructed

Eat a healthy diet

Eat regular meals and snacks daily.

- Focus on eating lean proteins and lots of fiber (vegetables, fruit, nuts and grains)
- Stay hydrated. Aim for 64 oz fluid daily, water is best



CALL THE CLINIC

- Fever over 101°
- Incision changes:
 - Increased redness
 - Increased swelling
 - Increased drainage
 - Increased pain



STOP smoking!

Nicotine delays your healing!

GET HELP:

- Providence Lung Health Program
425-4040-QUIT
- Washington State Tobacco Quit Line
1-800-QUIT-NOW

Your Anticipated Surgical Procedure _____

Your Surgeon _____

Date and Time of Check-In _____

PLEASE CHECK IN AT

Providence Regional Medical Center Everett (PRMCE)

1700 13th Street, Everett WA

Do not eat or drink any solids or liquids after midnight on: _____

This is for your safety. If you eat or drink, your surgery may have to be delayed.

Anticipated Date of Discharge: _____

Exceptions and special instructions: _____

Attitude is Everything!

“Our lives are not determined by what happens to us,
but by how we react to what happens;
not by what life brings to us, but by the attitude we bring to life.
A positive attitude causes a chain reaction of positive thoughts,
events and outcomes.

It is a catalyst, a spark that creates extraordinary results”

—Author unknown

Colby Campus Map

1700 13th Street, Everett, WA 98201

From the NORTH

- Take I-5 South to Exit 198
- Merge onto State Route 529 South toward Broadway
- Continue onto North Broadway
- Turn right onto 13th Street
- The campus is three blocks ahead
- Hospital and Medical Office Building parking is on the left at 1800 13th Street

From the SOUTH

- Take I-5 North to Exit 192
- Merge onto Broadway
- Turn left onto 13th Street
- The campus is three blocks ahead
- Hospital and Medical Office Building parking is on the left at 1800 13th Street

From the EAST

- Take US Highway 2 West towards Everett
- Take the Hewitt Avenue exit
- Turn right onto Maple Street
- Turn left onto Everett Avenue
- Turn right onto Broadway
- Turn left onto 13th Street
- Hospital and Medical Office Building parking is on the left at 1800 13th Street

From the WEST

- Exit ferry onto Mukilteo Speedway
- Turn left onto 5th Street
- Continue as 5th Street becomes Mukilteo Blvd.
- Continue as Mukilteo Blvd becomes 41st Street
- Turn left onto Colby
- Turn right onto 13th Street
- Hospital and Medical Office Building parking is on the right at 1800 13th Street

Check in at the Registration/Information desk on level one of the D Wing

(level one is above the level of the Emergency Room)

