

Spine Program

Patient Handbook



Pre-Admission Check List

☐ My appointment with my Primary Care Physician is on:

DATE: _____ TIME: _____

☐ I will have my lab work drawn on:

DATE: _____ TIME: _____ PLACE: _____

☐ I will have my EKG performed on:

DATE: _____ TIME: _____ PLACE: _____

☐ I will have my chest x-ray performed on:

DATE: _____ TIME: _____ PLACE: _____

☐ My preoperative appointment with my surgeon is on:

DATE: _____ TIME: _____

☐ My pre-operative spine class is on:

DATE: _____ TIME: _____

(Class registration phone number:
(714) 771-8000 Ext. 22059)

☐ My surgery date is on:

DATE: _____ TIME: _____

☐ I will bring a completed copy of my Advance Healthcare Directive to the hospital on the day of my surgery.

☐ I will bring a short medical/surgical history and a list of my medications (including herbs) to take to the hospital. My list should include all medications with the dose and directions for use.

☐ I will bring a list of allergies to the hospital and clarify the type of reaction I experienced. Allergic reactions may include difficulty breathing, swelling of the tongue or throat.

☐ I will STOP taking aspirin or any anti-inflammatory medications on _____ (date).

☐ I will STOP taking birth control pills or estrogen hormone replacement medications on _____ (date).

☐ I will STOP taking _____
_____ (medication/herb/supplement) on
_____ (date).

☐ I will NOT eat anything after _____ (time)
on _____ (date).

☐ I will stop or cut back on cigarette smoking and consumption of alcohol.

☐ I will NOT bring any valuables to the hospital.

☐ I will NOT bring any of my medications to the hospital, unless specifically instructed to do so by my physician.

☐ I have notified my Primary Care Physician or specialists when I will be admitted to the hospital for surgery.

Acknowledgement of Understanding

St. Joseph Hospital feels it is of utmost importance that you, the patient, be well informed before surgery. Preoperative education has been shown to improve your results after surgery. Therefore, we hold you accountable for reviewing the information in this handbook and ask that you sign the statement below. We are available to answer any questions or you may contact your physician as indicated in the handbook.

I have read this entire handbook, understand its contents and have had my questions answered.

Signature _____ Date _____

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BACK COVER

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About St. Joseph Hospital

Founded in 1929, St. Joseph Hospital is a values-based Catholic health care provider with a tradition of and commitment to excellence, based on the vision of the Sisters of St. Joseph of Orange. The hospital's strong belief in the intrinsic dignity of each person commits it to be a just employer to our caregivers; to provide health care for the whole person, body, mind and spirit; and to collaborate with our medical staff and other health care providers to increase access to quality care. St. Joseph Hospital is home to more than 75 specialty programs, including The Center for Cancer Prevention and Treatment, the Heart and Vascular Center and a nationally acclaimed orthopedics program that has been ranked among the top 50 in the nation.

St. Joseph Hospital is one of the largest and busiest hospitals in Orange County, as well as the hospital of choice in our community. We take pride in providing high-quality, excellent care through the integration of best practices, a focus on leading-edge research, investment in the latest medical technology and responsiveness to community needs.



Our Core Values: What You

St. Joseph Hospital's core values are the guiding principles for everything we do, shaping our interactions with those whom we are privileged to serve.

need and offer comfort

COMPASSION

Jesus taught and healed with compassion for all.
— *Matthew 4:24*

We reach out to those in need and offer comfort as Jesus did. We nurture the spiritual, emotional and physical well-being of one another and those we serve. Through our healing presence, we accompany those who suffer.

DIGNITY

All people have been created in the image of God.
— *Genesis 1:27*

We value, encourage and celebrate the gifts in one another. We respect the inherent dignity and worth of every individual. We recognize each interaction as a sacred encounter.

JUSTICE

Act with justice, love with kindness and walk humbly with your God.
— *Micah 6:8*

We foster a culture that promotes unity and reconciliation. We strive to care wisely for our people, our resources and our earth. We stand in solidarity with the most vulnerable, working to remove the causes of oppression and promoting justice for all.

EXCELLENCE

Whatever you do, work at it with all your heart.
— *Colossians 3:23*

We set the highest standards for ourselves and our ministries. Through transformation and innovation, we strive to improve the health and quality of life





About the St. Joseph Hospital Orthopedic Program

St. Joseph Hospital has been one of Orange County's leaders in orthopedic services for more than 30 years. Our orthopedic surgeons performed the county's first artificial hip, total knee and elbow replacement surgeries. Today, our specially trained joint replacement specialists combine the latest technology with a unique, comprehensive, patient-centered approach to quality care. This is why St. Joseph Hospital's orthopedic program has achieved national recognition and excellent patient outcomes.

We are proud to offer the most advanced treatment options in orthopedic care to help patients live pain free, active lives. We are committed to achieving excellent clinical outcomes and helping individuals with musculoskeletal conditions regain their quality of life. Our state-of-the-art "smart" operating suites were specially designed for orthopedic procedures, and our orthopedic unit is comprised of private rooms for patients to begin their recovery after surgery. Combining a highly skilled medical team with compassionate care in a sophisticated healing environment helps our patients make full recoveries toward better health.

Can Expect From Us

in our communities. We commit to compassionate, safe and reliable practices for the care of all.

INTEGRITY

Let us love not merely with words or speech but with actions in truth.

— 1 John 3:18

We hold ourselves accountable to do the right things for the right reasons. We speak the truth with courage and respect. We pursue authenticity with humility and simplicity.

OUR MISSION

As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

OUR VISION

Health for a better world.

OUR PROMISE

"Know me, care for me, ease my way."



Introduction / Pre-Op Class

Undergoing surgery of any kind can be stressful. That's why we encourage you to become an active participant in your health care – before and after surgery. We believe the best way to prepare for your planned surgery is to get you involved in your care so that you know what to expect during and after your stay at the hospital. This handbook will answer many of your questions and provide you with resources so you can prepare your home, your loved ones and yourself for this experience. Your preparation before surgery is an important part of your speedy recovery.

A Positive Attitude

Despite careful planning, you may experience unforeseen difficulties and details. Keep in mind that these limitations and difficulties are usually temporary. You will move forward toward a new lifestyle with each day of your recovery.

To our patients and family members

St. Joseph Hospital offers free spine classes. These will allow you and your family to learn about spine surgery and what to expect at the hospital before and after surgery. You will also be able to get your questions answered.

Please call (714) 744-8811 to sign up for the class. You can also email Shivi Dixit at shivi.dixit@stjoe.org. Please provide the following information:

- Name
- Surgery Date
- Doctor or Surgeon Name
- Phone Number

If you email your information, a St. Joseph Hospital representative will confirm your registration via email. Seating is limited so please sign up as soon as you receive your surgery packet from your doctor.

The classes are held at St. Joseph Hospital, 1100 W. Stewart Dr., Orange, CA 92868 in the Patient Care Center on the second floor orthopedic unit. If you need a wheelchair you may ask for one at the valet stand.

Thank you for allowing us to take care of you.

The Orthopedics Department
(714) 744-8811

I. Back Basics

A HEALTHY SPINE

A healthy spine supports the body while letting it move freely. It does this with the help of three natural curves. Strong, flexible muscles help too. They support the spine by keeping its curves properly aligned. The disks that cushion the bones of your spine also play a role in back fitness.

Three Natural Curves

The spine is made of bones (vertebrae) and pads of soft tissue (disks). These parts are arranged in three curves: cervical, thoracic and lumbar. When properly aligned, these curves keep your body balanced. They also support your body when you move. By distributing your weight throughout your spine, the curves make back injuries less likely.

Strong, Flexible Muscles

Strong, flexible back muscles help support the three curves of the spine. They do so by holding the vertebrae and disks in proper alignment. Strong and flexible abdominal, hip and leg muscles also reduce strain on the back.

The Lumbar Curve

The lumbar curve is the hardest working part of the spine. It carries more weight and moves the most. Aligning this curve helps prevent damage to vertebrae, disks and other parts of the spine.

Cushioning Disks

Disks are the soft pads of tissue between the vertebrae. The disks absorb shock caused by movement. Each disk has a spongy center (nucleus) and a tougher outer ring (annulus). Movement within the nucleus allows the vertebrae to rock back and forth on the disks. This provides the flexibility needed to bend and move.

COMMON SPINE AND DISK PROBLEMS

The most common back problems occur when disks tear, bulge or rupture. In such cases, an injured disk can no longer cushion the vertebrae and absorb shock. As a result, the rest of your spine may also weaken. This can lead to pain, stiffness and other symptoms. Common problems include:

Torn annulus:

A sudden movement may cause a tiny tear in an annulus. Nearby ligaments may stretch.



Arthritis:

As disks wear out over time, bone spurs form. These growths can irritate nerves and inflame facets.



Contained herniated disk:

As a disk wears out, the nucleus may bulge into the annulus and press on nerves.



Instability:

As a disk stretches, the vertebrae slip back and forth. This can put pressure on the annulus.



Extruded herniated disk:

When a disk ruptures, its nucleus can squeeze out and irritate a nerve.



Spondylolisthesis:

A crack (stress fracture) can develop in a vertebra. This may put pressure on the annulus, stretch the disk and irritate nerves.



KNOW YOUR NECK: THE CERVICAL SPINE

Cervical Spine Problems

Your neck needs to be strong to hold up your head, which may weigh 10 pounds or more. But injury, poor posture, wear and tear, and diseases such as arthritis, can damage the structures of your cervical spine. You may also have a family tendency to develop disk problems. Pain and weakness in your neck and arms may be the end result.

A Healthy Cervical Spine

The upper spine is a flexible column made up of the cervical vertebrae. These seven bones are separated by elastic, shock-absorbing disks. The spinal cord runs through a large central opening (spinal canal) formed by the vertebrae. Nerves branching from the spinal cord travel to your arms and other parts of your body through smaller openings (foramina) in the vertebrae.

Common Spine Problems

One of the most common cervical spine problems is a damaged disk. A disk may be injured by a sudden movement (herniated disk), or it may wear out gradually (degenerative disk). A worn-out disk may become so flat that the vertebrae above and below it touch or slip back and forth. As disks wear out, abnormal bone growths (bone spurs) can form on the vertebrae and in the foramina, causing narrowing (stenosis).

During surgery, your surgeon may remove all or part of the disk (discectomy). To reach the cervical spine, an incision is made in the front (anterior) or the back (posterior) of your neck. With the anterior approach, the neck may be made more stable with a fusion (joining) of the vertebrae. With the posterior approach, bone may be removed to enable your surgeon to reach the disk.

SPINE/NECK SURGERY APPROACH

Through the Front: Anterior Approach

Your surgeon will make a horizontal (neck) or vertical (spine) incision (about 1-3 inches long).

To reach the disk, soft tissue is moved aside. All or part of the disk that is irritating the nerve is then removed. Your surgeon may remove bone spurs if

present. The vertebrae may then be prepared for a fusion.

After removing a disk from the front, your surgeon may fuse the vertebrae above and below it. First, the surgeon enlarges the space between the vertebrae. The surgeon then “plugs” the space with a cylinder or wedge-shaped bone graft. Metal plates may be added. As you heal, the graft may be fused and vertebrae grow together. Your ability to bend may be slightly restricted after your fusion.

Through the Back: Posterior Approach

Your surgeon will make an incision (about 2-4 inches long) in the back. A portion of the bone may be removed to reach the problem area. The surgeon will then remove the damaged portion of the disk. To help relieve pressure on the nerves or spinal cord, the bone spurs may also be removed. The location and amount of bone removed depend on the spinal problem you are experiencing.

Through the Side: Lateral Approach

In this approach, the surgeon accesses the spine with an approach from the side of the patient. This is a minimally invasive approach that allows for correction of spinal deformity and optimizes chance of fusion. This approach to spinal fusion allows access to the area to be treated while potentially minimizing disruption of the surrounding soft tissues and anatomical structures. Not everyone is a candidate for this approach.

You may have a drainage tube connected to your incision site for about a day post-surgery. If you had a cervical procedure, your throat may be sore for a couple of days so you may prefer a liquid or soft diet until the soreness subsides. Due to potential swelling around the incision site, you may experience difficulties swallowing. Pain in the neck or arms is also common and is caused by swelling of the nerve. The pain will slowly go away as the nerve heals. Medication will be given to control pain. Changing your position frequently may also help.

It is normal to have pain after the operation, especially at the incision area. This does not mean that the procedure was unsuccessful or that your recovery will be slow. Numbness or tingling sensations are often the last symptoms to leave. Numbness that lingers in parts of the arm or fingers is usually no cause for worry and should gradually go away.

Artificial Disk Replacement

Artificial disc replacement (ADR) is newer type of spinal disc procedure that utilizes a front (anterior) approach to replace a painful, arthritic, worn-out intervertebral disc of the lumbar spine with a metal and plastic prosthesis (artificial disc).

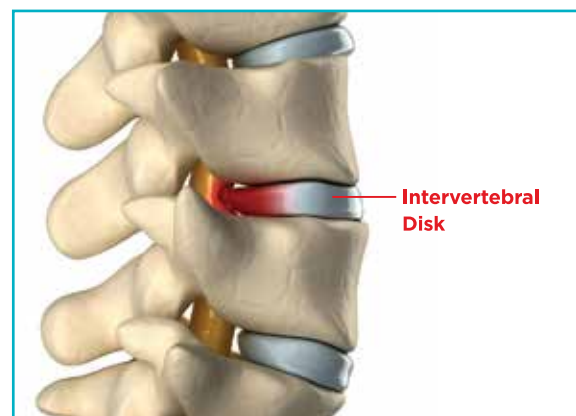
Neck or Back Brace

A brace may be ordered by your surgeon to protect your neck or spine while it's healing. A brace is necessary only at the recommendation of your surgeon. The brace may be fitted either before or right after surgery.

RISKS AND COMPLICATIONS OF SPINE/NECK SURGERY

Spine surgery is major surgery. Problems are rare, but you should know about them so that you are able to make an informed decision about your surgery. These problems are not experienced by everyone and we do not intend to scare you. Your doctor will discuss the problems you may have after surgery at your pre-op appointment.

- Dural tear, resulting in a spinal fluid leak. This may require a lumbar drain or a second operation
- Persistent pain due to failed fusion may require reoperation
- Failure of instrumentation, possibly requiring reoperation and removal
- Wound infection or wound hematoma resulting in reoperation to clean the wound, as well as prolonged intravenous antibiotics and/or removal of hardware
- Nerve root injury resulting in temporary or permanent loss of nerve function causing pain, numbness and weakness
- Paralysis resulting in loss of all lower extremity function, as well as loss of bowel and bladder function
- Persistent pain or even increased pain following surgery
- Degeneration of an adjacent disk level requiring further surgery in the future
- Loss of sexual function including retrograde ejaculation
- Injury to surrounding structures, including large blood vessels, ureters and intestines
- Loss of vision
- Incisional hernia
- Anterior abdominal wall muscle weakness resulting in asymmetrical bulging
- Blood loss requiring a transfusion
- Pneumonia
- Deep venous thrombosis
- Pulmonary embolus
- Stroke
- Swallowing problems
- Persistent hoarseness
- Death



II. Preparing For Surgery

PRE-REGISTRATION FOR SURGERY

Before your surgery, you must pre-register with the hospital. Patients may pre-register in a number of ways. You may do it in-person at the pre-registration desk, in the Outpatient Pavilion or online at sjo.org/preregister. You may also register by calling (949) 381-4688 during regular business hours. Please call (714) 771-8911 if you have not received a pre-registration packet or if you have questions.

Please bring your insurance card and a photo ID with you to the pre-registration desk. We will obtain your insurance information, explain hospital policies to you and help you complete the pre-registration forms.

PREOPERATIVE TESTS

Your doctor will order preoperative tests that must be performed prior to the surgery. Some health plans require that preoperative tests be performed at their contracted facilities. Please check with your physician to determine where your tests should be performed. Many patients have their preoperative tests (lab, X-ray, EKG, etc.) performed at the St. Joseph Hospital Outpatient Pavilion.

The St. Joseph Hospital Outpatient Pavilion is located at 1140 W. La Veta Ave., Orange, CA 92868 and is open from 6:30 a.m. to 12:30 p.m., Monday through Friday. You do not need to make an appointment for blood work.

PREOPERATIVE VISIT WITH YOUR SURGEON

You will have a preoperative visit with your surgeon one week before your scheduled surgery. During this visit, your surgeon will tell you how to prepare for your surgery. Bring a short medical history with you and a list of your medications and allergies.

You will have the chance to ask your surgeon any questions – this is your opportunity to ask your orthopedic surgeon all of your questions. If you are under the care of a cardiologist, please inform your surgeon.

PREPARE A MEDICATION LIST

Prepare a list of all the medications that you are currently taking, including additional supplements such as herbs or vitamins. Include the name of the medication (prescription and non-prescription), the dose of the medication, why you are taking the medication and the direction for use.

ALLERGIES LIST

Prepare a list of all known medication allergies or other things to which you are allergic. Include the name of the medication or food you had an allergic reaction to and indicate the type of reaction you experienced. Allergic reactions may include rash, difficulty breathing, or swelling of the throat or tongue.

PREOPERATIVE INSTRUCTIONS

During your preoperative visit with your surgeon, you will be given specific instructions in preparation for your surgery. It is important to follow these instructions closely. The instructions may include:

- Do not take aspirin or any anti-inflammatory medication for one to two weeks before surgery.
- Stop taking all herbal medications, including green tea, flaxseeds, fish oils, Omega-3, glucosamine, vitamin E and garlic tablets.

- You can drink clear liquids (such as Gatorade, water or apple juice) up to four hours before surgery. Do not eat or drink anything after midnight unless otherwise instructed by your anesthesiologist or orthopedic surgeon.
- Smokers are at higher risk for incomplete or delayed healing. Notify your surgeon if you are a smoker or drink alcohol.

PREOPERATIVE HIBICLENS SHOWER INSTRUCTIONS

Before surgery, you play an important role in your own health. Because skin is not sterile, you need to be sure that your skin is as free of germs as possible. You can reduce the number of germs on your skin by carefully washing the night before and morning of your surgery.

Hibiclens/Scrub Stat

This soap will be provided to you at the preoperative class and can be purchased at any pharmacy, no prescription needed:

- Studies show that Hibiclens (CHGChlorHexidine Gluconate) is effective in the prevention of postoperative surgical site infections (SSI).
- Getting your skin ready for surgery is extremely important! You need to cleanse your skin with CHG three times before surgery for best results.
- Remember that hand washing before and after your surgical procedure is the number one way you can decrease your chance of getting a surgical site infection.

Shower Instructions:

Before starting your series of three showers with CHG, please change your bed linens and make your bed with freshly laundered sheets.

Shower #1 – Two days before surgery

- 1 Do not shave or remove any hair from the neck down two days (48 hours) before surgery.
- 2 Turn shower on. Wash hair and face with CHG then rinse. Keep CHG out of your eyes, ears and mouth. Caution: CHG could rinse hair dye
- 3 Turn shower off.
- 4 Pump enough liquid CHG to lather onto a new mesh bath/shower sponge (DO NOT USE A COTTON WASHCLOTH) and apply to entire body from the neck down. Apply more CHG soap as needed.
- 5 Leave CHG soap on for two minutes.
- 6 Turn shower back on.
- 7 Rinse CHG soap off thoroughly. (Do not use regular soap after washing with CHG).
- 8 Pat skin dry with a freshly laundered towel.
- 9 Do not apply any lotions, deodorants, powder or perfumes to skin after washing with CHG.
- 10 Dress in freshly laundered clothes

Shower #2 – One day before surgery

Repeat steps 1 – 10

Shower # 3 – Morning of surgery

Repeat steps 1 – 10



HOME MEDICATIONS

Medications that you take at home routinely will be resumed after surgery. There may be some exceptions, but your physician will determine what those may be. You will NOT be taking your home medications during your stay in the hospital. The nursing staff will administer hospital medication as ordered by the physician.

FINANCIAL QUESTIONS

If you have questions after you leave the hospital, please call our Patient Financial Services Department at (800) 378-4189. The Patient Financial Services Department is open Monday through Friday 8 a.m. to 4:30 p.m.

PREPARING YOUR HOME ENVIRONMENT

Preparing your home before you leave for the hospital is a very important part of your safety during your recovery. To prepare your home, please:

- Remove things that are in your way.
- Make sure you have a wide, clear pathway without electric cords and small objects.
- Remove any throw rugs at home to prevent slipping and falling.
- Make sure your home is well lit – use brighter light bulbs and nightlights and place your lamps in places that make it easy for you to see.
- Make sure you have plenty of counter space throughout your kitchen, especially if you live alone. You will need to put utensils on the counter. You will not be able to carry kitchen items and walk with a walker. Avoid handling big, bulky or heavy items such as extra large containers of juice or milk.
- Get a stable chair with two arm rests and a firm cushion to sit on. Do not sit in a chair for more than 30 minutes. Do not sit on a soft sofa.
- Get a good-sized night table to put your things on. Keep essential things within easy reach, including your telephone, TV remote control, a book, your medication, a pitcher of water and a glass. Keep the table free of any unnecessary clutter.
- Review the location of your telephone or get a portable or cellular phone to fit into your pocket. Consider call waiting or an answering machine.
- You might want to get a hand-held shower nozzle. This will make showering easier. Be sure you have a non-skid mat available for the tub or shower.
- Consider grab bars in your bathroom for your shower and toilet areas. A raised toilet commode will be issued to you when you are discharged from the hospital.
- If you live in a two-story or multi-level home, you might want to set up a temporary living space for yourself on the bottom floor with a bedroom, bathroom and kitchen.
- Consider your safety when exiting your home quickly on an emergency basis. If the entry into your home has one or two flights of stairs or if you live on a boat, you may want to stay with someone during your recovery.
- Keep items you use often for grooming, hygiene and kitchen activities within easy reach (preferably between the waist and shoulder level). You do not want to bend, reach, or get a footstool or ladder during your recovery.
- Stock up on groceries and commonly used items such as canned food, frozen food, tissue and toilet paper. Look into services that deliver meals. Cook meals ahead of time and freeze them in small portions.
- Watch for small pets by restricting them to certain areas of your home. If you have large dogs, make sure you are seated when they greet you.

- Wear loose fitting clothes with deep pockets to carry items. Avoid long bathrobes that you may trip on. Wear non-skid socks or slip-on shoes with rubber soles and a backing.
- “Window shop” for ideas on helpful items. Walker baskets may be helpful, but do not overload them. They can tip forward. Long handled reachers are necessary if you live alone or will be alone for a period of time. Keep your long-handled reacher close to you at all times during your recovery.

ADAPTIVE EQUIPMENT

You may want to shop for the helpful tools you will need after your surgery as you will not be able to reach forward for a few weeks after your surgery.

Long-handled reachers are useful. You will use them to pick objects up from the floor and to put on your undergarments and pants. Long-handled bath sponges can be used to wash your lower legs and feet. A sock aide will assist you in putting on your socks and a long-handled shoehorn will assist you in putting on your shoes.



A pre-packaged kit containing each of these items is available for your convenience at many medical supply stores or at the St. Joseph Hospital Outpatient Pavilion Pharmacy.

ARRANGING FOR HELP

If you live alone, you will need to arrange for help before you are discharged from the hospital, preferably before your surgery date. Arrange for someone to do your heavy household duties, such as the laundry, emptying the trash and vacuuming. Family, friends and neighbors may be available to you. You may want to consider hiring a caregiver if you live alone.

You will not be able to drive until your surgeon says you are able to do so. This may be for at least six weeks. Arrange to have family, friends or neighbors help you with your transportation needs. Access Services provides curb-to-curb transportation within $\frac{3}{4}$ mile of a bus route or rail line throughout Orange County. Access Services operates seven days a week, 24 hours a day in most areas. You can reach them by calling (877) 628-2232 for an application and information packet.

HANDICAPPED PARKING

If you are applying for a handicapped parking placard, you will need to do this ahead of time. Forms are available at the Department of Motor Vehicles (DMV) and on their website. Ask your surgeon to fill out the form and sign it. You must return your application to the DMV or to the Automobile Club of Southern California (if you are a member) to get your placard.

During the course of your recovery, your activity level will improve significantly, however a handicapped parking space will be a lifesaver and safest in many situations.

ACTIVITIES AND EXERCISES BEFORE YOUR SURGERY

Simple exercises for flexibility and strengthening can speed your recovery after surgery. Therefore, stay as active as possible before your surgery and continue your daily activities. Go for walks or do water aerobics. It is important to keep up your endurance, which strengthens your cardiovascular system and flexibility.

Your sense of involvement and control will not only calm your mind, but will actually speed your recovery after surgery. Your nutritional health plays an important role in determining how well you fare during and after back or neck surgery.



III. What To Expect During Your Hospital Stay

LIST OF ITEMS TO BRING TO THE HOSPITAL

The following is a list of items you may want to bring to the hospital:

- A list of medications you are currently taking. Don't bring the medication unless your physician has instructed you to do so (except eye drops, inhalers and compound medications).
- A list of your allergies. Allergic reactions may include a rash, difficulty breathing, and swelling of the tongue or throat.
- A comfortable pair of slippers or shoes with a rubber, non-skid sole and a backing that you can easily slip on.
- Glasses, hearing aids, dentures and containers with your name on them.
- Hygiene and grooming items (toothbrush, toothpaste, hairbrush, comb).
- If you bring your cane, crutches or walker, label them with your name.
- A copy of your health insurance information.
- Your emergency phone numbers.
- A copy of your Advanced Healthcare Directives.
- A book or magazine.
- Brace (if provided at your preoperative visit).
- MRI or CT scan films or CD (if not already given to your surgeon).
- Sleep apnea machine (if applicable).
- If you have a pacemaker, bring the necessary documentation.

THE DAY OF SURGERY

You will be asked to check in to the hospital two to three hours before your surgery. When you arrive, go to the main lobby information desk. A volunteer will take you and your family or any accompanying person to the preoperative area.

A registered nurse will admit you and prepare you for surgery. At this point, you will change into your hospital gown. Your nurse will take your vital signs (blood pressure, heart rate, temperature and breathing rate) and ask questions about your health history. Your nurse will insert an intravenous line. Additional medications may be administered prior to the surgery. She/he will also be available to answer any questions you may have.

The nurse will confirm your name and type of surgery. You will also be asked to verify the surgical site and sign the consent. You will also speak to the anesthesiologist, operating room nurse and the surgeon while you are in the preoperative area.

You may wish to prepare a list of anesthesia-related questions and concerns for your anesthesiologist. Also be prepared to discuss your medical and surgical history and medical routine. From the preoperative area, you will be taken to the operating room. You will be encouraged to urinate before you are taken to the operating room.

WAITING AREA FOR FAMILY

A surgical waiting room is available for your family members and friends on the first floor. Your family needs to let the volunteer at the desk know that they are waiting to speak to the surgeon after the surgery, or if they are going home and would like to be called by the surgeon over the phone.

OPERATING ROOM

You will be taken into the operating room on a gurney. After you are asleep, a foley catheter may be inserted into your bladder (see equipment list). You will then be positioned for your surgery. A “time-out” will be called by the operating room staff to ensure your correct name, the correct surgery and the correct surgical site. After this is verified, your surgery will begin.

POST ANESTHESIA CARE UNIT (PACU)

After your surgery, you will be taken to the recovery room or the Post Anesthesia Care Unit (PACU). The nurses and anesthesiologist will closely monitor you as you recover from anesthesia and prepare for your transfer to the nursing unit. If you need pain medication while in the PACU, the nurses will have it available for you.

In the PACU, you will have a variety of equipment, monitoring your progress, which is routine for everyone. You may stay in the PACU for several hours.

THE ORTHOPEDIC UNIT

After you arrive on the orthopedic unit, a nurse will take your vital signs frequently. You will be asked to move your feet up and down (flexion and extension). You may be restricted from lying on your back for the first 24 hours.

Your nurse will check your bandages. The nurse will also check the circulation and pulse, and ask about any numbness or tingling in your extremities. Please alert your nurse if you are experiencing any unusual symptoms. You will be oriented to your room and the call light system.

At St. Joseph Hospital your care team consists of:

- Orthopedic Surgeon
- Registered Nurses
- Nursing Assistants
- Charge Nurse
- Physical Therapists
- Occupational Therapists
- Physical Therapy Aides
- Orthopedic Service Line Manager
- Orthopedic Department Manager

To better assist you in recognizing staff, some of the disciplines are color coded. Registered nurses wear royal blue and nursing assistants wear burgundy.

The roles of your care team include:

- **Registered Nurse** - monitors IV, pain, completes physical assessments, gives medications and monitors oxygen levels
- **Nursing Assistants** - takes your vital signs, passes water, assists with ordering meals, bathing, toileting, walking and turning
- **Physical Therapist** - assesses your range of motion and sensation, teaches you how to move after surgery
- **Physical Therapy Aides** - works with physical therapists to assist in your treatment
- **Occupational Therapist** - teaches you how to get dressed, put on your socks and other daily functions
- **Charge Nurse** - oversees the functioning of the unit and is available to you 24 hours a day

EQUIPMENT

You will notice a variety of equipment present with you after your surgery. This is routine for a spine surgery. The equipment includes:

- **IV (intravenous) fluids** - You will have a plastic catheter in your arm for fluids. This IV allows medication such as antibiotics and a patient controlled analgesia (PCA) to be given.
- **Foley Catheter** - You might have a tube in your bladder to drain your urine. This is usually removed on the second day or 48 hours after surgery.
- **JP/Hemovac** - You may have tubing attached to your incision area for the first 24 to 48 hours to drain excess fluid and blood from your surgical area.
- **Nasal Cannula** - A nasal cannula is a short tubing going into your nostrils to give you extra oxygen after your surgery.



- **Compression Stockings (SCM)** - This is a pressure impulse system placed on your calves or feet after surgery. These pads from the machine gently squeeze your calves/feet in an alternating pattern. This keeps your circulation going so blood does not collect in your veins.
- **TED Stockings** - You may have white support stockings (TEDs) to improve circulation, decrease swelling and prevent blood clots in your legs. At home, you must wear these stockings all day and remove them at night time. Notify your physician if you notice increased pain or swelling in either leg. You will be wearing the stockings for six weeks. They can be hand washed and line dried for use the next day.
- **Incentive Spirometer** - An incentive spirometer is a device used to motivate you to breathe deeply. It's a way to expand your lungs, mobilizing your lung secretions and keeping your lungs clear after anesthesia. Use your incentive spirometer every hour while you are awake.

USING AN INCENTIVE SPIROMETER

Soon after your surgery, a nurse or therapist will teach you breathing exercises. These keep your lungs clear, strengthen your breathing muscles and help prevent complications. The exercises include deep breathing using a device called an incentive spirometer. Deep breathing and coughing should be done every hour to remove secretions and prevent pneumonia and high fevers.



Deep breathing expands the lungs, aids circulation and helps prevent pneumonia.

Here are four steps to clear lungs:

- Exhale normally. Relax and breathe out.
- Place your lips tightly around the mouthpiece. Make sure the device is upright and not tilted.
- Inhale as much air as you can. Inhale slowly and deeply. Hold your breath long enough to keep the balls or disk raised for a least three seconds. If you're inhaling too quickly, your device may make a tone. If you hear this tone, inhale more slowly.
- Repeat the exercise regularly. Perform this exercise every hour while you're awake or as your doctor instructs. You will also be taught coughing exercises and be asked to perform them regularly on your own.

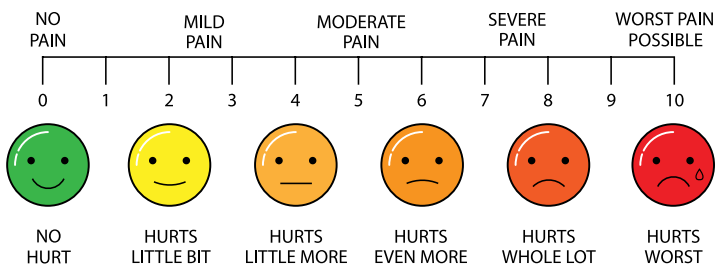
PAIN CONTROL

Pain is an unpleasant sensory or emotional experience caused by tissue damage or potential tissue damage. After surgery, you will experience pain due to the incision and bone removal from the surgery. Pain control is a critical part of your treatment plan. Although it is not possible to eliminate all pain after surgery, your health care team will work together to assure that your pain is under control. It is also important for you to be involved in controlling your pain and work with the team to manage your pain.

Your pain level will be assessed and validated according to what you say it is. Each patient has the right to expect his/her report of pain to be accepted, to have the pain assessed and reassessed, to have interventions provided, and to achieve and maintain an optimal level of pain relief.

The **Numeric Pain Intensity scale** is used to assess a patient's pain level. A numeric rating of pain from 0-10 (with 0 being no pain and 10 being the worst, most severe pain) is the pain rating method most widely used. Other scales are used to accommodate patients with special needs.

PAIN MEASUREMENT SCALE



Patient controlled analgesia (PCA): You may have a PCA pump prescribed by your physician. The device contains a syringe of pain medication and is connected directly to your IV line. The PCA pump allows you to give yourself doses of pain medication by pushing a button. The medication dosage is controlled by a computer in the pump. The computer is programmed to limit the amount of medication you can give yourself to prevent you from getting too much medicine. As a safety precaution, only you (the patient) are allowed to push the button for medication delivery. The PCA pump is usually used for 24 to 48 hours after surgery.

As you progress and prepare for discharge or rehab, your pain medication will be given orally. Many of the pain medications are given on an as needed or as required basis, and are not given on a regular schedule. Keep in mind that you have to ask for pain medications. You should ask for your pain medication the moment you feel your pain is becoming uncomfortable.

Pain management is important to the hospital staff. With the proper treatment plan and interventions, your recovery process will be successful.

DAILY LABS

You may have daily blood work ordered by your physician. This is usually drawn in the early morning hours so results are available early for your surgeon to review.

TRANSFUSIONS

You may have blood transfusions during your hospital stay. Your doctor will determine whether a blood transfusion is needed based on your lab results. You will be asked to sign a consent form before administration of any blood. At that time, you have a right to decline and your wishes will be respected.

DIET

You will begin with a clear liquid diet immediately after surgery and progress to your usual diet as tolerated. Nausea and vomiting are common side effects of pain medications and anesthesia. Nausea or vomiting can often be prevented or controlled with medications (anti-emetics).

Below are some eating tips:

- If you have medications to control nausea, take them before meals as directed.
- Avoid fatty or greasy foods while nauseous.
- Eat small meals slowly throughout the day.
- Eat foods at room temperature or colder to avoid strong smells.
- Eat dry foods such as toast or crackers; light foods such as applesauce; and bland foods such as oatmeal or skinned chicken.

MEDICATIONS

While in the hospital, you may be prescribed the following medications:

- **Antibiotics** may be given before surgery and for a short period after surgery to prevent infection.
- **Pain medication** may be given by PCA, IV, injections or oral medications. You may start with a PCA and transition to oral medication

before you go home. Your doctor will prescribe pain medication for you to take at home. Pain levels vary from patient to patient and you will not be completely pain free immediately after surgery, but every attempt will be made to minimize your pain.

- **Anti-emetics** may be given to control nausea and vomiting sometimes experienced due to anesthesia or pain medications.
- **Laxatives and stool softeners** may be given to prevent and treat constipation caused by pain medication and extensive bed rest.
- **Iron tablets or vitamins** may be given to you in order to provide your body with raw materials to make blood and heal.

If needed, medication to help you sleep while you are in the hospital may be ordered for you by your doctor.

PHYSICAL THERAPY

A physical therapist will see you for two sessions of therapy every day during your hospital stay. You will have one session in the morning and one session in the afternoon. During your first physical therapy session, the therapist may ask you the following questions to understand your individual needs after surgery:

- Do you live alone or with someone?
- Who will be assisting you during your recovery?
- Do you live in a single or two-story house?
- Do you have steps at your front door?
- How active were you before you came to the hospital before your surgery?
- How far could you walk before your surgery?
- Do you have a walker or a cane at home?
- Do you have any pre-existing conditions that will affect your recovery?

Your physical therapist will also test your sensation, strength, range of motion and mobility.

Physical therapy sessions will include exercises, transfer training, and gait (or walking) training on levels and stairs. You will learn how to move safely within your precautions.

Your physical therapist will work within your tolerance to activity. If you are feeling lightheaded, dizzy, or nauseated or have other symptoms during the therapy session, you need to notify your therapist. If you are having pain at rest, work with your nurse ahead of time to get pre-medicated for physical therapy. Many patients are comfortable lying in bed, but start to hurt as they begin to move.

Your physical therapist will work with you toward specific goals:

- How to safely get in and out of bed.
- How to safely walk with a walker or other assistive device.
- How to sit on a commode or toilet seat with a raiser.
- How to go up and down stairs.
- How to get in and out of a car.
- How to safely move within your precautions.
- How your family members/caregivers can safely assist you during your recovery.

With your participation, the physical therapist sets goals that help you safely return to your home environment. Depending on your progress toward these goals, your physical therapist may recommend that you are safe to be discharged home, or may recommend that you spend some time in a rehabilitation facility if you are not safe to be discharged from the hospital.

OCCUPATIONAL THERAPY

An occupational therapist will see you during your hospital stay. The occupational therapist will work with you on your activities of daily living (dressing, grooming, bathing and household chores) with precautions and adaptive equipment, such as reachers and a sock aid.

ACTIVITIES DURING YOUR RECOVERY

These are activities you will learn to do during your recovery:

Sleeping on Back



Place pillow under knees. A pillow with cervical support and a roll around waist are also helpful.

Sleeping on Side



Place pillow between knees. Use cervical support under neck and a roll around waist as needed.

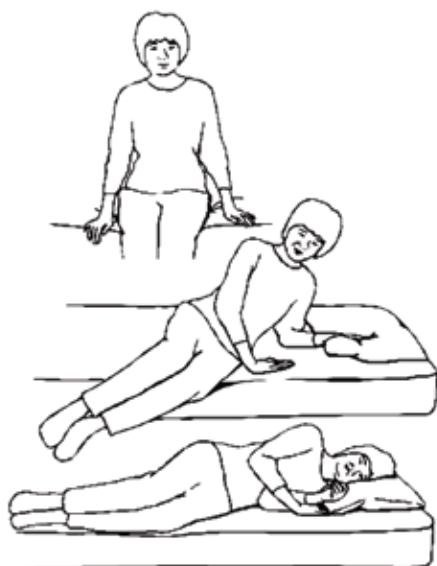


Log Roll

Lying on back, bend left knee and place left arm across chest. Roll all in one movement to the right. Reverse to roll to the left. Always move as one unit.

Getting In / Out of Bed

Lower self to lie down on one side by raising legs and lowering head at the same time. Use arms to assist moving without twisting. Bend both knees to roll onto back if desired. To sit up, start from lying on side, and use same movements in reverse. Keep trunk aligned with legs.





Stand to Sit / Sit to Stand

Bend knees to lower self onto front edge of chair, then scoot back on seat. To stand: Reverse sequence by placing one foot forward, and scoot to front of seat. Use rocking motion to stand up.



Posture - Sitting

Sit upright, head facing forward. Try using a roll to support lower back. Keep shoulders relaxed, and avoid rounded back. Keep hips level with knees. Avoid crossing legs for long periods.



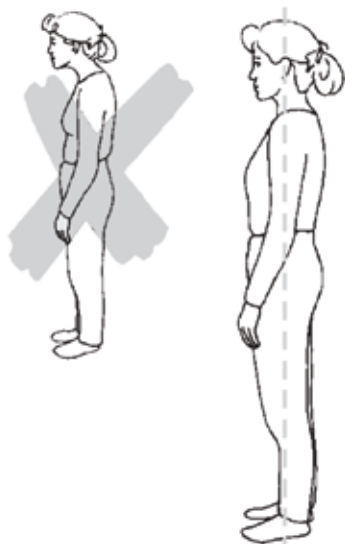
Alternating Positions

Alternate tasks and change positions frequently to reduce fatigue and muscle tension. Take rest breaks.



Reading

When reading, hold material in tilted position and maintain good sitting posture.



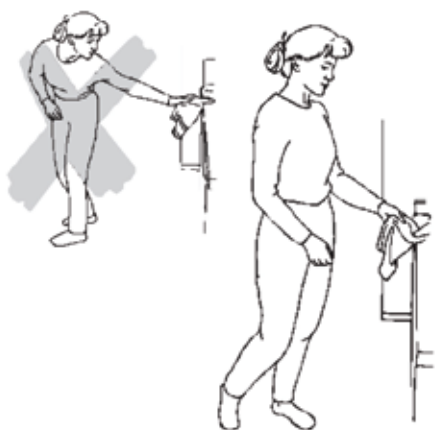
Posture - Standing

Good posture is important. Avoid slouching and forward head thrust. Maintain curve in low back and align ears over shoulders, hips over ankles.



Bending

Bend at hips and knees, not back. Keep feet shoulder-width apart.



Avoid Twisting

Avoid twisting or bending back. Pivot around using foot movements, and bend at knees if needed when reaching for articles.



One Knee

Slide object up one thigh, and hold close at waist level with both hands before standing up.



Low Shelf

Squat down, and bring item close to lift.



Housework - Reaching Up

Keep a step-stool handy for items on upper shelves above shoulder level.



Getting In / Out of Car

Lower self onto seat, scoot back, then bring in one leg at a time. Reverse sequence to get out.



Laundry - Unloading Dryer

Squat down to reach into clothes dryer. Small items can be placed in a large zippered mesh bag, and pulled out using a reacher.



Laundry - Loading Wash

Position laundry basket so that bending and twisting can be avoided.



Laundry Basket

Squat down and hold basket close to stand. Use leg muscles to do the work.



Housework - Sink

Place one foot on ledge of cabinet under sink when standing at sink for prolonged periods.



Reaching Into Drawer

Squat to reach or rearrange your work area, and avoid twisting and bending.



Housework - Dishwasher

Kneel or squat to one side of the dishwasher to load and unload.



Refrigerator

Squat with knees apart to reach lower shelves and drawers



Childcare - Holding

Use pillows to help maintain position

IV. Your Discharge Plan

CASE MANAGEMENT

How case management can help you plan your care following surgery:

During your stay and before discharge, a decision will be made among you, your surgeon, physical therapists, nurses and case managers regarding your immediate needs. A case manager will help you plan for your discharge. This may include coordinating delivery of ordered durable medical equipment (walker and commode) to your hospital room or home, coordinating medically necessary home health nursing and physical therapy, or acute rehab or skilled rehab.

If you are stable and it is safe, you will be discharged home. A list of home care giver agencies can be provided if you think you may need to arrange for assistance with daily activities such as bathing, dressing and meal preparation. Insurance does not pay for that type of home care.

If you are not able to go home, your physician may recommend a rehabilitation facility. The decision to refer to skilled or acute rehabilitation will depend on an assessment of your clinical needs, your progress and how many hours of therapy per day can be tolerated. Your insurance health plan or medical group may need to give an authorization for the type of care requested. Arrangements for transfer to the rehabilitation facility will be made by the hospital prior to your discharge after discussing your preferences with you. The length of stay at the rehabilitation facility will be based on your progression and the assessment of the staff working with you there.

We recommend that you and your family visit several facilities prior to surgery, both skilled and acute level, and choose first and second preferences. Some facilities may be contracted with your health plan or medical group. Information regarding facilities specific to your health plan and medical group can be provided to you by the case management staff.

Discharge from the Hospital to Rehab

Many patients are discharged home by the second or third day following surgery. Patients who are discharged to a skilled nursing and rehabilitation facility usually transfer by the second or third day after surgery. The time of discharge to a skilled facility will be coordinated by your case manager. You may be transported via ambulance if it is medically necessary.

Your case manager can also help explain any requirements by your insurance to prevent unnecessary bills.

Transportation Home

You will need to arrange for transportation if you are going home. It is preferable that a car is not too low to the ground (sports car) or too high (a big sports utility vehicle). The hospital discharge time is 11 a.m. Please arrange for your ride to be here at that time. If the person picking you up is going to be assisting you in the home environment, it is suggested they come early to participate in discharge education.



V. After Surgery

BOWEL REGULARITY

After surgery, medication and immobility can cause constipation. The following are a few things you can do to potentially prevent constipation:

- Eat a light meal the night before your surgery.
- Drink six to eight glasses of water daily (unless fluid is restricted for a medical condition). Try warm liquids, especially in the morning.
- Eat a well-balanced diet with plenty of fiber. Good sources of fiber include dried fruits, such as prunes and raisins, vegetables, legumes, whole-grain bread and cereal (especially bran). Fiber and water help the colon pass stool. Some people may need to avoid milk as dairy products may cause constipation for them.
- Move your bowels when you feel the urge.

If the above noted measures do not relieve your constipation, you will need to use a laxative. In general, it is not a good practice to use laxatives over a long period of time because they adversely affect the natural movements of the colon. One can eventually become dependent on them.

For occasional, short-term relief, Senokot (sennosides/docustate), Miralax or Dulcolax (biscodyl) tablets may be used to relieve constipation while you are taking pain medication. If one or two Dulcolax pills at noon do not produce a bowel movement by the evening or after eight to 10 hours, you may use one Dulcolax suppository. Make sure to follow the directions for use and precautions from the manufacturer. These laxatives are available over-the-counter in most pharmacies.

Warning about Constipation

Call your doctor if:

- You have blood in your stool.
- You have severe pain with bowel movements.
- Your constipation has lasted for more than three days.

BACK BRACE

You may be wearing a brace postoperatively if deemed necessary by your surgeon. This is done initially for two weeks with further recommendations provided at your follow-up visits. A brace is not necessary when going to the bathroom or when sleeping. Otherwise, it is recommended that you keep it on at all times.

NECK (CERVICAL) BRACE

There are two types of neck braces: soft and rigid. A soft cervical collar is made from thick foam and rubber covered in cotton. It is used to support your neck and control pain. Rigid braces are made from molded plastic with a removable padded liner in two pieces — a front and back piece — fastened with Velcro. This brace is used to restrict neck movement during recovery from a fracture or surgery (fusion).

When to wear your cervical brace

You will be instructed on proper application of your brace before leaving the hospital. Wear your brace at all times — even during sleep — unless otherwise instructed by your surgeon. You will wear the brace until your neck has healed or fused, which may be as short as four weeks or as long as two to three months.

INFECTION

Hand washing is the most important step for preventing infection. You and your caregiver need to wash hands prior to changing the dressing over your incision. Eating a healthy diet can also help prevent infection.

If your incision was closed with self-dissolving suture, there are no staples or stitches to remove. You will notice that under the dressing are Steri-Strip tapes on the incision edges. Do not remove the tape that holds the skin edges together. The tape will begin to peel off by itself after a week or two. The remaining strips will be removed at your initial postoperative visit.

We will give you specific dressing change instructions upon discharge. If the wound has

staples, keep the wound dry and covered. Your staples will be removed at the initial post-op visit. For the first week, keep your incision covered with clean bandage. Change the outside bandage or dressing once a day and replace it with a light dressing held in place by minimal tape. Keep your incision clean, dry and covered. Do not put any salves, Vaseline, Neosporin ointment, vitamin E, aloe vera or anything else on the incision during the first two weeks. Keep it covered with a clean light bandage for the first week.

You may have a small amount of clear yellow fluid drain from the incision. This should decrease in amount daily and should be completely dry within one week. If you notice any additional drainage, drainage that looks cloudy (pus) or if the edges of the incision become red, please call your surgeon immediately.

SHOWERING

If you want to shower during the first two weeks, apply Press N' Seal® plastic wrap over the incision and tape it in place before showering to keep the area dry.

Avoid bending in the shower. Make sure the soap, shampoo and other showering items are within reach while standing. Have someone else wash your legs, dry your legs and shave your legs (if you are inclined to do so). Some people are more comfortable with an elevated bar stool to sit on in the shower. Do not take baths yet. You can take a bath after two to three months, depending on your surgery. Do not use hot tubs for six weeks due to the amount of bacteria and risk of infection associated with them.

An alternative to showering is to sponge bathe for the first two weeks.

ACTIVITY LEVEL

Avoid bending, stooping, kneeling, crawling or lifting more than five to eight pounds. Do not exercise until cleared to do so by your surgeon. The fusion must have time to heal without stress. For this reason, walking is the only form of physical activity permitted. Daily walking is strongly encouraged. Gradually increase the length and distance of your walks. We suggest you start walking inside your home, then progress to short walks in your neighborhood or shopping mall. You can go for short trips in the car as a passenger. It is too soon to be driving, though. Lie down to rest when you need to. Try not to spend the entire day lying down.

SIX TO 12 WEEKS AFTER SURGERY

Activity Levels

Now is the time to increase your activity. Walking can be increased up to two miles a day. You can begin to walk at a faster pace, to the point that you become slightly "winded".

In general, bending, stooping, crawling, kneeling and lifting are still avoided, unless otherwise instructed by your surgeon. Limit your lifting to 10-15 pounds. You may travel for long distances if you want (this includes air travel).

Physical Therapy at Home

This is the time when physical therapy may begin. This would include stretching, strengthening and stabilization techniques. Therapy is most often done two to three times a week for six weeks at a facility of your convenience. During that time, spinal flexibility is re-established with stretching exercises. Endurance is increased with a cardiovascular workout. The trunk muscles (abdominal and back) are strengthened to take stress off the spine. Pain decreases as fitness, flexibility and endurance increase. Not all patients need therapy; a decision on this will be made by your surgeon.

Driving

You may begin driving for short trips if cleared by your surgeon.



Work

It is safe for you to return to work on a part-time or full-time basis if cleared by your surgeon. This must be sedentary or light duty work. You must still adhere to the activity guidelines (no lifting, etc.) and wear your brace as directed.

Sex

After six weeks, sexual activity can be resumed. It is advised that you assume the role of being a passive partner on the bottom. This will decrease the stress across the healing spine fusion, and will avoid back pain. If sex is painful, tell your partner that you need to stop. After three months, your fusion should be solid enough to allow you to become more active. After three months, there are generally no restrictions.

SIX MONTHS AFTER SURGERY

Activity Levels and Sports

You can resume your preoperative sports and other physical types of exercise. This includes golf, tennis, basketball and other non-collision type sports. Weight lifting restrictions are dependent on the person (50 pounds is usually the limit). The main limiting factor is the rehabilitation of the back muscles and their ability to perform at demanding levels. Even if the spine is fused, function will be limited if the trunk muscles are not strong.

Work

Most patients can return to full duty by five to seven months post surgery. If your job demands very heavy lifting, it may be six to nine months until you are ready to return. Spine surgery is not viewed as a disabling event. Surgery helps you return to a higher level of functioning. It is very rare that a patient is restricted to performing certain types of work after surgery.

ONE YEAR AFTER SURGERY

Activity Levels

There are usually no restrictions or limitations after one year if your fusion is solid (based on X-rays and clinical evaluation). You are free to bend, lift, stoop, crawl or anything else. If the back is fully rehabilitated, you can play football, lift weights, ski and participate in rodeos. Remember though, just because you are not restricted from an activity doesn't mean you should do it. Use good judgment.

Common Sense

Having invested a year of your life solving your spine problem, you should be cautious about causing new problems. Use good back posture and lifting mechanics. Do your exercises faithfully. Keep your abdominal muscles strong and your weight under control. The more repetitive stress the spine endures, the more likely it will show signs of wear (degenerative arthritis of joints and disks).

THE FUTURE

Plan on obtaining X-rays every few years to follow the status of your fusion and the joints adjacent to the fusion. For some patients, there is a 20 percent chance that another joint in the spine will wear out and require fusion to alleviate pain. For this reason, it is important to use good common sense about your back and to keep a follow up appointment with your surgeon.

WHAT ABOUT ALCOHOL?

Work with your health care team to decide if you can have alcohol. If you drink, do so in moderation. Do not drink alcohol while taking pain medication.

EATING WELL AFTER SURGERY

Be sure to follow all specific postoperative instructions from your surgeon, nurse or dietitian.

Nutrition Needs for Surgery

Surgery can put a lot of stress on your body. Eating a healthy diet can help improve the healing process. Protein and certain vitamins and minerals are helpful in this process. If you are on a regular diet, start the following diet before surgery and continue with this diet for six to eight weeks after surgery. If you are diabetic or on a special diet such as a renal diet, please talk to your doctor about creating a diet plan that is right for you.

Iron Levels and Supplements

When you don't get enough iron, you may feel tired and fatigued. Anemia ("tired" blood) is a health problem that can occur when the body's iron levels are very low.

Everyone has his or her own iron needs, but taking more than the suggested amount is not always healthy. Your health care provider can help you choose the best amount of iron for you.

Here are some tips to help you get the most from an iron supplement:

- Take it with vitamin C for better absorption. Don't take an iron supplement with milk - the calcium in milk limits iron absorption.
- Drink plenty of water, eat high-fiber foods and exercise often to prevent constipation. You can also use an iron supplement with an added stool softener.
- Eat a healthy diet to provide all the nutrients your body needs.

FOOD	IRON (mg.)
Grains	
Brown rice, 1 cup cooked	0.8
Whole wheat bread, 1 slice	0.9
Wheat germ, 2 tablespoons	1.1
English muffin, 1 plain	1.4
Oatmeal, 1 cup cooked	1.6
Total cereal, 1 cup	18
Cream of Wheat, 1 cup cooked	10
Pita, whole wheat, 1 piece/slice, 6½-inch	1.9
Spaghetti, enriched, 1 cup cooked	2
Raisin Bran cereal, 1 cup	6.3
Legumes, Seeds and Soy	
Sunflower seeds, 1 ounce	1.4
Soy milk, 1 cup	1.4
Kidney beans, ½ cup	1.6
Chick peas, ½ cup	1.6
Tofu, firm, ½ cup	1.8
Soy burger, 1 average	1.8-3.9*
Vegetables	
Broccoli, ½ cup, steamed	0.7
Green beans, ½ cup, steamed	0.8
Lima beans, baby, frozen, ½ cup, boiled	1.8
Beets, 1 cup	1.8
Peas, ½ cup frozen, boiled	1.3
Potato, fresh baked, cooked, with skin	4
Vegetables, leafy green, ½ cup	2
Watermelon, 6-inch x ½-inch slice	3
Miscellaneous Foods	
Blackstrap molasses, 1 tablespoon	3
Dates or prunes, ½ cup	2.4
Beef, pork, lamb, 3 oz.	2.3-3
Liver**(beef, chicken), 3 oz.	8-25
Clams, oysters, ¾ cup	3
Turkey, dark meat, ¾ cup	2.6
Pizza, cheese or pepperoni, ½ of 10" pizza	4.5-5.5



Protein

Proteins are the essential building blocks of life – every cell in the body contains protein. These cells make up your skin, hair, bones, muscle, organ tissue, blood and hormones. Your physician may want you to eat extra protein before and after surgery. After surgery, your body needs extra protein to heal.

How much protein should you eat each day?

If you require extra protein, you need to eat at least two-thirds (0.66) per pound of protein per day for each pound of body weight. For example:

Requirement for a 150-pound person who needs extra protein: 150 pounds x 0.66 grams/pound = 99 grams = 3.5 ounces.

This means that someone who weighs about 150 pounds should eat at least 100 grams or 3.5 ounces of protein each day. To calculate your own protein requirements, simply take your body weight in pounds and multiply it by 0.66. This will give you the range of protein (in grams) that you should eat each day. A small three ounce piece of meat has about 21 grams of protein.

1 SERVING	FOOD	PROTEIN (g)
¼ cup	Cottage cheese, low fat	7
1 oz.*	Cheese, all	7
1 oz.	Lean luncheon meat (chicken, turkey or ham)	7
½ cup	(4 oz) Soft tofu	7
6-8 oz.	Low fat yogurt (100 calories, 7 grams protein or more)	7
½ cup	Beans, lentils	7
1	Egg	7
¼ cup	Egg substitute	7
¼ cup	Canned tuna/chicken/salmon (water packed)	7
1 oz.	Chicken, fish, beef or pork (weigh after cooking)	7
8 oz.	Nonfat/lactose-free/lactaid milk	7

Where is protein found?

Protein is found in meat, dairy, beans and nuts. If you are having trouble eating enough servings of protein, try adding nonfat milk, nonfat evaporated skim milk, or nonfat powder milk to soups, hot cereals, casseroles, sauces, mashed potatoes, no-sugar-added puddings and custards. Whey protein powder, like RESOURCE® Beneprotein, may also be helpful.

Vitamin C and Zinc

Vitamin C and zinc are also important for tissue healing, especially after surgery. The Dietary Reference Intake (DRI) for vitamin C is 90 mg/day for adult males and 75 mg/day for adult females. The DRI for zinc is 11 mg/day for adult males and eight mg/day for adult females. Aim to eat foods that contain vitamin C or zinc each day. You may require extra supplementation with vitamin C or zinc tablets. Check with your physician first.

Food Sources for Vitamin C and Zinc

The best food sources of vitamin C are citrus fruits such as berries, melons, tomatoes, potatoes, green peppers and leafy green vegetables. Good food sources of zinc include oysters, fortified ready-to-eat cereals, beef and pork.

Following a Vegetarian Diet

Here are some guidelines for healthy vegetarian meal planning:

- Eat a wide range of foods. This will help you obtain all the nutrients you need.
- Eat a number of plant proteins throughout the day.
- Make sure that your calories come from foods that are rich in protein, vitamins and minerals.
- If you eat dairy foods, choose low-fat or fat-free milk, yogurt or cheese.

Do vegetarians need supplements?

A vegetarian diet can easily supply all the calories, protein, vitamins and minerals that a person needs. However, some people have special needs. These people may include children and teens, pregnant and lactating women, women past midlife, the elderly and vegans. If you are in one of these groups, you may need extra calories, protein, calcium, iron, vitamin B12 or zinc.

DIABETES FOOD PYRAMID

The diabetes food pyramid is a tool to help you eat a wide range of healthy foods. If you eat the lowest number of servings for each type of food, you'll eat about 1,600 calories a day. The highest number of servings will give you about 2,800 calories a day. Your calorie needs are based in part on your height, gender and activity level. Your health care provider can help you determine a calorie level that is right for you.



Fruits (Two to Four Servings a Day)

A serving of fruit has 15 grams of carbohydrates, about 60 calories and no fat. Healthy low-fat choices include whole fresh fruits or canned fruit with no sugar added.

Milk and Yogurt (Two to Three Servings a Day)

A serving of milk or yogurt has 12 grams of carbohydrates and eight grams of protein. Low-fat and fat-free choices have about 100 calories and little fat. Healthy, low-fat choices include low-fat or fat-free milk, and fat-free yogurt with artificial sweetener.

Breads, Grains and Other Starches (Six to 11 Servings a Day)

A serving of bread and other starches has 15 grams of carbohydrates, three grams of protein and about 80 calories. Most servings have no more than one gram of fat. Healthy, low-fat choices include whole-grain breads and cereals, corn, tortillas, oatmeal, bulgur, brown rice, dried beans, lentils, peas, yams, acorn or butternut squash and pumpkin.

Fats, Sweets and Alcohol (Use Sparingly)

The foods in this group are high in calories. The best choices of fat are olive and canola oil and liquid margarine. One serving of fat is one teaspoon. This has 45 calories and five grams of fat. Sweets often have fat and carbohydrates. Eat them in small amounts.

Meat, Meat Substitutes and Other Proteins (Two to Three Servings a Day)

A serving of meat has 21 grams of protein and zero carbohydrates. Lean and very lean choices have

the least fat and the fewest calories. Healthy, low-fat choices are fish, white-meat chicken or turkey, lean red meat, reduced-fat or fat-free cheese.

Vegetables (Three to Five Servings a Day)

A serving has five grams of carbohydrates, about 25 calories and no fat. Healthy low-fat choices include fresh or frozen vegetables without sauce, butter or margarine.

WHEN TO CONTACT YOUR PHYSICIAN

- Increased pain not controlled with pain meds
- Increased swallowing problem
- Persistent hoarseness
- Pain in your leg or calf tenderness and swelling
- Chest pain or shortness of breath
- Redness, swelling or drainage from your incision
- Temperature over 101 degrees
- Changes in color, sensation of movement of the foot, leg or arm

DISCHARGE CHECK LIST

- I know my precautions
- I know my activity level
- Able to transfer from bed to chair or toilet
- I know and can tolerate my diet
- I can urinate and had a bowel movement without problems
- I have my equipment
- I have my home exercise program (if applicable)
- I feel safe with my assistive device
- I have made arrangements for help at home
- I have my prescriptions
- I know my medications and usage
- I have confirmed a ride home at 11 a.m. on day of discharge
- My family member and I have been educated on dressing changes
- I know when I see my doctor for a follow-up visit



VI. ADDITIONAL RESOURCES

SECURITY SERVICES

Your safety and security are our priority. The St. Joseph Hospital Security Services department provides services 24 hours a day, seven days a week. Our officers ensure your security by having a presence on and around our campus.

Services provided include:

- Escort to and from the parking garage.
- Lost and Found: If you should lose an item while hospitalized, contact Security Services at (714) 771-8050.
- Identification: All staff, visitors, physicians, vendors and volunteers must be properly identified. Visitors are issued badges during their visit.

PARKING

Parking is located in the hospital's parking structure and can be accessed from West Stewart Drive. Because parking is limited, we encourage you to have a relative or friend drive you to the hospital. If you must leave your car overnight, please tell the admitting counselor when you arrive so our security officers can be advised. For your convenience, there is a circular driveway at the front of the hospital where patients can be dropped off.

VALET PARKING

St. Joseph Hospital provides Valet Parking Services for patients and visitors. The optional valet program is located at St. Joseph Hospital's front circle drive. There is a charge for this service. The hospital also provides a free courtesy shuttle for those who do not wish to participate in the valet program. The courtesy shuttle is most beneficial for those who experience difficulty walking from the parking structure to the hospital, or to and from outpatient buildings on campus. Contact Security Services at (714) 771-8050 for details.

SPECIAL SERVICES

ATMs

An ATM is located in the St. Joseph Hospital Cafeteria in the basement.

Family/Guest Meal Service/Cafeteria

Meals for your family and guests are available in the Cafeteria (located in the basement of the hospital). There is also a Subway Café open 24 hours on the first floor of the Outpatient Pavilion, located on La Veta Avenue. Guests may also order food from the Room Service "Dining on Request" menu for a fee of \$5 for breakfast, \$7 for lunch and \$9 for dinner. Cash will be collected at the time of service. In addition, a Starbucks kiosk is located in the main lobby of the hospital.

Gift Shop

The St. Joseph Hospital Wishing Well Gift Shop, located in the main lobby, is stocked with stationery, toiletries, snacks, magazines, newspapers and other gift items. It is open Monday through Friday, 9 a.m. to 7:30 p.m., Saturdays from 10 a.m. to 4 p.m. and Sundays from noon to 4 p.m. A smaller gift shop is located in the lobby of the St. Joseph Hospital Outpatient Pavilion.

Muth Healing Garden

The Muth Healing Garden, located on the second floor of the Patient Care Center, is a quiet place for respite and is available to all visitors. Enjoy the outdoor air, trees, flowers and gentle waterfall. The Muth Healing Garden is open from 7 a.m. to 10 p.m. There is no smoking, eating or cell phone usage permitted in the garden.

Reflection and Prayer Areas

Both the chapel and reflection room are open 24 hours a day, seven days a week. These peaceful settings provide a haven for those of all faiths. The hospital chapel is located on the first floor of the main hospital, adjacent to elevators 4 and 5. The reflection room is located just off the first floor lobby, adjacent to the surgical waiting area. All are welcome for prayer, meditation or quiet time.

Newspapers

Newspapers are available in the Wishing Well Gift Shop, located in the hospital's main lobby. You may also have a newspaper brought to your room by calling the service representative at (714) 771-1000.

LOCAL ACCOMMODATIONS

Many of our patients travel long distances to receive treatment. Below is a list of accommodations in close proximity to St. Joseph Hospital. Please contact the facilities directly to ask about their current rates and availability.

Anaheim-Sheraton Hotel

1015 W. Ball Rd., Anaheim
OR

900 S. Disneyland Dr., Anaheim
(714) 778-1700

Best Value Inn Suites

328 N. Stanton Ave., Anaheim
(714) 229-0101

Best Western Orange Plaza

1302 W. Chapman Ave., Orange
800-575-3305

Best Western Anaheim Inn

1630 S. Harbor Blvd., Anaheim
(714) 774-1050

Candlewood Suites

12901 Garden Grove Blvd., Garden Grove
(714) 539-4200

Comfort Inn & Suites

300 E. Katella Ave., Anaheim
(714) 772-8713

Comfort Suites-Orange

County Airport
2620 Hotel Terrace Dr., Santa Ana
(714) 996-5200

Days Inn

279 S. Main St., Orange
(714) 771-6704

Disneyland Hotel

1150 W. Magic Way, Anaheim
(714) 778-6600

Doubletree Hotel

100 South City Dr., Orange
(714) 634-4500

Guest Inn

2151 1st St., Santa Ana
(714) 588-2772

Hilton Suites-Anaheim

400 N. State College Blvd., Orange
(714) 938-1111

Howard Johnson Express

1930 E. Katella Ave., Orange
(714) 639-1121

Orange Tustin Inn

639 S. Tustin Ave., Orange
(714) 771-7460

Ramada Inn

101 N. State College Blvd., Orange
(800) 544-6991

Red Roof Inn

2600 N. Tustin Ave., Orange
(714) 542-0311

Sky Palm International Lodge

210 N. Tustin Ave., Orange
(714) 639-6602

Villa Park Motel

2085 N. Tustin Ave., Orange
(714) 637-2830



ST. JOSEPH HOSPITAL

1100 W. Stewart Dr., Orange, CA 92868



HELPFUL TELEPHONE NUMBERS

St. Joseph Hospital Operator	(714) 633-9111
Orthopedic Liaison	(714) 744-8811
Preoperative Registration	(949) 242-6903
Orthopedic Unit	(714) 368-8302
Rehabilitation Services	(714) 771-8204
Hospital Discharge Planner	(714) 368-8345
Advance Healthcare Directive	(714) 771-8137
Insurance/Finance	(949) 242-6903
Medical Records	(714) 771-8000 ext. 17160
Preoperative Class Registration	(714) 771-8000 ext. 22059