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Atrium Health | Carolina NeuroSurgery & Spine Associates

Spinal Surgery Education

How to Heal and Get Better Faster

Goals

At the end of this class, you will know:

- How to get ready for surgery
- The team taking care of you
- The plan for the day of surgery and during the hospital stay
- How to get better after surgery
- The plan for when you leave the hospital

BEFORE SURGERY

GETTING READY FOR SURGERY

Getting Ready for Surgery

1. Start making plans for when you come back home. Think about things like:
    - Who will provide a ride home after surgery?
    - Who will help you for at least 1 to 2 weeks at home after surgery? (Do you live alone?) (Who can help with laundry, cleaning, lifting, etc.)
    - Who will help with meals? (Make meals and freeze ahead of time)
    - How will you get to your follow up surgical or doctor visits? (May be unable to drive for up to 6 weeks or more)
2. Take medicines as told by the surgeon
    - The care team will give you instructions on your medicines. The care team will tell you which medicine to start or stop taking before surgery
    - You should bring a list of medicines that you are taking to each visit

Getting Ready for Surgery

Preparing for surgery – you should:

- Participate in physical therapy if ordered by the surgeon
- Increase activity when able
- Reduce sitting time
- Eat healthy food like vegetables, fruit, and protein
- Stay well hydrated
- Quit Smoking
- Maintain a healthy weight/BMI

Getting Ready for Surgery

Plan for safety!

- Falls can happen after surgery
- Prevent a fall at home after surgery by making sure the home is safe. Things you can do are:
  - Get up slowly after sitting or lying down
  - Move items that you use often off high shelves
  - Keep the floors free of clutter
  - Use a night light
  - Think about support and safety items for when you are getting in and out of the tub or up from the toilet. Use grab bars, toilet bars, or shower chair. You can buy or rent these ahead of time or as needed).
  - These are available at your local pharmacy, home improvement store, or medical equipment store. Think about if you have a step-in shower vs step over tub. You may need a grab bar to assist with safe entry.

Getting Ready for Surgery

- A primary care appointment may be scheduled within 30 days of surgery. This could be with your main doctor, also called “primary care provider (PCP)”, or another medical specialist. The surgery team will let you know what is needed.

- It is important to keep all scheduled appointments

- During this visit, the care team may:
  - Talk with you about your health record
  - Talk with you about medicines
  - Draw lab work

Getting Ready for Surgery

- Use the special soap as told by the surgeon
- The night before surgery you should shower with the special soap and put on clean pajamas/clothes. Sleep with fresh clean sheets.
- Soap can be bought over the counter at drug stores (located in the first aid aisle)

Getting Ready for Surgery

- The hospital will call you by 6PM 1 business day before the surgery
- They will tell you what time to come to the hospital the morning of surgery. This may be 2 or more hours before the surgery is scheduled
- Plan to come at least 15 minutes before this time
- Drink plenty of fluids the day before like water
- Do not eat or drink anything after midnight unless told differently
- Do not wear nail polish on the nails

Getting Ready for Surgery

What should you bring to the hospital:

- Your current medicine list
- Your photo ID and insurance cards
- Personal care items like a toothbrush, toothpaste, razor, dentures
- Shoes with non-skid bottoms
- Continuous Positive Airway Pressure (CPAP) or Bilevel Positive Airway Pressure (BIPAP) machine if you use this at home
- Glasses, contact lenses, hearing aids and extra batteries
- Change of clothes to wear when you leave
- 2 packs of sugar free gum (this helps your bowel return to normal after surgery. It can also help with dry mouth)

Things to leave at home:

- All jewelry such as rings, earrings, nose rings, or necklace
- Large amounts of cash over $20

Getting Ready for Surgery

- **Think about the plan after surgery!**
- Please speak with the surgical team about what to expect after surgery. You may go home the same day or stay overnight at the hospital
- After leaving the hospital, you may go home with support from a home health company, or you may need to go to an acute rehab center or skilled nursing facility
- **Make a plan for this ahead of time!**

Some patients may need ongoing physical or occupational therapy after leaving the hospital. This depends on the type of surgery and how well you are at discharge. This therapy may be at home, in a skilled nursing facility, or an acute rehabilitation center. **It is helpful to contact the insurance company before surgery to get information about your benefit plan and coverage.** It is also helpful to know about any deductibles or co-insurances, as well as in network options.

DURING SURGERY/ THE HOSPITAL STAY

THE CARE TEAM

The Surgical Team

- Surgeon
  - A doctor who is an expert in spine surgery
  - They are the head of the surgery team
- Advanced Practice Provider (APP)
  - This could be a Physician Assistant (PA) or a Nurse Practitioner (NP)
  - A licensed expert who helps the surgeon
  - They are trained in medicine just like the surgeon
- Residents or Fellows
  - A doctor who is training to be an expert in spine surgery
  - They help your surgeon

Your surgery team will visit you each day.

The Nursing Team

- Registered Nurse (RN)
  - Gives information about the plan of care
  - Gives all medicines
  - Carries out the orders from the surgeon
  - Helps you move or walk
- Health Care Technician (HCT)
  - Helps with personal needs like bathing
  - Helps the nurse
  - Helps you move or walk

This team cares for you 24 hours a day

When the care team is in the room, think about any needs, such as using the toilet, before the team leaves.

Other Members of the Team

Other care team members who might help care for you

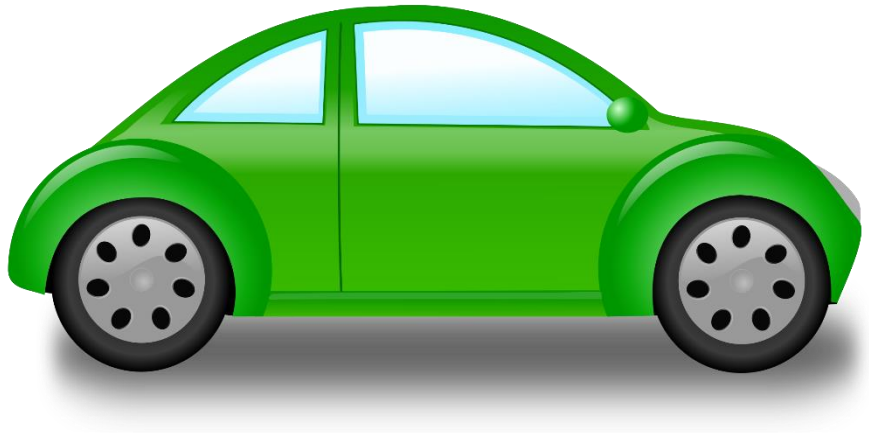
- Clinical Nurse Leader (CNL)
- Exercise Physiologist (EP)
- Physical Therapy (PT)
- Occupational Therapy (OT)
- Case Manager
- Social Worker
- Speech Therapists
- Hospitalist or medical doctor

These team members will help **as needed** during your stay.

DAY OF SURGERY

Day of Surgery

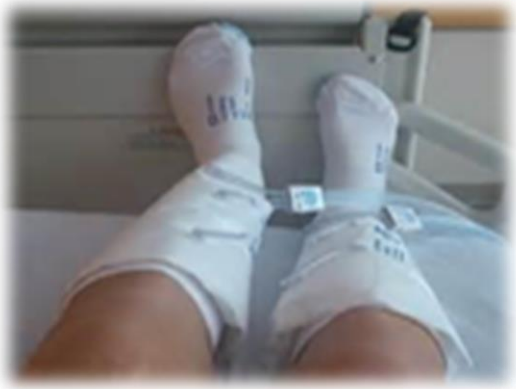
- Park in the visitor's parking area and check in at the main lobby
- You will be given directions on where to go for pre-op
  - You will go to pre-op before surgery
  - Family or friends will go to the waiting room
- You will sign paperwork needed for surgery. This includes a consent (permission) to have surgery and a consent to get blood if you need it
- Please keep your personal items with you during the surgery to ensure they are not misplaced



Day Of Surgery – During Surgery

- Your family will be in the surgery waiting room
- Make sure they check in with the front desk when entering the waiting room. They will ask them for their name and phone number and will provide updates throughout the day
- After the surgery, you will spend about 2 hours in the Post Anesthesia Care Unit (PACU)
- You may go home directly from the PACU or you may go to a hospital room, this is up to the surgeon

Day of Surgery – After Surgery



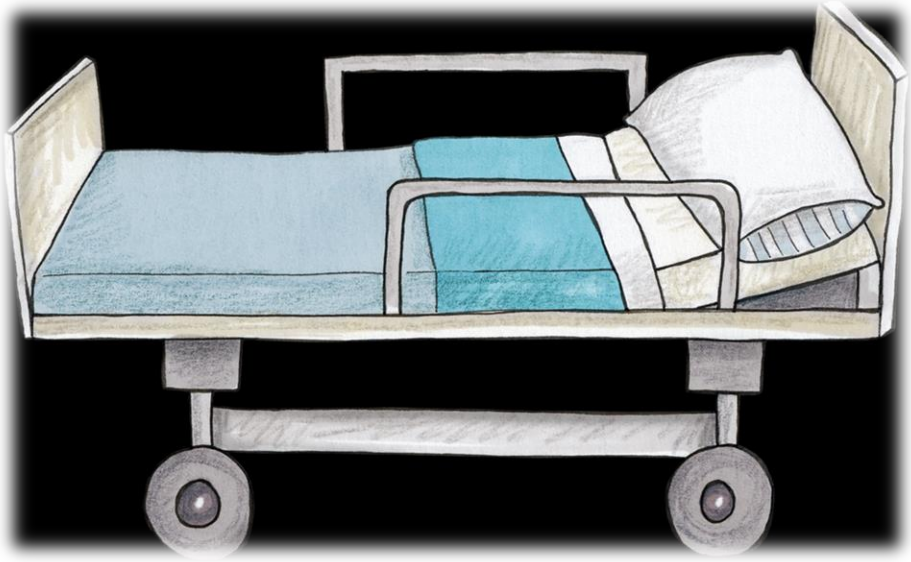
When you wake up from surgery, you may have:

- Urinary or bladder catheter - soft tube that helps you pee
- Drainage tube
- IV fluids - fluid that goes into your veins
- Sequential Compression Device (SCD) - sleeves that are put on the legs and pump air. They help blood flow better
- Oxygen – to help you breathe

Day of Surgery

Your nursing team will check on you often

- They may:
  - Ask about your pain level
  - Help you get into a comfortable position
  - Help you with your bathroom needs before taking pain medicine
  - Offer snacks/drinks
  - Help you get out of bed beginning the day of surgery **(Very Important:** The nursing team or physical therapy will get you up for the first time. Please do not try this on your own. Press the call button to ask for help.)



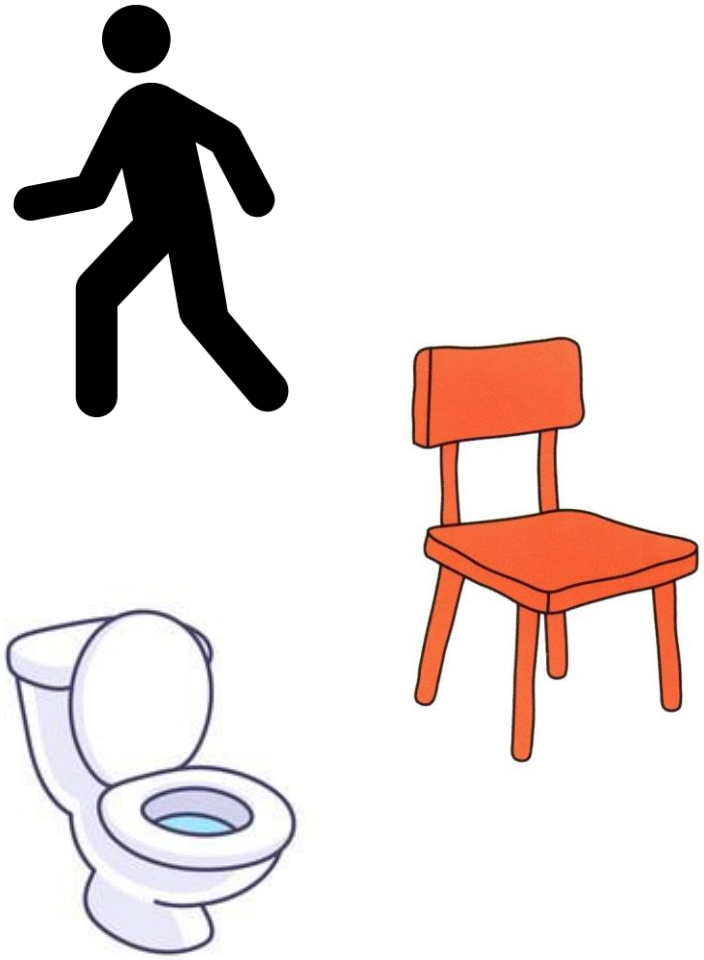
Getting Yourself Moving

- Moving around even a little helps you recover after surgery
- The goal is to get out of bed at least 3 times per day
- Movement has many good outcomes that help you such as:
  - Keeps muscles strong
  - Helps blood flow and helps to prevent blood clots
  - Helps breathing and prevents pneumonia
  - Helps return of bowel movements

Getting Yourself Moving

Things you can do to help yourself get moving:

- Talk to nursing staff about getting out of bed
- We encourage you to:
  - Sit in the chair for meals
  - Take short walks
  - Walk to bathroom (with help) when needed



PREVENTING PROBLEMS AFTER SURGERY

Ways to Prevent Problems After Surgery

Blood Clots:

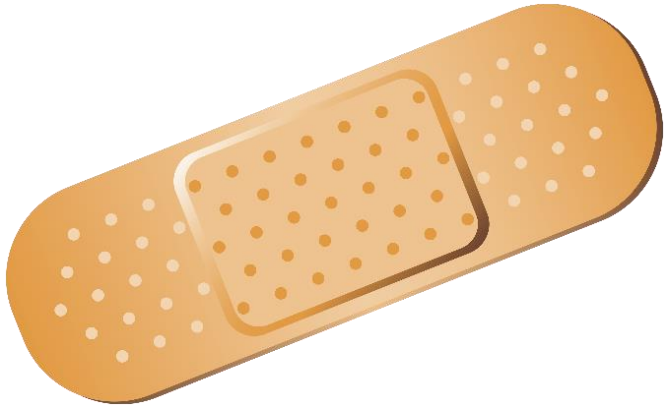
- A blood clot is a lump of blood that can stop blood flow and can be life threatening
  - The surgeon may order SCDs (sequential compression devices)
  - SCDs are sleeves that are put on the legs and pump air. They help blood flow better. They help prevent blood clots
  - SCDs should be on at all times except while walking
  - Be sure to ask the staff to put them back on if you notice they are not in use while you are in the bed.
- You can help lower the risk of blood clots by:
  - Walking (with care team helping you) -you will have pain and may need extra support from the nursing team to get up and moving.
  - Sitting up in a chair for all meals
- You may be given medicines to help prevent blood clots. The surgeon will help make that decision
  - It is very important to take all doses of this medicine if ordered

Ways to Prevent Problems After Surgery

Constipation (when you cannot poop):

- Make sure you have a bowel movement the day before or the morning of surgery
- Use stool softeners and/or laxatives (medicine that helps you poop). **This is very important to keep up with when you get home. Call the surgeon's office if you have not had a solid bowel movement in 3 days and have other problems. This can be belly pain, swollen or hard belly, watery poop, and if you are throwing up or having dry heaves.**
- Take less pain medicine
- Drink lots of water
- Walk early and often as able with help from care team. **You will have pain and may need extra help from the nursing team to get up and moving.**
- Sit in the chair when you eat
- Chewing gum helps your bowel return to normal after surgery. It can also help with dry mouth (Bring 2 packs of sugar free gum with you to the hospital)

Ways to Prevent Problems After Surgery



Wound Infection:

- To help lower the risk of infection to the surgery site:
  - The doctor will order antibiotics (medicine that kills bacteria) as needed
  - The nurse may check the incision (cut made by surgery) to make sure it is clean and dry
- Dressings (bandage) on the surgery site
  - Always wash your hands before touching the surgery site
  - You may go home without a dressing
  - Follow all instructions from the surgery team that are given when you go home
  - If you go home with a dressing and it becomes dirty or loose, please change it
  - **It is important that you are comfortable with the incision care instructions before leaving the hospital. If you have any questions when you get home, you can call the surgeons office.**

Ways to Prevent Problems After Surgery

- To help lower the risk of a urine infection:
  - The care team will take the urinary catheter out as soon as possible
  - The care team will clean the catheter while it is in
- To help lower the risk of a lung infection:
  - Walk early, take deep breaths and cough
  - The nursing staff will show you how to use an incentive spirometer
  - An incentive spirometer is a device that helps you take deep breaths
  - Use the incentive spirometer 10 times each hour when awake - You may take this home when you are discharged

Pain Expectations

- **It is normal to have pain after surgery. Your pain may increase or feel worse during the first 1 to 2 days and should begin to get better after that.**
- The care team will work with you to control it.
- The nurse will ask you to rate your pain on a scale of 0 (no pain) to 10 (very bad pain)
- Your care team has made guidelines for helping your pain after spine surgery
- You may get pain medicine and/or muscle relaxers, based on pain management guidelines and safety
- Pain medicines can be narcotic (ex: hydrocodone, oxycodone, etc.) or non-narcotic (ibuprofen, Tylenol, muscle relaxers, etc.)
- Moving can help with pain– getting out of bed with help from the care team (to a chair, bathroom, or a walk in the hall)

Pain Expectations

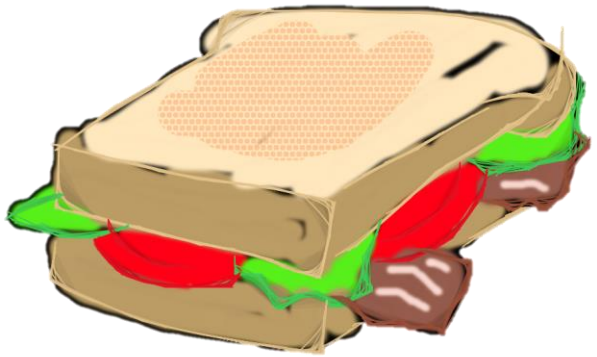
- Our goals for you are:
  - To make you comfortable enough to walk, eat, complete personal needs and rest
  - To help control your pain with medicine taken by mouth
  - To help control your pain in other ways that give you comfort. You know yourself best, do you like music, ice, aromatherapy, massage therapy? Ask the nurse for more information about this
- In general, pain medicines are continued for up to 90 days after the surgery. This depends on the patient. Your surgery team will work with you directly to make a plan for medicines after surgery
- Pain management specialists may work with you as needed

How to Prevent a Fall

- After surgery, you are at higher risk of falling because of:
  - Side-effects of medicine and anesthesia
  - Things that may get in the way
  - Being in a new room
  - Having pain
  - Feeling weak
  - Feeling dizzy
- Always make sure the call bell is within your reach
- A bed alarm may be used for your safety
- Consider using the toilet with help from care team before taking pain medication
- **Always call for help to get out of bed!** (Very Important: that the nursing team or physical therapy gets you up for the first time. Please do not do this on your own. Press the call button to ask for help)

Spinal Precautions
(How to Care for the Spine)

- You may have precautions about how to move when you go home
- If you have physical therapy, they will show you how to move safely
- Precautions could be 'Limit BLTs':
  - Limit **B**ending
  - Limit **L**ifting more than 5-10 pounds
  - Limit **T**wisting
- The surgeon may order a brace for you to wear after surgery



GOING HOME

GETTING READY TO LEAVE THE HOSPITAL

Getting Ready to Leave the Hospital

- How do you know you are ready to leave the hospital?
  - Your pain is under control
  - You are walking safely
  - You are getting enough to eat and drink
  - You can use the bathroom to pee
  - You are passing gas and/or can poop
- These goals are set by:
  - The surgery team
  - The nurse
  - The therapist
  - You

Getting Ready to Leave the Hospital

- Some patients will go home without needing any other help
- Depending on how you do with physical therapy you may need:
  - Home health therapies
  - Outpatient therapies
  - Assistive devices and/or brace
  - Acute rehabilitation where patients will have about 3 hours of therapy a day
  - Subacute rehabilitation or Skilled Nursing Facility (SNF). Patients will get less therapy, but will have 24-hour nursing care

Getting Ready to Leave the Hospital

- If inpatient Acute Rehab is needed, Medicare Advantage Care Plan patients will need to meet certain criteria
- Some patients may need ongoing physical or occupational therapy after leaving the hospital. This depends on the type of surgery and how well you are at discharge. This therapy may be at home, in a skilled nursing facility, or an acute rehabilitation center.
- It is helpful to call the insurance company before your surgery to discuss your benefit plan and coverage. It is also helpful to know about any deductibles or co-insurances as well as in network options.

After the Hospital Stay

- You will have pain after you leave the hospital. You should take your medicine as needed
- You should have a bowel movement within 3 days, or whatever is normal for you, after surgery. Use stool softeners like Colace. A stool softener softens poop. Call the surgeon's office if you have not had a solid bowel movement in 3 days and have other problems. These can be belly pain, swollen or hard belly, watery poop, and if you are throwing up or having dry heaves.
- Follow any take-home instructions that tell you how to care for the surgical site
- You should have very little bleeding or drainage. If you have worsening bleeding or drainage after you are home, please contact the surgeon's office
- Walking often, but for short distances is encouraged

Thank You for Choosing Atrium Health for Your Healthcare Needs!