

Your guide to spine surgery.



Baylor Scott & White
ORTHOPEDIC AND SPINE HOSPITAL
ARLINGTON

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The spine team

Features of the team approach to spinal surgery:

- A dedicated team of physicians on the medical staff, physician assistants, nurses, patient care technicians, case managers and physical therapists who specialize in the care of spinal surgery patients.
- Comprehensive patient education prior to surgery.
- A comprehensive patient spine surgery guide for you to follow from two to three weeks before surgery until several weeks after surgery.
- Emphasis on physical therapy, as well as individualized care.

Goals of the team approach to spine surgery:

- Improve patient's quality of life
- Increase quality of patient care
- Increase patient satisfaction
- Improve outcomes/minimize problems
- Increase patient's knowledge of events to come
- Reduce length of hospital stay
- Increase public awareness of the program

Purpose of the spine surgery guide

This spine surgery guide is designed to educate you so that you know:

- What to expect every step of the way
- What you need to do
- How to care for your spine

Remember, this is just a guide.

Your spine team may add to or change some of the recommendations. Always use their recommendations first and ask questions if you are unsure of any information. Keep your spine surgery guide as a handy reference for at least the first year after your surgery.

Bring this spine surgery guide with you to every appointment and to the hospital.

Before your surgery

A little planning before you leave home will help you while you are in the hospital and when you get back home.

Plan for your return home

1. Plan easy meals in advance. Do your grocery shopping, prepare and freeze meals, and put cooking utensils where they are easy to reach. Make simple meals that will be ready for you when you get home.
2. Organize your kitchen so that supplies are at shoulder or waist level to avoid lifting, bending or reaching.
3. If you have stairs at home, count your stairs. When you come to the hospital, tell your physical therapist how many stairs you have and if you have a railing, or prepare a room downstairs if you live in a two-story house to reduce the amount of stair climbing.
4. Clear your house of obstacles and remove any throw rugs for safe walking. Many patients use a walker after leaving the hospital. This means you need more room to move around your home.
5. Have a firm chair that has armrests available to use after surgery. You should not sit in a chair that rocks, rolls or swivels.
6. Place a nonskid bath mat in your tub or shower.
7. For convenience, you can place items that you use every day at arm level (between your waist and shoulders).
8. Small pets can be an obstacle for your walker. Be mindful of this or temporarily relocate your pet initially upon returning home.
9. Arrange for help from a friend or family member to assist with housekeeping, shopping or driving.

What to bring to the hospital

- Personal hygiene items (toothbrush, deodorant, battery-operated razor, denture care products, hearing aids and battery, contact lenses, cases and solution) that you may need should be brought from home.
- You must bring LOOSE-fitting clothing. Shorts with either elastic or tie waistbands are required. Shorts or pants with pockets may help with drain management while walking.
- You will be having physical therapy at least twice a day. You will be dressed in these clothes for the major part of your hospital stay.
- Well-fitting pair of tennis shoes or walking shoes (nonskid) for discharge.
- Any brace the physician's office gave you for post-op wear.



Fall prevention



Prepare ahead of time for your return to home. Look for areas in your home that could cause you to trip, such as cords, rugs or unnecessary items on the floor. Place items you will use often in places that you can reach without bending, lifting or twisting. If you have pets in your home, you should consider making arrangements for them to

be away for the first two to three days you are home after surgery. Also, please be aware that we have a Call Don't Fall Program in place to help keep you safe. While you are with us, we ask that you call for help when getting out of bed and getting to and from the restroom. A staff member will accompany you to the restroom and will remain with you to ensure your safe return to your chair or bed.

Stop smoking

Studies show non-smokers heal quicker and more thoroughly than smokers. If you smoke, we strongly encourage you to stop smoking before having surgery. Many products are available to help you quit smoking. Please do not use the nicotine patch or gum; nicotine slows bone healing. Please contact your primary care provider to talk about your best option.



The night before surgery

You must also do the following—check off when completed:

- Pack your patient spine surgery guide to the hospital.
- Pack a copy of your advance directives if you have them.*
- Pack your home medications in the **original bottles**; no seven-day pill planners.
- Pack your insurance card and driver's license or photo ID.
- Pack any copayment required by your insurance company.
- Please leave jewelry, valuables and large amounts of money at home.
- Do not wear any makeup.

You may eat your regular diet until the night before your surgery.

REMEMBER: DO NOT eat or drink anything after midnight unless you have been specifically told to do so by your physician or pre-admission nurse. Your surgery will be canceled if you do not follow this very important instruction.

Ask your primary care physician if you need to stop taking any of your regular medicines. Your surgeon or pre-admission nurse will ask you to bring all medicines in the original containers to the hospital. Please give all medicines from home to the nurse. You will take your own regular home medications while in our facility.

**The law requires that everyone being admitted to a medical facility have the opportunity to make advance directives concerning future decisions regarding their medical care. Although you are not required to do so, you may make the directives you desire. If you have advance directives, please bring copies to the hospital on the day of surgery.*



Surgery day

- Enter through the hospital's front doors and proceed to the front desk for check-in.
- The registration staff will check you in and escort you to the private preoperative area when ready.
- You will be given a hospital gown to be worn during surgery. No other clothing is allowed. Your privacy and modesty will be respected and protected at all times.
- All personal items must be removed, including hair accessories, jewelry, glasses, contact lenses, hearing aids and prostheses (such as artificial limbs or eyes).
- Remove any artificial dental work unless otherwise instructed by your physician.
- We recommend that you let family or friends hold your valuables.

- Just before surgery, you may be given medication to help you relax. The medication may cause drowsiness or light-headedness. Your mouth may become dry, and your eyesight may seem blurred. For your safety, the side rails on your bed will be raised. Please do not get out of bed without asking the nurse for help.



What to expect:

In the preoperative area, you will be prepared for surgery. This includes IV placement, confirming the planned procedure, marking your operative site and reviewing your medical history. You will meet your surgical team, which includes your orthopedic surgeon, OR nurse and anesthesiologist. Following surgery, you will be taken to the recovery room, where you will typically remain for one to two hours. During this time, pain control will be established and your vital signs will be monitored.

You will then be taken to the second floor of the hospital, where the spine team will care for you.

Only one or two very close family members or friends should visit you on the first day.

Generally, you should expect to walk the day of surgery. This will help prevent blood clots from forming in your legs. Also, you will be wearing massaging sleeves on your lower legs for the same purpose. The physical therapist will assist you in walking shortly after surgery. You will be instructed by your nurses on the use of the incentive spirometer and should perform coughing and deep breathing exercises.

Anesthesia and you

Decisions regarding your anesthesia are tailored to your personal needs.

You will meet your anesthesiologist immediately before your surgery. Your anesthesiologist will review all information needed to evaluate your general health. This will include your medical history, laboratory test results, allergies and current medications. With this information, together you will determine the type of anesthesia best suited for you. Your anesthesiologist will also answer any further questions you may have.

You will also meet your surgical nurses. Intravenous (IV) fluids will be started and preoperative medications* may be given, if ordered. Once in the operating room, monitoring devices will be attached for your safety, such as a blood pressure cuff, heart monitor and other devices. At this point, you will be ready for anesthesia.

Your anesthesiologist is responsible for your comfort and well-being before, during and immediately after the surgical procedure. In the operating room, the anesthesiologist will manage vital functions, including heart rate and rhythm, blood pressure, body temperature, and breathing. The anesthesiologist also is responsible for fluid and blood replacement as necessary.

The types of anesthesia are:

- **General anesthesia** – Provides loss of consciousness.
- **Regional anesthesia** – Involves the injection of a local anesthetic to provide numbness, decrease of pain and/or sensation to a large region of the body. Regional anesthetic techniques for procedures are typically used for lumbar surgeries.



Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options, as well as any complications or side effects that can occur with each type of anesthetic.

Nausea or vomiting may be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medications to treat nausea and vomiting will be given if needed. The amount of discomfort you experience will depend on several factors, especially the type of surgery.

Your physicians and nurses can relieve pain with medications. Your discomfort should be tolerable, but do not expect to be totally pain-free. The staff will teach you the pain scale (0 - 10) to assess your pain level.

***NOTE:** Medications may be given that make you drowsy and blur your memory.

Hospital stay

Patients who have spine surgery are not always admitted to the hospital. Your surgeon will tell you before surgery if you should plan on staying in the hospital or if you will be discharged after surgery.

If you are admitted to the hospital, you will stay in the Post-Surgical Unit (PSU). The length of your hospital stay will depend on the type of surgery you had (fusion or nonfusion), how many areas of your spine were affected, and how quickly you recover. On average, patients who stay overnight will stay two to three nights. While you are in the hospital, nurses and patient care assistants will watch your vital signs and help you move around your room. They will also help you with your brace, as ordered.

The physical therapists will teach you the best techniques to move around in bed and how to position yourself comfortably based on your surgeon's restrictions. During physical therapy, you will learn how to walk and exercise properly while the surgical site is healing.



Pain management

You are the most important person on your care team. We rely on you to report your pain level and how well the pain medicines are working. We may not be able to relieve your pain, but the pain can be decreased.

We encourage you to talk to your nurse and physician about your pain. It is helpful if we know the type of pain you are having. For example, tell us if the pain is coming from your surgery incision or from muscle tightening around the area of the surgery or if the pain is spreading to your arm or leg.

Plan on getting out of bed for meals and walking in your room and the halls on the day of surgery and several times during the days following your surgery.

Your nurse can provide pain medicines in a pill form. Pain medicines taken by mouth have time limits on how frequently they can be given. These medicines last longer in your body than IV medicines, so

they need to be administered less often. Your physician will send you home with pills for pain, so it is very important to control your pain with these medicines while in the hospital.

Medicines that reduce your sensitivity to pain are considered narcotic drugs. These pain medicines may make you drowsy, so you should not drive while taking them. These medicines also may cause constipation. Eat high-fiber foods and drink plenty of fluids when you take them. You may take an over-the-counter stool softener to relieve constipation.

You may experience sudden muscle tightening, which may make your pain worse. If needed, your physician may order a muscle-relaxing drug to help with the tightening. Changing positions often will help to decrease your pain. Using a pillow between your legs or knees while lying on your side and placing a pillow under your legs while lying on your back may also help. Walking short distances frequently will increase circulation and decrease muscle tightening.

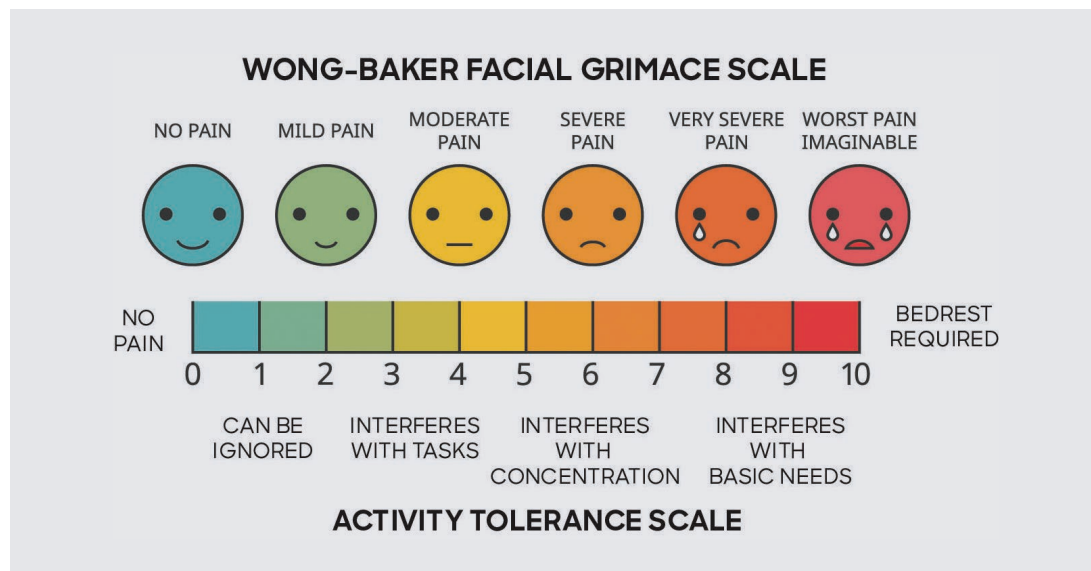
Hospital discharge

If you are scheduled for an outpatient procedure, you will be discharged from the hospital when you are able to walk safely, your pain is manageable, and you are medically stable. You will receive instructions on how to properly care for yourself.

If you live alone, you should consider making plans for someone to stay with you for a few days or a few weeks, depending on your situation. If you feel that going home after surgery will be difficult or unsafe, we encourage you to talk about care options with your family. A case manager will be available to help you with needs you might have after discharge.

You will likely need help lifting heavy things and running errands when you get home. How much and what kind of help you need depends on your recovery progress and the weight limitations your physician suggests. Restrictions on how much weight you can lift after surgery are common.

If you are admitted to the hospital after surgery, a typical stay is two to three days, depending on your progress and type of surgery. If you are not safely able to return home, a case manager will assist in placing you in a rehabilitation facility so that you can receive additional therapy.



Posture and movement

Posture: Practice proper posture before and after surgery. Poor posture may make your neck and back pain worse.

Standing: Ear, shoulder, pelvis and ankle are all aligned.

Getting into a chair: Take small steps; turn until your back is toward the chair. DO NOT pivot. Slowly back up to the chair until you feel the chair against the back of your legs. Slide your leg forward. Using the arm of the chair for support with one hand while holding the walker with the other hand, slowly lower your body into the chair. Move the walker out of the way but keep it within reach.

Getting out of a chair: Position yourself near the front edge of the chair. Place one hand on the arm of the chair and the other hand on the walker and then lift yourself off the chair. Be careful not to twist your body. DO NOT try to use the walker with both hands while getting out of the chair. Balance yourself before reaching for the walker and attempting to walk.

Bed mobility: Use the log roll movement to turn while in bed (see page 14). To do this, you simply move your shoulders, spine and hips as one unit rather than twisting or bending your body to move. To get out of bed, bend one or both of your knees and log roll to one side so your feet are near the edge of the bed. Push up with your shoulder and arm until you are sitting up in bed. Lower your legs over the side of the bed as you are pushing yourself up with your arm or shoulder. Practice this at home before your surgery.

Sitting: Limit sitting to approximately 45 minutes at a time. You should get up to walk briefly between periods of sitting. Sit in a supportive chair with a straight back, with your arms resting on the chair arms. Place your buttocks at the back of the seat. A footrest may be helpful to maintain good seated posture.

Movement after surgery: The best thing you can do for yourself is to get up and walk after surgery. A physical therapist will work with you to instruct you on how to get out of bed, stand up, move from the bed to a bedside chair and walk. If you need a walker, the physical therapist will teach you how to properly use it.



No bending forward or twisting at the waist: Keep your back straight. Do not bend your back forward. Avoid twisting your back. Instead, turn your whole body with your spine straight.

No pushing, pulling or lifting: After your surgery, do not push, pull or lift more than 5 – 15 pounds. Your surgeon will let you know what your weight restrictions are and when they can be modified.

Using the bathroom and shower: Remember to keep your back straight. Lower yourself to the toilet with the strength of your legs. Use solid surfaces like counters to steady yourself as you slowly lower yourself down using your leg muscles. Place bathroom tissue nearby so you don't have to twist your back or neck to reach it.

At the sink, move the items you need closer to the edge of the counter to avoid needing to bend to reach them. Stand up straight when you wash your face or brush your teeth. Bend forward at the hips if needed when rinsing your mouth.

Incision care: Shower daily to clean your incision once your surgeon or nurse says it is OK. After showering, dry your incision thoroughly. You do not have to cover your incision with a bandage. Call your surgeon's office if you have any signs of a wound infection. Fever, constant or repeated wound pain, and pus draining from the incision are signs of infection.

Driving: You will not be able to drive for two to three weeks after spine surgery. To help you heal faster, try not to sit in a car for more than 30 minutes at a time. On longer car rides, stop and take stretch breaks out of the car. When getting in or out of your car, keep your back straight. Do not attempt to get into the car sideways. Sit down first and then slowly bring your legs in. Reverse this movement when getting out of the car. Put the seat (NOT the back of the seat) back further than you normally would to give yourself extra room. Avoid twisting or rotating your spine.

Follow-up appointment: Your surgeon will ask you to return for a follow-up appointment several weeks after your spine surgery. Tell your surgeon about any concerns you have at this time, including any problems you have wearing a brace, driving or working. If you have staples or sutures in your incision, they will be removed at an earlier appointment.

Brace wear and care: Always wear your cervical or lumbar brace as instructed by physical therapy, the physician's office or your discharge nurse. Remember to gently clean the brace daily with an alcohol-based or sensitive cleaner.



Rehabilitation

It often takes three months to a year to completely heal after back or neck surgery. A post-operative rehabilitation program that includes stretching, strengthening and conditioning is an important part of a successful spine surgery.

You also should learn a home exercise program that you can perform after your rehabilitation program ends. It will build your balance and strengthen your muscles and may help prevent the need for future surgeries.

Showering daily is important for proper hygiene and care of your incision.

- Use a shower chair if you are unable to stand safely in the shower.
- When washing your legs and feet, you may raise the leg up to where you can reach or bend at the hips.
- Do not bend at the waist if you had lower back surgery.
- Be careful when washing around the area of your incision.
- Use a clean washcloth in this area to avoid introducing bacteria from other parts of your body onto your incision.

Physical therapy

Expectations for your progress

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

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

Day of surgery:

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

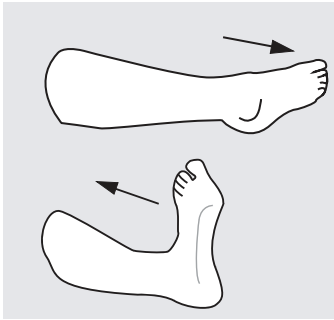
One to two days after surgery:

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

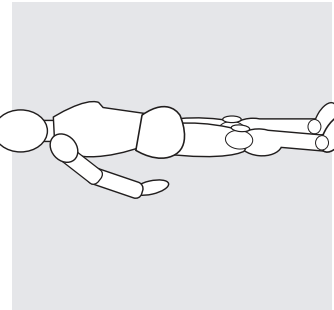
Physical therapy is done according to your needs and ability. We need you to help by doing your exercises and by walking and sitting up in the chair (with help) each day until you are independent.



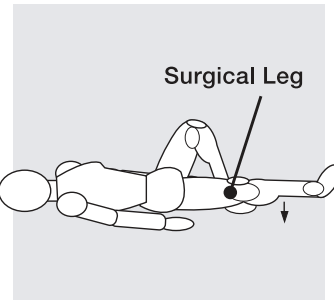
Exercises



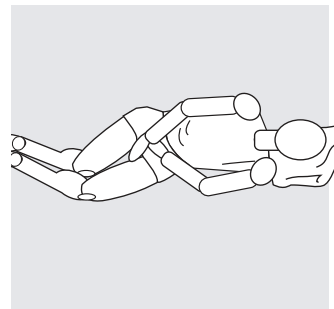
- Ankle pumps**
To promote your circulation and maintain ankle movement.
- Point foot down
 - Pull foot up
 - Repeat slowly 10 times, every 2 – 3 hours



- Gluteal set**
To increase your circulation and strengthen your pelvis.
- Squeeze bottom together
 - Do not hold breath
 - Hold for 3 slow counts
 - Repeat 10 times, every 2 – 3 hours



- Quad set**
To strengthen your quadriceps muscle and straighten your knee.
- Lie on back with surgical leg as straight as possible
 - Press surgical knee into bed



- Log roll**
Use this technique to roll in bed and to get out of bed.
- Roll your body to the side as a unit
 - Let your legs hang off the edge of the bed as you push yourself up into a sitting position
 - Reverse this procedure to get into bed



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

When to call

Call your family physician if you experience any of the following:

- Blood pressure problems
- Diabetic control problems
- General medical questions

My family physician:

Phone number:

Call your surgeon if you experience any of the following:

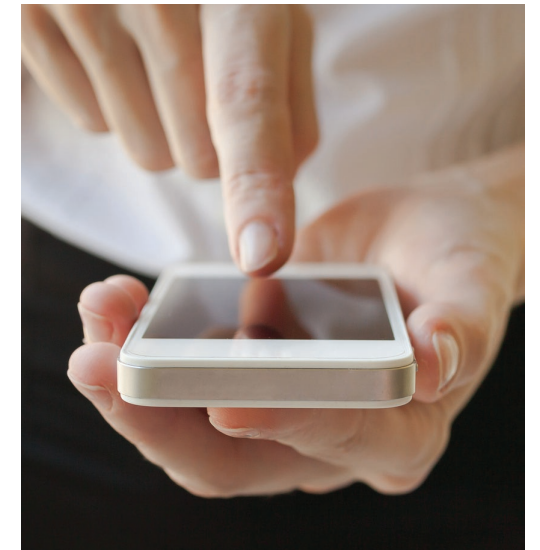
- Temperature greater than 101.4 degrees
- New back, neck, leg or arm pain
- New weakness
- Drainage, bleeding, redness or swelling of your incision
- Opening of the incision
- Difficulty with urination or bowel movements
- Difficulty swallowing, skin rash or excessive itching

My surgeon:

Phone number:

Call 911 or go to the nearest emergency room if you experience any of the following:

- Shortness of breath
- Chest pain
- Calf or leg pain
- Swelling of your leg or calf



Frequently asked questions

How much pain will I experience after surgery?

You may or may not notice immediate improvement in your pain during the first few days following surgery. You may feel discomfort while sleeping and sitting. With time, surgical pain should decrease, but call your surgeon's office if you are concerned. If you experience new onset, persistent or worsening pain of your extremities, report it to your physician immediately.

Why is my throat sore? How long will it last?

Sore throat, hoarseness and difficulty swallowing are common side effects that you may have during the first few days following surgery. There are two reasons for this—most patients have a tube down their throat during surgery to help with breathing. Patients who undergo cervical fusion will experience swelling that causes soreness. Hoarseness should improve over time, and swallowing will improve as swelling decreases. To avoid difficulty swallowing, eat a diet of soft foods for the first week or two following surgery.

After cervical fusion, how long will I have to wear the collar?

Most patients have to wear the collar for six to twelve weeks after surgery. This depends on your surgery and an X-ray evaluation of the fusion site. You will be required to wear the cervical collar even when you are sleeping. As time progresses, you will gradually decrease the amount of time you wear the collar.

When will I be allowed to drive?

You may drive only after your surgeon approves you to do so. If you are required to wear a brace after surgery, the brace, in addition to post-surgery pain, may impair your ability to drive safely. You will not be released to drive if you are taking narcotic pain medication or if you have not regained an adequate range of motion in your neck or back.

When can I return to work?

When you return to work depends on the activities of your job and how fast you heal. Most patients return to work eight weeks to a few months following surgery. Speak to your surgeon about the best time for you to return to work.

When can I resume normal activities?

Sex—You may resume sexual activity as soon as you feel comfortable and as long as you are lying on your back. Remember that you must leave your brace on unless otherwise instructed by your surgeon.

Sports—Check with your surgeon before resuming sports activity. Depending on your type of surgery, most patients resume full activities after six months. Please keep in mind that if you experience pain, you should stop the activity.

Resources and references

Resources

Pre-operative nurse 817.583.7033

Hospital 817.583.7100

Pre-admission testing 817.583.7053

Post-surgical unit 817.583.7251

AOA Orthopedic Specialists 817.375.5200, ArlingtonOrtho.com

Spine-related resources

Rehabilitation

American Occupational Therapy Association: AOTA.org

American Physical Therapy Association: APTA.org

Baylor Scott & White Orthopedic and Spine Hospital – Arlington: BSWArlington.com

Physician associations

American Academy of Orthopedic Surgeons: AAOS.org

American Association of Neurological Surgeons: AANS.org

Congress of Neurological Surgeons: CNS.org

North American Spine Society: Spine.org

For family and friends

Waiting areas

For your comfort and convenience, we have two waiting areas:

- First floor waiting area and Bistro
- Second floor waiting area and complimentary coffee bar

The Bistro

Located in the first floor waiting area, the Bistro serves breakfast and lunch every day from a rotating menu of daily specials. Snacks, coffee and other beverages may be purchased there as well.

Breakfast is available from 7:00 – 10:00 AM, Monday – Friday.

Lunch is available from 11:00 AM – 2:30 PM, Monday – Friday.

Dinner is available to guests and visitors nightly.

Orders may be placed at the second floor nurses station.

Free Wi-Fi

For your convenience and entertainment, we provide all of our guests with free Wi-Fi.

Network: Surgical Public

No password required

Smoke-free facility

Smoking is prohibited in or around entry doors of our facility. This includes vaping.

Arlington Highlands

Located across Matlock Road, the Arlington Highlands Shopping and Entertainment Center offers over 30 restaurants and over 50 stores. More information can be found here: ArlingtonHighlands.com

Thank you for choosing us for your healthcare needs!

We know that family is an integral part of the care of the patient, and our desire is to make this a positive experience. Please feel free to ask questions at any time and/or make suggestions on how we may improve our processes.

Nationally recognized for excellence in orthopedic care



We continually strive to provide the best care and experience for our orthopedic and spine patients and their families. This focus on excellence has allowed us to receive some recognition from leading government and industry groups:

- 99% Patient Satisfaction for our Post-Surgical Care Unit from Press Ganey
- Press Ganey’s Guardian of Excellence Award
- The Joint Commission’s Gold Seal of Approval™ for our facility
- The Joint Commission’s Gold Seal of Approval™ for our laboratory
- The Joint Commission’s Gold Seal of Approval™ for our Hip and Knee Replacement Programs
- The Joint Commission’s Gold Seal of Approval™ for Spine Care
- The Joint Commission Top Performing Hospital 2014™
- Becker’s Hospital Review’s 100 Hospitals with Great Orthopedic Programs
- *U.S. News & World Report* High Performing Hospital in Knee Replacement
- *U.S. News & World Report* High Performing Hospital in Hip Replacement

Notes

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