Guidebook *for Spine Surgery*

A Detailed Guide
to Your Surgery and
the Recovery Process

Saint Francis HEALTHCARE | Neurosciences Institute

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General Information

General Information

Welcome

Thank you for choosing the Spine Center of Excellence at Saint Francis Healthcare System's Neurosciences Institute to help restore you to a higher quality of living.

Back and neck pain affects eight out of ten people at some point in their lives. Roughly 80 percent of Americans will have some sort of back pain and 50 percent will have some sort of neck pain during their lifetimes. Back pain is the second leading cause of missed work days; the common cold is the first. There are more than 500,000 back surgeries and 300,000 neck surgeries performed annually. Primary candidates are individuals who have pain that interferes with daily activities, walking, exercise, leisure and work. Spine surgery aims to improve pain, restore your independence and return you to work and other daily activities.

Purpose of Guidebook

Preparation, education, continuity of care and a preplanned discharge are essential for optimum results in spine surgery. Communication is essential to the process. This guidebook is a communication and education tool for patients, nurses, physicians and physical and occupational therapists.

The guidebook will:

- Prepare you for surgery
- Explain what to expect during and after surgery
- Guide you through the recovery process

Remember, this is just a guide. Your physicians, advanced practice providers, may add to or change any of the recommendations. Always use their recommendations first, and ask questions if you are unsure of any information.

The most important thing to remember is the sooner you return to being active, the sooner you will be on the road to recovery.

Thank you for choosing us.

Patient Participation and Rights

The first step on the road to recovery is learning to play an active role in your care.

Before proceeding with surgery, it is important to become an advocate for yourself. Make sure you understand the surgery and what to expect in the weeks and months following.

The idea is for you to be proactive. This means you should seek information and help from the healthcare providers around you. It is a good idea to take control, make decisions and find your best road to recovery. To not be proactive means you run the risk of having others make decisions for you. These decisions may not be in the best interests of you and your family.

Success at being proactive depends on knowing your rights as a patient. These rights are:

- To be treated with dignity and respect at all times
- To obtain complete and current information on your surgery
- To receive information necessary to give informed consent before surgery
- To be informed of the medical consequences of surgery
- To receive every consideration of privacy concerning care
- **And the most important right: the right to ask questions!**

Please be sure to write down any questions you think of before and after surgery so when you see your physician, you do not forget to ask.

General Information

Shared Decision-Making

As part of our mission, we want to involve you in shared decision-making related to your healthcare so you can:

- Evaluate treatment options and possible outcomes
- Think about what is important for you
- Participate in decisions with your healthcare providers

Team Approach

We know the idea of surgery can cause anxiety and leave you with many unanswered questions. Your questions are extremely important to us, and we hope we can make you feel more at ease in the days before and after your surgery.

Our intention in creating this guidebook is to allow you to become as involved in your surgery and recovery as your surgeon and the staff.

We approach surgery as a team effort, with you being a valuable player.

Your surgeon has told you that you need to have surgery to repair or remove a part of the bone or disk material in your spine. This is done to reduce or relieve pressure on the spinal cord or nerves. This pressure can cause numbness, tingling, weakness or pain in your arms, legs, neck or back.

Each surgery is different, and it is important you and your surgeon know what to expect of each other.

Types of Spine Surgery

Fusion

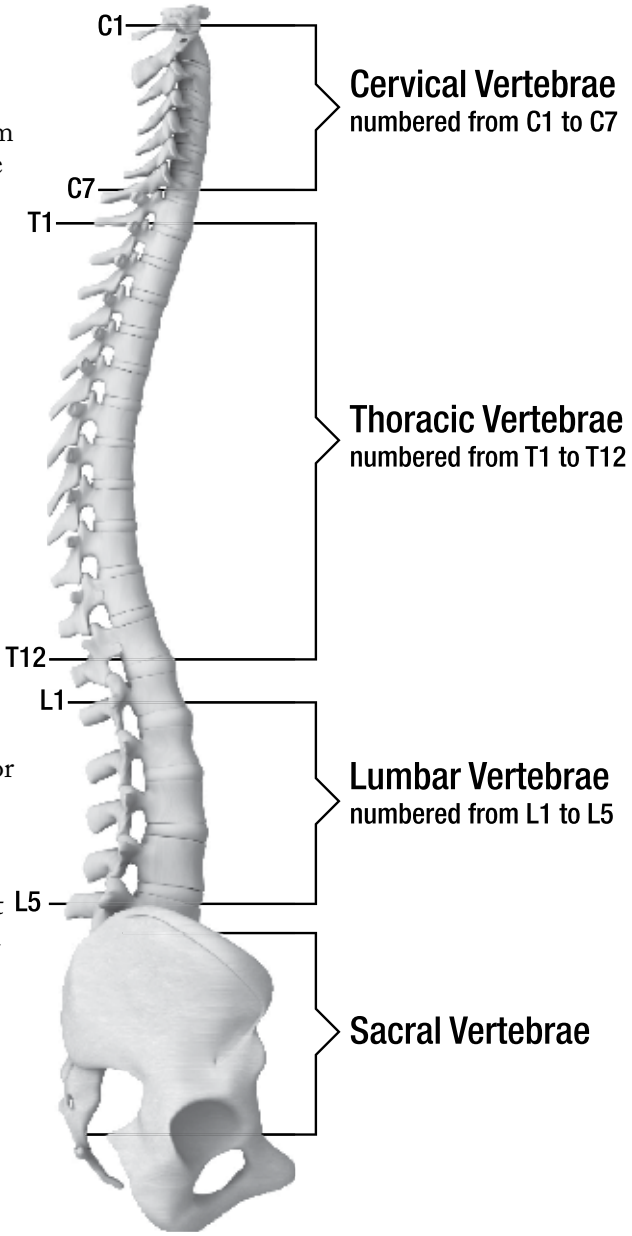
A fusion stabilizes the vertebrae of the spine, creating less chance for slippage of the disks. Bone from the hip, bone from the operative site or bone from a donor may be used as a bone graft. Your surgeon should discuss the type of bone that will be used. The surgeon usually removes the majority of the disk between the vertebrae. The graft is inserted between the vertebrae, then plates, rods and/or screws are placed. Bone from the hip is often removed through the same incision, leaving the patient with only one incision.

Laminectomy

A laminectomy involves removing bone of the vertebrae to allow more space for the nerves. It relieves pressure on the nerves and decreases symptoms such as numbness, tingling, pain and weakness.

Diskectomy

Pain radiation down the arms or legs may be due to a disk bulge or disk herniation. A diskectomy is the removal of the piece of disk or the entire disk that is putting pressure on the nerves and causing your arm or leg numbness, tingling, pain or weakness.



How long will my surgery last?

Posterior Lumbar (Back) Fusion – This surgery will last about four to eight hours. You will be hospitalized between one and three days and may go to a rehabilitation unit after your stay in the Medical Center.

Anterior Lumbar (Back) Fusion – This surgery will last about three to six hours. You will be hospitalized between two to four days.

Lateral Lumbar (Back) Fusion – This surgery will last about two to three hours. You will stay one night and go home the next day.

Lumbar (Back) Laminectomy – This surgery will last up to three hours. Typically, you will stay one night and go home the next day or go home the same day of surgery.

Lumbar (Back) Diskectomy – This surgery will last about two to three hours. Typically, you will stay one night and go home the next day or go home the same day of surgery.

Anterior Cervical (Neck) Fusion – This surgery will last about two to four hours. You will stay one night and go home the next day.

Posterior Cervical (Neck) Fusion – This surgery will last about four to six hours. You will be hospitalized between two and three days.

Anterior Cervical (Neck) – Diskectomy – This surgery will last about two to four hours. You will stay one night and go home the next day.

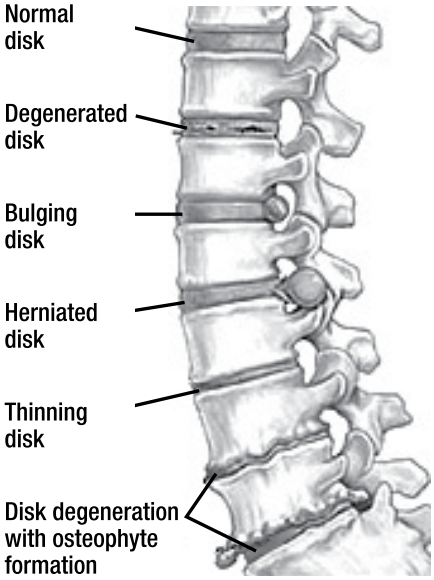
Posterior Cervical (Neck) – Decompression – This surgery will last surgery will last about two to three hours. You will be hospitalized between three and five days.

Frequently Asked Questions

We are glad you have chosen the Saint Francis Neurosciences Institute's spine program for the care of your spine. Patients have asked many questions about their spinal surgeries. Below is a list of the most frequently asked questions, along with answers. If you have any other questions, please ask your surgeon or one of the neuroscience nurses. We want you to be completely informed about this procedure.

What are the common causes of spine pain?

There can be many reasons for spine pain, including muscle strain, trauma, arthritis, disk herniations, facet joint pain and the cumulative effects of poor body mechanics.



What is degenerative disk disease, and why does my back or neck hurt?

Degenerative disk disease (DDD) refers to the loss of hydration in the disk and weakening of the outer lining of the disk. DDD can be caused by trauma or the normal aging process. Most people with DDD have no symptoms, but some have pain with these disks. Inflammation in the disk causes pain is aggravated by activity and relieved by rest and lying down. As the disease progresses, cracks within the disk can lead to ruptures or herniations of disk fragments. There is no present treatment that can reverse the process.

What is the difference between a herniated disk and a bulging disk?

A bulging disk is a slight protrusion of the center of the disk (nucleus pulposus) into the spinal canal. The outer ring of the disk (annulus fibrosus) has not been ruptured. A disk herniation is a large protrusion of the center of the disk that has burst through the outer ring into the spinal canal and invaded the surrounding nerves, causing pain in the back, buttocks, hips or legs.

Can a bulging disk be normal?

Bulging disks are common and may not cause any symptoms.

How did I herniate my disk?

This can occur from a lifetime of poor body mechanics, a trauma or by lifting, bending or twisting the wrong way at the wrong time.

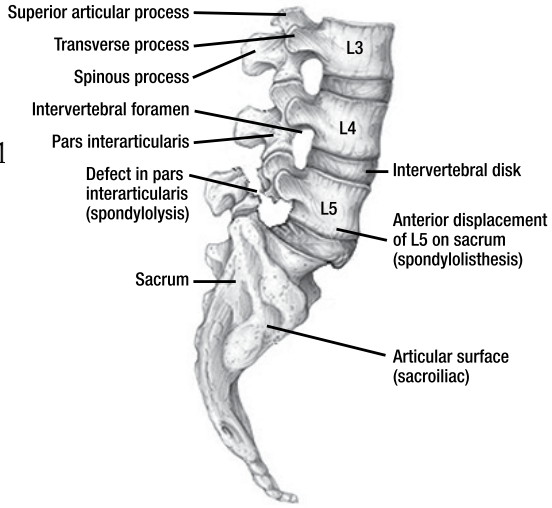
Frequently Asked Questions

What is the treatment of a herniated disk?

Initial treatment of a herniated disk is with conservative therapy, unless there is a spinal deformity, unbearable pain or neurological deficit. Conservative treatment includes physical therapy, chiropractic care, pain medications, muscle relaxants and short courses of steroids. If these treatments do not work, steroids injected into the spine or a facet joint block can be used. Surgery is usually the last resort.

What is spinal stenosis?

Spinal stenosis is an abnormal narrowing of the spinal canal through which the spinal cord and nerves run. This narrowing can be a result of age-related changes from DDD and arthritis bone buildup in and around the spinal canal, producing nerve compression. This compression can cause arm or leg weakness, pain or numbness.

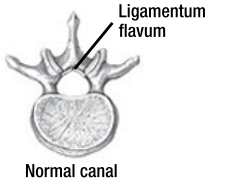


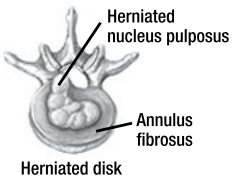
What is the treatment of spinal stenosis?

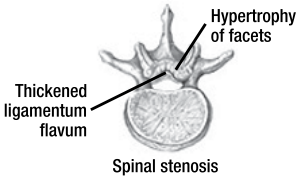
Initial treatment of spinal stenosis is conservative treatment. If this fails, a spinal decompression is necessary. Which entails removing portions of the bone that are causing the narrowing around the nerves.

What is a diskectomy?

A diskectomy is surgical removal of part of or the entire herniated disk.

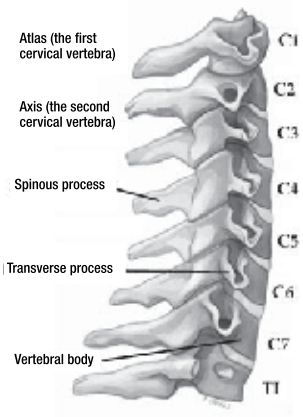






What is lumbar instability?

Lumbar instability occurs when there is unnatural movement of the bones in the spine. This can be a result of DDD, spinal deformity, trauma or could happen after a decompression procedure.



What is cauda equina syndrome?

The cauda equina is a bundle of nerves at the bottom of the spinal cord. Cauda equina syndrome is severe compression of these nerves, resulting in loss of bowel or bladder function, loss of sensation in the buttocks and groin and weakness in the legs. This is often a surgical emergency.

Frequently Asked Questions

What is a laminectomy?

A laminectomy is removal of a small portion of the vertebrae around the affected area to relieve pressure on the nerves or the spinal cord.

What is a fusion?

A fusion is a surgery used to stabilize and "fuse" two or more vertebral bones into one solid unit. There are various approaches to the surgery, including removing and replacing a disk, placing bone in place of a disk or using a combination of plates, rods and screws to fuse the bones together.

There are three approaches to lumbar fusion: to fuse from the front (anterior), from the side (lateral) or the back (posterior). Your surgeon will discuss options and the best approach for your individual surgery.

There are two approaches to a cervical fusion: to fuse from the front (anterior) or the back (posterior). Your surgeon will discuss options and the best approach for your individual surgery.

Will I need to wear a brace or cervical collar after surgery?

All patients who undergo a fusion will need to wear a brace or cervical collar. Your neurosurgeon will typically give you a prescription to be fitted for a back brace or cervical collar before surgery. You will wear the brace or cervical collar until fusion occurs and your surgeon feels you are safe to start removing the brace or cervical collar.

Will fusing my spine cause damage to the areas alongside the fusion?

When the spine is fused, there is no movement to that section. Therefore, the disks above and below the fused section absorb the force and shock from everyday movement. This can cause the disks above and below the fusion to have more wear and tear. This wear and tear can cause early degenerative changes in the disks, or what is called adjacent segment disease.

What are the major risks of surgery?

Major risks may include bleeding, difficulty with anesthesia, infection, hardware failure (the plates, rods and screws that hold bones in place move) and blood clots. Damage or injury to the spinal cord and nerves is also a risk.

Will I need blood?

You may need blood after fusion surgery. The Medical Center uses blood from the American Red Cross.

How long will it take to recover from surgery?

Recovery time depends on the type of surgery; however, all patients are generally out of bed and walking within the first 24 hours after surgery.

Frequently Asked Questions

Do I need to be put to sleep for the surgery?

Yes, general anesthesia is typically used for any spinal surgery.

Will the surgery be painful?

You will have pain after the surgery, but we will try to keep you as comfortable as possible with pain medications. You may request oral or IV pain medication as well as muscle relaxant from your nurse as needed. At the same time of discharge, your surgeon will prescribe you pain medications and muscle relaxants, if you do not already have a prescription. These medications are only prescribed for a maximum of eight weeks after surgery.

How long and where will my incision be?

The length and location of your incision will depend on the type of surgery.

If you have a:

Lumbar (back) laminectomy or ***diskectomy,*** your incision will typically be two to three inches long.

Posterior Lumbar (back) Fusion, you will have one long incision up to two to three inches in length or two smaller incisions alongthe side of your spine.

Anterior Lumbar (back) Fusion in which the incision is on your abdomen, your incisionwill be six to eight inches long.

Lateral Lumbar (back) Fusion, incision will be on your side, and your incision will be two to three inches long.

Anterior cervical (neck) fusion or ***diskectomy,*** your incision will typically be one to two inches long on the front of your neck.

Posterior cervical (neck) fusion, your incision will typically be three to six inches long on the back of your neck.

Posterior cervical (neck) decompression, your incision will typically be three to six inches long on the back of your neck.

When will I be able to return to work?

Most patients will need to be off work for at least one month after surgery, with time off sometimes extending four to six months. When you follow up with your neurosurgeon after surgery, you can discuss your progress, the type of work you do and anticipate a return-to-work date.

Does cigarette smoking affect my spine problem?

Nicotine, which is in cigarettes, has been shown to increase the risk for disk degeneration and spine pain. It can also slow or prevent recovery because it reduces blood flow to the tissues trying to heal. In patients who have fusion surgery, it reduces the rate of bone healing after surgery. Smoking also increases the risk for serious complications from anesthesia.

Most neurosurgeons will recommend a person quit smoking four weeks before surgery and at least six months after surgery to minimize the effects of nicotine on healing. You may be asked to take a urine or blood nicotine test prior to surgery.

Glossary

ACDF (anterior cervical diskectomy and fusion): Anterior refers to the approach used by the surgeon to reach your spine through the front of your body. The neurosurgeon will remove a piece of the disk or the entire disk putting pressure on your nerves or spinal cord. Bone from the bone bank or iliac crest (hip) will be used as b one graft. This will be inserted between the vertebrae where the disk was removed. A plate and screws will be inserted to stabilize your neck.

ALIF (anterior lumbar interbody fusion): Anterior refers to the approach used by the surgeon to reach the spine through the front of the body. A general or vascular surgeon clears the way to the spine through the front. The neurosurgeon then removes the disk between the two vertebrae and places a spacer in between the vertebrae, then a plate on the front.

LLIF (lateral lumbar interbody fusion): A fusion operation using minimally invasive technique to treat back and leg pain. The procedure is preformed through the patient's side (lateral approach), avoiding major muscles of the back

Cauda Equina: A bundle of nerves at the bottom of the spinal cord.

Disks: Disks are the structures that serve as shock absorbers between the vertebrae of the spinal column. The center of the disk is called the nucleus, and the outer ring of the disk is called the annulus.

Facets: Surfaces where two vertebrae meet and move, forming a joint.

Facetectomy: An operation to remove part of a facet to prevent a degenerated facet from pinching a nerve.

Foramen: A natural opening or passage in bone for nerves and blood vessels.

Foraminotomy: An operation to make the foramen larger to provide more space for the nerves and blood vessels.

Fusion: Union or healing of bone. A spinal fusion promotes the growing together of two or more vertebrae in the spine.

Lamina: The back portion of the vertebra. For each vertebra, two lamina make part of the arch housing the spinal cord.

PLIF (posterior lumbar interbody fusion): A fusion operation. The surgeon removes the disk and replaces it with bone. The surgeon then places rods and screws in place until fusion occurs. The surgery incision is through the back.

Posterior cervical fusion: Posterior refers to the approach used by the surgeon to reach your spine through the back of your neck. Arthritis or bone spurs will be removed allowing more space for your nerves to run. Your own bone from the surrounding area or possibly bone from the iliac crest (hip) will be used. Rods and screws will be placed to stabilize your spine.

Osteophyte: A bony outgrowth on the edge of a vertebra, also known as a bone spur.

Pedicle: A part of a vertebra. It connects the lamina with the vertebral body.

Spinal Canal: The bony channel that contains the spinal cord and cauda equina.

Spinal Cord: The cord of nerve tissue found in the spinal canal. The spinal cord is the pathway for nervous impulses to and from the brain. The spinal cord also carries out many reflex actions independently of the brain.

Spinous Process: A part of the vertebra that protrudes. The spinous processes create the "bumps" you feel in the middle of your back.

Spondylolisthesis: A condition in which one vertebra slips forward in relation to the vertebra below it.

Spondylolysis: This is a defect in the pars interarticularis of a vertebra. This can be congenital, traumatic or degenerative. A patient can have a spondylolisthesis because of a spondylolysis.

Vertebra: One of 33 bones of the spinal column. Vertebrae have a cylindrical-shaped body in the front and an arch-shaped region in the back, which houses and protects the spinal cord.

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Preoperative Care

Preparing for Surgery

Make Sure You Understand What to Expect From Surgery

Many people will suffer from neck and back pain, as well as arm and leg pain. Make sure you discuss the goals of surgery with your surgeon. If you are suffering from both back and leg pain and both neck and arm pain, the chances of surgery resolving your leg pain are very high compared with the chances of relieving your back pain.

Pain Level/Functional Activity Questionnaire

As part of our continuing effort to provide very good care to our patients, we routinely collect information on all patients before and after surgery. This questionnaire assesses current pain level and functional ability. Before surgery, we will ask you to fill out a questionnaire. We will mail you the same questionnaire six months and 12 months after surgery to be completed and returned.

Stop Smoking

If you are a smoker, we advise you quit smoking tobacco products at least one month before surgery. Nicotine in any form hinders bone fusion and healing. It can reduce the rate of successful fusion by up to 40 percent. Because nicotine is the source of the problem, smoking-cessation products that contain nicotine must be discontinued as well. Please discuss smoking cessation with your doctor. There are new medications to help with this.

Preadmission Testing (PAT)

After your surgery has been scheduled, you will be contacted for your preadmission testing. You will be asked to bring the following information:

- Full legal name and address, including county
- Home phone number
- Marital status
- Social Security number
- Name of insurance holder, his/her address, home phone number, work address and work phone number
- Name of insurance company, mailing address, policy and group numbers, and insurance card
- Your employer's name, address and phone number and your occupation
- Name, address and phone number of nearest relative
- Name, address and phone number of someone to notify in case of emergency (this can be the same as nearest relative)
- Driver's license or photo ID
- Bring all your medications in their original containers including over-the-counter medications
- A copy of your advance directive. If you do not have an advance directive and wish to have one completed, please inform the PAT nurse when you first arrive. We can facilitate one being completed while you are here.

You will report to the Registration Center (Entrance 4) at the Medical Center. Preadmission testing will take about two hours. You will have your health history taken by a PAT nurse. Your preoperative lab and chest X-ray (if needed) will be completed during this visit. You will see the anesthesiologist. For more information, read "Anesthesia" in the appendix.

Preparing for Surgery

Preoperative Class

A video link will be emailed to you after your surgery is scheduled. All patients are encouraged to have a "coach." The role of the coach will be explained in the video. The outline of the video is as follows:

- Slide presentation
- What to expect before and after surgery
- Role of your coach/caregiver
- Meet the spine program team
- Learn breathing exercises
- Review preoperative and postoperative exercises
- Learn about assistive devices, braces and lumbar supports
- Discharge planning and obtaining equipment

Review Advance Directives Appendix

The law requires everyone being admitted to a medical facility have the opportunity to make advance directives concerning future decisions for their medical care. Please refer to the appendix for information about advance directives. Although you are not required to do so, you may make the directives if you desire. If you have advance directives, please bring copies to the Medical Center on the day of your preadmission testing or surgery.

Review Anesthesia Appendix

Spine surgery requires the use of general anesthesia. Please review "Anesthesia" in the appendix, provided by Saint Francis's anesthesia department. If you have questions, please contact your surgeon's office.

Review Pain Assessment Scale Appendix

It is normal to experience pain after any surgery. Please review the Pain Assessment Scale in the appendix so you can help the staff identify and treat your level of pain.

Preparing for Surgery

Medications to Avoid Before Surgery

You will be required to STOP any nonsteroidal anti-inflammatories such as ibuprofen (Advil®, Motrin®), naproxen (Naprosyn®, Aleve®), Celebrex®, Mobic and Indocin seven to ten days before your surgery.

You will need to stop taking aspirin and any blood thinners, including Coumadin®, Plavix®, Pradaxa®, Xarelto®, Eliquis® or Lovenox®. Please check with your doctor about when and how this should be done.

Stop taking any herbal supplements and certain vitamins seven to ten days before surgery, including but not limited to St. John's wort, garlic, ginseng, ginkgo biloba, fish oil, vitamin E and vitamin C, as these tend to thin your blood.

Diabetic patients should not take any oral hypoglycemic agents or insulin products the morning of surgery. Metformin (Glucophage®) is the most vital to avoid.

Your physician or anesthesiologist may ask you to stop other medications before surgery.

Yardwork/Exposure to Potential Cuts

If you work in the yard or have pets that may scratch you, be sure to wear long pants.

Do not do any activity that could potentially leave you with a scratch or wound. Your surgery could be canceled.

Notify your surgeon if you have any cuts, bites, open sores or breaks in your skin prior to your scheduled surgery.

Prepare Your Home for Your Return

- Do the laundry and put it away.
- Put clean linens on your bed.
- Prepare meals and freeze them in single-serve containers.
- Place commonly used items on the countertop or dresser for easy access.
- Cut the grass, tend to the garden or finish any other yardwork.
- Pick up throw rugs and tack down loose carpeting. Remove electrical cords and other obstructions from walkways.
- Install night lights in bathrooms, bedrooms and hallways.
- Arrange to have someone collect your mail and take care of pets and loved ones, if necessary.
- If you have a walker, clean it, get it to the correct height and leave it close to the entrance at home. Also check that the walkways are clear and wide enough to maneuver a walker through, if necessary.
- Make sure someone is available to take you home after surgery. Saint Francis will discharge you only to the care of a responsible adult.
- Encourage family and friends to help you in concrete ways; for example, vacuuming the floors.

Preparing for Surgery

Special Instructions

- Take your medications as directed by the anesthesiologist.
- Leave jewelry, valuables and large amounts of cash at home.
- Makeup must be removed before your procedure, excluding nail polish.
- Make sure you review the postoperative exercises and restrictions, which include no bending, twisting or lifting.
- Arrange for a family member or friend (your coach) to check on you in your home and help you the first couple of weeks after your surgery. The type of surgery you have will determine how long you will need help.
- Arrange to have someone bring you to the Medical Center the day of surgery and to take you home after discharge. You will not be able to drive yourself home.
- If you are feeling ill in the days prior to your scheduled surgery, please notify your physician.

Before Surgery

Shower Prep Before Surgery

- You will need to shower with a special soap once a day for two days before surgery. For example, if your surgery is on Monday, take a shower with the special soap on Saturday and Sunday.
- You will receive the soap during your preadmission testing visit.
- Directions:
    1. Pour the special soap on a washcloth.
    2. Wash all areas of your body, except your face and perineal area, with the soap.
    3. Thoroughly wash the area where you are going to have surgery.
    4. Rinse as usual.
    5. Dress as usual.
- Your surgeon recommends this soap to reduce the amount of germs on your skin before the procedure.

Your Arrival Time at the Medical Center

The Medical Center will call you the day before your surgery (or on Friday if your surgery is on Monday) to tell you the time of your surgery and when to arrive at the Medical Center on your surgery day. It is important to arrive on time because the surgical time sometimes is moved up at the last minute and your surgery could start earlier. If you are late, it may create a problem with starting your surgery on time. In some cases, tardiness could result in moving your surgery to a much later time.

Night Before Surgery

Do not eat or drink anything after midnight, even water, unless otherwise instructed to do so. Do not chew gum or suck on hard candy.

What to Bring to the Medical Center

Pack lightly for your stay at the Medical Center. Please do not bring valuables. Bring personal hygiene items (toothbrush, powder, deodorant, razor, etc.) and a hand-held mirror to use at the bedside. It is a good idea to bring well-fitted slippers and flat shoes or tennis shoes for walking. Also, bring comfortable clothes, preferably with an elastic waistband. Women, please bring a bra to be worn under the brace. Front-closure bras seem to be the easiest to put on after surgery. For cervical surgery, button up shirts are easier to put on than pulling a shirt over your head. For safety reasons, do not bring electrical items. You may bring battery-operated items and/or a cell phone for personal use.

Day of Surgery

What to Expect

Make sure to bring a copy of your advance directives (if you have one) and a list of your current medications. Bring any brace or collar provided to you prior to surgery.

Patients are prepared for surgery in the preoperative holding room. This is a specialized area with trained nurses who will prepare you for surgery. This includes starting an IV, placing heart-monitor leads, giving you relaxing medication, shaving your operative area and scrubbing your operative site. Patches may be placed on your arms or legs before surgery to monitor your nerves during surgery. Your operating room nurse, as well as your anesthesiologist, may interview you.

After surgery, you may be taken to a recovery area. During this time, pain control is typically established, and your vital signs will be monitored. While you are in recovery, your surgeon will talk to your family and loved ones about your surgery.

You will then be taken to the Neurosciences Institute, where a neurosurgical nurse will care for you. We recommend only one or two close family members or friends visit you on this day.

It is important to begin paddle exercises the first day. This will help to prevent blood clots from forming in your legs. You will be wearing sequential compression devices around your lower legs. You should also begin deep breathing exercises, and your nurse or respiratory therapist will show you how to use your incentive spirometer to prevent pneumonia.

3

Postoperative Care

After Surgery

After surgery, you are advised not to lift, twist or bend. Depending on your surgery, you may be able to get out of bed that evening or the next morning. Some patients stay in bed longer when the type of surgery requires it. You will be able to turn side-to-side in bed without help as long as you "log roll." We will help you with turning on the first and second days after surgery. Once you are allowed up, you will need help the first three or four times.

Your nurse will be checking your incision site to make sure the dressing is in place and to monitor drainage. Drainage tubes from your wound may be placed during surgery to prevent pooling of blood in the wound. The drain will be removed one or two days after surgery.

Medications will be ordered to help control your pain. **Please ask your nurse when you need pain medications.** The initial pain is usually due to your incision; muscle spasms can also cause pain. The nurse will ask you to rate your pain on a scale of 0-10 (see the Pain Assessment Scale in the appendix). A change in position and relaxing may ease pain without the need for medication. The nurse will help you log roll, which will help reduce muscle spasms when turning.

Your pain will lessen each day with wound healing, walking and pain medicine.

A full bladder can add to your back pain. Some patients will have a catheter to help drain the bladder after surgery. This will be removed as soon as possible. Notify your nurse if you are having difficulty urinating after surgery.

The nurse will be listening to your stomach for bowel sounds. Active bowel sounds mean your bowels are working properly. If your stomach feels swollen or uncomfortable, or if you are not passing gas, let your nurse know. Most patients will be on a clear-liquid diet after surgery. Once you are tolerating clear liquids, you can move to a regular diet.

Your surgeon will tell you if a brace or cervical collar is needed, and one will be ordered in the office. You should have your brace with you when you come to the Medical Center. You will need to wear the brace or cervical collar after surgery.

During the days following your surgery, physical and occupational therapists may work with you at the bedside. They will provide exercises to regain your strength and may suggest equipment to help you resume your normal activities, such as a reacher to pick things up off the floor or a walker to help steady yourself. They will also help you get out of bed, sit in a chair and walk. Once you are tolerating walking the halls with therapists, they will reintroduce you to stairs, if necessary, before you go home.

Your coach is encouraged to be present with you as much as possible. Visitors are welcome, preferably in the late afternoon or evening, and may stay overnight with an appropriate pass. Overnight passes may be obtained by presenting valid ID to the officer on duty at the Public Safety office near Entrance 3 (the Emergency Department).

Entrance 3 will remain open after all other Medical Center exterior doors lock at 9 pm. Instructions on obtaining an overnight pass are available by calling 573-331-4000. That number will be announced in an overhead page before the doors lock each night.

the officer on duty at the security office near Entrance 3 (the Emergency Department).

Going Home After Surgery

Most people will be discharged home, but for some patients, rehabilitation may be necessary as a bridge to going home. Saint Francis has a rehabilitation floor, and your insurance may cover the stay.

Someone responsible needs to drive you home. Whoever is taking you home from the Medical Center should bring a car that is easy to get in and out of and has a seat that reclines. If you have a long drive home, you may need to stop every 30 minutes or so to stand, stretch and walk if you have back surgery.

You will be given written discharge instructions for medication, physical therapy, activities, etc. We will arrange for equipment, if necessary. If you require home health services, the Medical Center will arrange for them, as well as outpatient therapy.

Pain Medications

You will be discharged with pain medications. Be sure to drink plenty of fluids and increase your fiber intake while taking narcotic medications, as they tend to cause constipation. You may need to take over-the-counter stool softeners or a mild laxative to help with constipation.

You should begin to wean yourself off the pain medications over the next several weeks. If you have difficulty with this, please discuss it with your surgeon.

Meds to Go

Ask your nurse about the Meds to Go program to have prescriptions hand-delivered to your room from the Medical Center's Healing Arts & Specialty Pharmacy. Having your prescriptions before you leave the hospital can save you an extra pharmacy trip after you are discharged.

Over-the-counter Pain Medications

Do not take any over-the-counter medications unless approved by your surgeon. Many pain medications already have acetaminophen (Tylenol®) in them, and you could overdose on it. The maximum dose of acetaminophen in a 24-hour period is 3,000 milligrams.

Discuss other medications, such as ibuprofen and naproxen, with your surgeon.

If you see a pain management specialist, notify them of your upcoming surgery. After your surgery, alert your assigned team member you see a pain management specialist. A discharge pain management plan will need to be made with your pain center.

Going Home After Surgery

Incision Care

If your physician has instructed you to wear a dressing over your incision, you will need to keep it covered for ten days or until the staples or sutures are removed. Keep the dressing clean and dry. A friend or family member will need to learn how to do your dressing changes before you leave the Medical Center. You will not be able to do your own dressing changes. Dressing supplies are available through Saint Francis pharmacy or a pharmacy of your choice.

Directions for Dressing Change:

1. Have your friend or family member wash his or her hands.
2. Remove the old dressing.
3. Carefully have your friend or family member inspect your incision for signs of infection such as rashes, swelling and drainage, and record how it looks on the Home Incision Care Chart.
4. If instructed by your physician, clean the incision based on your physician's discharge instruction sheet.
5. If you have Steri-Strips™ (white pieces of medical tape), they will start to fall off on their own in about two weeks. If you have Dermabond™ (skin glue), the glue will dissolve on its own over time.
6. Apply a new clean, dry gauze dressing. Be careful not to touch the side of the gauze that will touch your incision. Tape the entire dressing and all edges securely.
    - Do not apply ointments, lotions, antibiotic ointments, scar reducers or hydrogen peroxide to the incision while it is healing.
    - You may NOT bathe in a tub, swim or use a hot tub until your incision is completely healed or your physician gives you permission at your follow-up visit.
    - If you have staples or sutures, you will be scheduled for a staple or suture removal appointment at your surgeon's office.

Recognizing and Preventing Potential Complications After Surgery

Infection

Signs of Infection

- Increased swelling and redness at the incision site
- Drainage from the incision or on the dressing
- Increased pain at incision site
- Fever greater than 101.5 F

Prevention of Infection

Take proper care of your incision as explained. Do not touch your incision or rub it. Do not expose the incision frequently. Friends and family may like to see your incision, but every time you undo the dressing, you increase your chance of infection.

Have the person changing your dressing wash his or her hands before and after dressing changes.

Notify your primary care physician that you have had spine surgery.

Blood Clots in Legs

Surgery may cause blood to slow and coagulate in the veins of your legs, creating a blood clot. If a clot occurs despite preventive measures, you may need to be admitted to the Medical Center to receive blood thinners.

Signs of Blood Clots

- Swelling in the thigh, calf or ankle that does not decrease with elevation
- Pain, heat and tenderness in the calf, back of knee or groin area

Prevention of Blood Clots

- Paddle exercises
- Walking
- Moving legs while in bed
- Increased activity

Recognizing and Preventing Potential Complications After Surgery

Pulmonary Embolism

An unrecognized blood clot could break away from the vein and travel to the lungs. This is a medical emergency, and you should call 911 if suspected.

Signs of a Pulmonary Embolism

- Sudden chest pain
- Difficult and/or rapid breathing
- Shortness of breath
- Sweating
- Confusion

Prevention of Pulmonary Embolism

- Prevent blood clots in legs
- Recognize a blood clot in the leg and call primary care physician promptly

Postoperative Care

Activity Guidelines for Spine Surgery

- Walking is the best activity you can do for the first six weeks after surgery. You should start out slowly and work up to walking 30 minutes at least twice daily. You may walk inside or outside, but avoid areas where you may fall.
- Do not be surprised if you need frequent naps during the day. Between the narcotic pain medications you will be discharged with and the stress your body had undergone in surgery, you will be tired.
- Do not forget about your restrictions for the first six weeks after surgery. You need to avoid bending, lifting and twisting.
- Sleep on your back or side, not on your stomach.
- Sleep on a regular mattress.
- Move slowly and log roll in and out of bed.
- Avoid strenuous activities such as working, cooking big meals, cleaning the house, laundry, etc.
- Be careful when you move, and avoid activities that could cause a fall.
- If you have stairs at home, go slowly and use the handrail. There are no restrictions on stairs, but this is considered a high-risk activity, so try to limit walking up and down the stairs as much as possible.
- Activity restrictions will be gradually removed as healing takes place. Remember to keep your spine in the neutral position and maintain good posture throughout the day.
- Keep your back straight and keep your nose and toes pointed in the same direction.

Activity Guidelines for Lumbar (Back) Surgery

- Do not sit for more than 10 to 30 minutes at a time based on your physician's instructions. Let pain be your guide, and when you feel added soreness, stand, walk or lie down between periods of sitting. Avoid recliners, soft chairs and sofas.
- You also need to avoid lifting, pushing or pulling objects that weigh between five and ten pounds. This is about the weight of a half-gallon to a gallon of milk. Weight restrictions are based specifically off your surgeons discharge instructions.
- Follow your physician's specific instructions about wearing your back brace.
- Lateral Lumbar Interbody Fusions: Possible side effects include temporary muscle spasms and hip pain of operative side. This requires the need for single leg knee to chest leg raises, with ten repetitions every hour while awake.

Activity Guidelines for Cervical (Neck) Surgery

- You may sit in a comfortable chair.
- Do not make extreme or sudden movements of your neck.
- You also need to avoid lifting, pushing or pulling objects that weigh between five and ten pounds. This is about the weight of a half-gallon to a gallon of milk. Weight restrictions are based specifically off your surgeons discharge instructions.
- Do not drive until you are allowed to take the collar off. Be sure to wear your collar at all times when riding in a car. Always wear your seat belt in a vehicle. Remember it is important to protect your neck at all times.
- Use a thin pillow or small folded blanket under your head no more than two inches thick.
- Follow your physician's specific instructions about wearing your cervical collar.

Postoperative Care

Cervical Collar

Some patients will be given a cervical collar to support their neck and keep it in proper alignment. Apply the cervical collar as your physicians recommend. Inspect your skin under the collar daily. If you develop redness, irritation, skin tears or blisters or if the collar breaks or becomes too loose or too tight, notify your surgeon. The collar should be worn at all times except when in the shower.

How to shower with the collar:

- Use a walk-in shower or tub shower with handrails and a nonskid surface.
- Get in the shower and remove the collar, holding your neck in a neutral position while the collar is off. Be careful not to tilt your head forward or backward while in the shower.
- Shower
- Dry off
- Put the cervical collar back on before getting out of the shower

Lumbar (Back) Brace

Some patients are given a brace to support the back and keep it in proper alignment. Apply the brace as your doctor recommends. Always wear a T-shirt made of cotton under the brace. Inspect your skin under the brace daily. Contact the brace company if you develop redness, irritation, skin tears or blisters or if the brace breaks or becomes too tight or too loose. The brace should be worn at all times except to shower and while lying in bed.

How to shower with the brace:

- Use a walk-in shower or tub shower with handrails and a nonskid surface
- Get in the shower and remove the brace, keeping your spine in a neutral position (no bending or twisting) while in the shower.
- Shower
- Dry off
- Put the brace back on before getting out of the shower

Postoperative Care

Specific Shower Instructions

The physician will direct when and how you may begin showering and indicate his or her direction below:

- ☐ May begin showering the second day after surgery. Cover dressing with plastic wrap, securing all edges with tape, and ensure the dressing stays dry while showering. After showering, remove plastic wrap and dressing and replace dry dressing per physician's instructions.
- ☐ May begin showering the fifth day after surgery. Let soap and water run over the incision before patting dry and applying a new dry dressing per physician's instructions.

When you begin to shower:

- Do not rub the incision
- Gently pat incision dry with a clean cloth after shower
- Apply new dressing after shower as instructed by physician
- If instructed to wear a brace or collar, wear it into the shower. While showering, remove brace/collar but keep your body in a neutral position. Reapply brace/collar before exiting shower.

Sexual Activity

You can resume sexual activity when you are feeling up to it. You may find certain positions will be more comfortable than others. You should avoid undue stress on your back or neck.

Driving and Riding

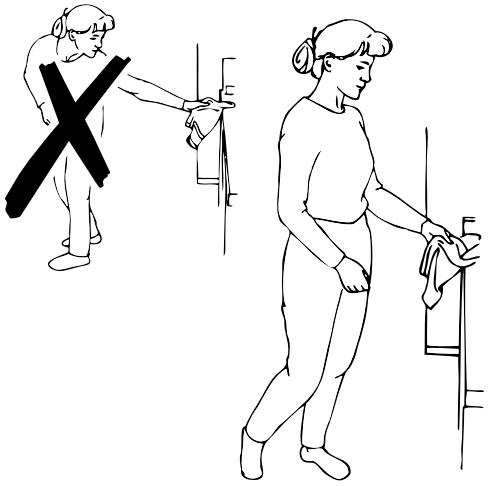
You may not drive or ride in a car until you are cleared by your physician and are not taking narcotic pain medications. Narcotic pain medications will delay your reflex time. Begin with short trips first. For back surgery, get out of the car every 30 to 45 minutes to walk around and reposition.

Return to Work

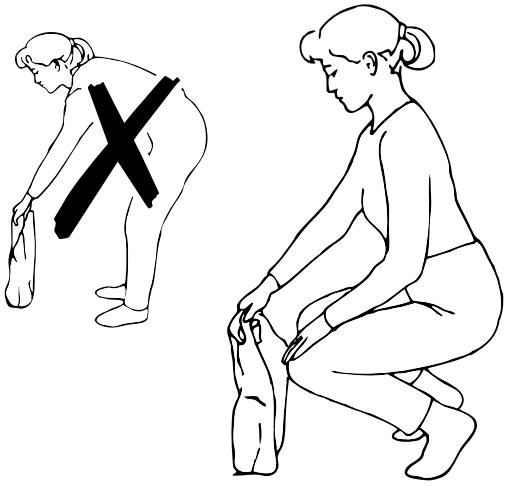
Naturally, you will feel tired and weak after surgery. You should tell your employer you will be out of work for four weeks or more, depending on the surgery, the type of work performed and your physician's preference.

Guide to Daily Activities

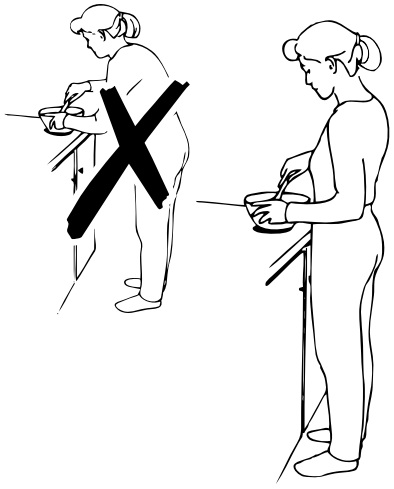
Below are some ways for you to avoid twisting and bending during daily activities.



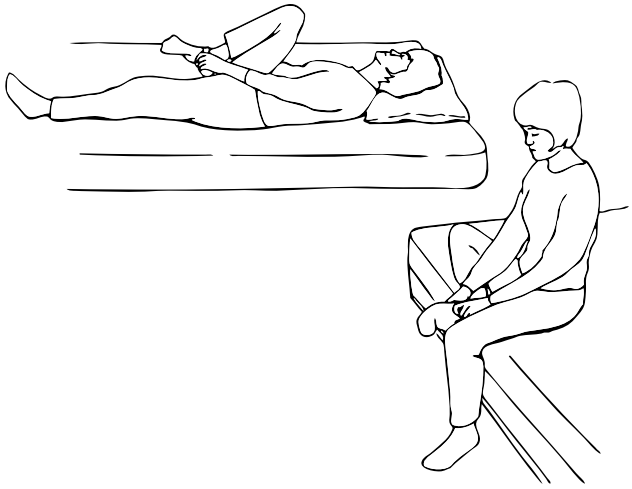
Avoid twisting or bending back. Pivot around using foot movements, and bend at knees if needed when reaching for items.



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



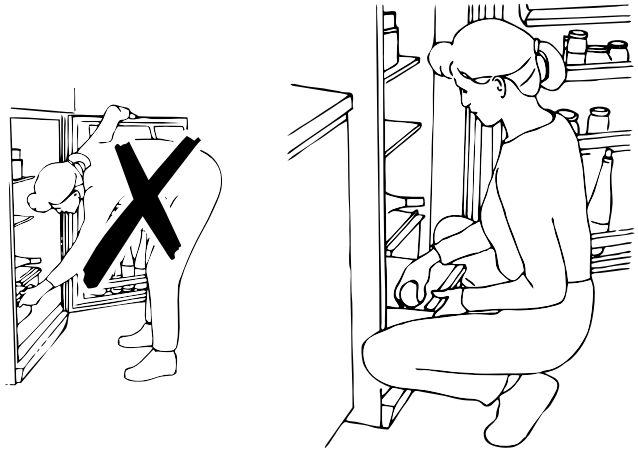
Stand close to counter and keep back straight.



Lie on back to pull socks or slacks over feet, or sit and bend leg while keeping back straight. You may also utilize a sock aide as instucted by your therapist.

Stand with one foot on ledge or cabinet under sink.

Place one foot on ledge and one hand on counter. Bend other knee slightly to keep back straight.



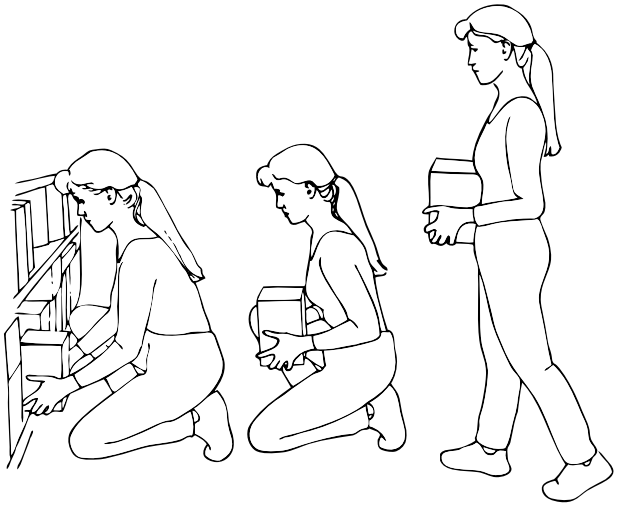
Squat with knees apart to reach lower shelves and drawers.

You will also need proper technique to lift light objects. Proper technique is essential for reducing pain and discomfort. The best way to lift an object is as follows:

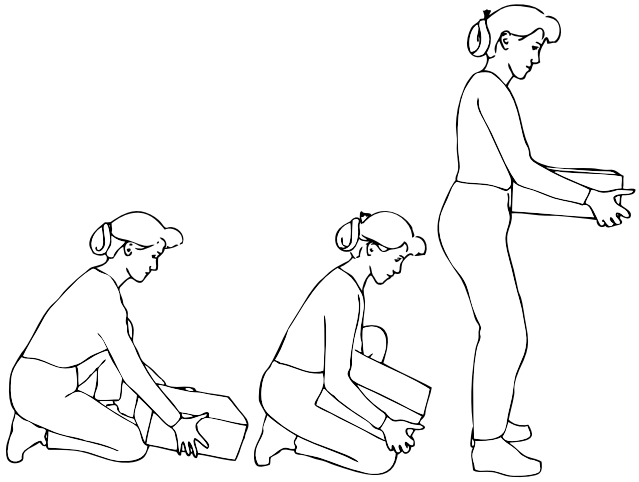
- Stand close to the object, with feet firmly planted and in a wide stance
- Bend your knees and keep your back straight
- Make sure you have a secure grip on the object, and keep the object as close to you as possible
- Lift the load by slowly straightening your knees and avoid jerking your body
- When standing upright, shift your feet to turn instead of twisting

Guide to Daily Activities

Below are some ways for you to lift properly, but remember lifting objects that weigh more than five to ten pounds for the first six weeks after surgery is not recommended.



Low Shelf : Squat down and bring item close to lift.



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

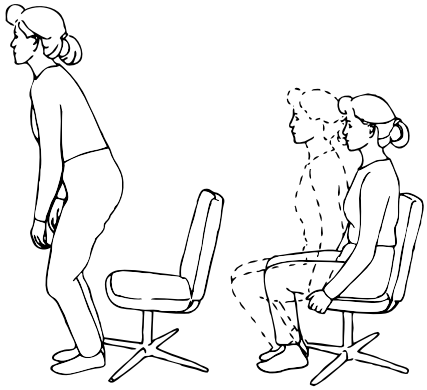
Deep Squat: Squat and lift with both arms held against upper trunk. Tighten stomach muscles without holding breath. Use smooth movements to avoid jerking.

Sitting at Your Desk After Surgery

After your doctor has approved your return to work, special care should be used to maintain proper posture at your desk. If working at a desk after surgery, having a chair that swivels or turns is better than trying to twist your body to reach objects. If you need to turn, try moving your body as a single unit. Keep your hips and feet pointed in the same direction when you are moving. If you have a telephone you constantly twist to answer, move the phone so it is in front of you. When you are on the phone, do not use your head to hold the receiver. Support the arm holding the phone by placing your elbow on the desk or armrest, and keep your neck in good alignment. You may also want to consider using a headset or headphones if you are on the telephone quite often. Items should always be placed within easy sight and access, and keyboards should be placed directly in front of you. Heavy books should be arranged close by and not above your head on shelves.

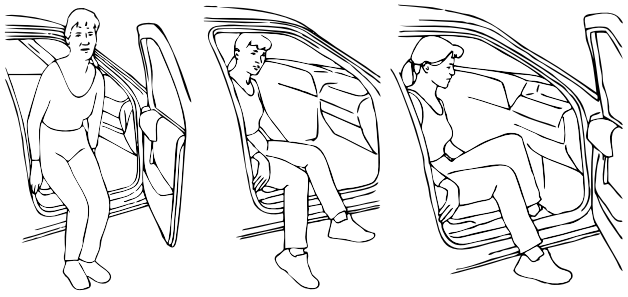
Getting In and Out of a Chair or Car

Getting in and out of a chair or car can be difficult after surgery. To get out of a chair, slide to the edge of the chair and straighten your hips and knees to lift yourself from the chair. Sometimes, placing one foot in front of the other can help. If a chair has armrests, use your hands to assist you, and remember to keep your back straight. Avoid bending at the back or leaning too far forward. To return to a sitting position, move backward until the backs of your legs are touching the chair. Place one foot in front of the other and, keeping your back straight, lower yourself to the edge of the chair by bending at the hips and knees.



To sit – 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.



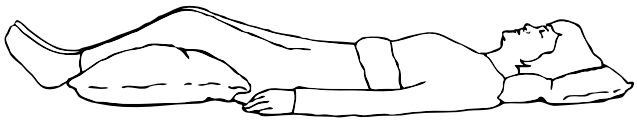
Lower self onto seat, scoot back, then bring in one leg at a time. Reverse sequence to get out.

Guide to Daily Activities

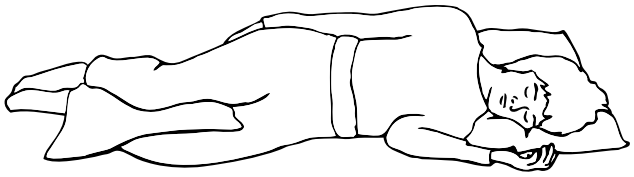
Sleeping After Surgery

The best sleeping position to reduce your pain after surgery is either on your back with your knees bent and a pillow under your knees or on your side with your knees bent and a pillow between your legs. If side sleeping provides the most benefit, make sure your legs rest on top of each other with your knees bent or with your top leg slightly forward. Avoid resting your top knee on the bed and sleeping with your arms under your neck and head. A pillow placed behind the body and tucked under the back and hips can help you from rolling out of position. When sleeping on your back, avoid sleeping with your arms over your head because this puts too much stress on your shoulders and neck. Both positions decrease the pressure on the spinal disks and low back. Sleeping on your stomach is not recommended.

For cervical (neck) surgery, use a thin pillow or small folded blanked under your head no more than two inches thick.

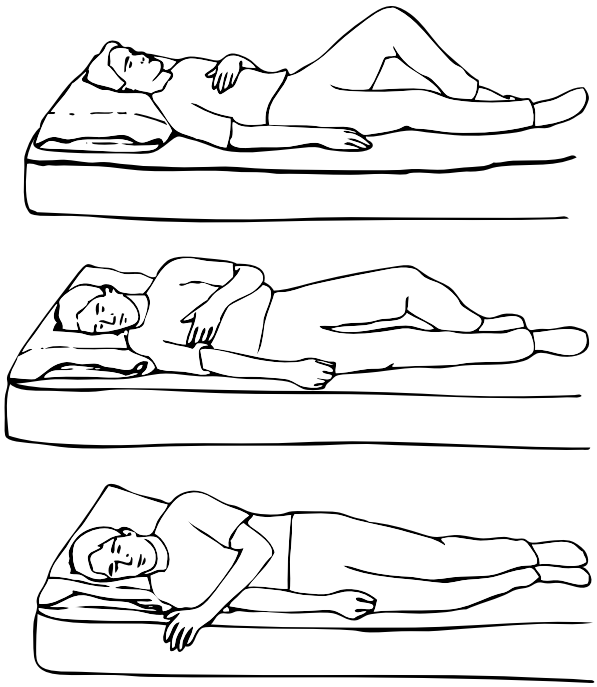


Place pillow under knees. A pillow with cervical support and a roll around waist are also helpful.



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

Changing positions in bed can be difficult for people after surgery. To reduce discomfort, always use the log roll when turning. To log roll, keep your back straight and avoid twisting when rolling from side-to-side and onto your back.



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.

What Happens if My Expectations From Surgery Are Not Met

First, discuss your symptoms with your surgeon. Your surgeon may order a new MRI of CT scan, and may provide you with a referral to a pain management specialist.

The best thing to do is to stay positive and resume normal activity. Walking is a great way to increase your energy level and decrease your pain and stiffness.

Recovery may seem slower than you anticipate. Do not become discouraged. Your own attitude and proactive approach to your care will lead to a faster recovery.

Remember, as previously mentioned, the chances of surgery resolving your leg or arm pain are very high compared with relieving your spine pain. Many people still have some spine pain after surgery.

Do not stop doing things if you still have pain; simply find an easier way to do them. Inactivity will cause you to stiffen up and will lead to more pain and discomfort. Try to establish a daily exercise routine. If you do not have time to exercise, try these helpful hints:

- Take the stairs instead of the elevator.
- Park far away from work or shopping centers and walk to the entrance.
- Stand up and stretch at least every hour when sitting at a desk.

Thanks again for choosing the Saint Francis Neurosciences Institute's spine program. We look forward to your successful recovery.

Additional Resources to Help With Recovery

Websites

Saint Francis Healthcare System	www.sfmc.net
MyChart login	www.sfmc.net/mychart
Mayo Clinic	www.mayoclinic.com
North American Spine Society	www.spine.org
eSpine	www.espine.com
Spine-Health	www.spine-health.com
SpineUniverse	www.spineuniverse.com

Important Telephone Numbers

Saint Francis Healthcare System	573-331-3000
Saint Francis Registration Center Preadmission Testing	573-331-5295
MyChart technical assistance	573-331-5024
Cape Spine and Neurosurgery	573-331-5677
Cape Neurosurgical Associates	573-339-0900

MyChart Electronic Health Record

You may access your medical chart online by signing up for Saint Francis MyChart. This free online service allows you to safely and securely access Saint Francis Healthcare System and its providers and services 24/7.

Patients can use Saint Francis MyChart to:

- Email providers
- Schedule or cancel appointments
- Get medical advice
- View lab results
- See when appointments are due
- Review and update personal health information, as well as contact and insurance information
- View prescription medication and request refills

Parents may use MyChart to electronically manage children's medical records. Likewise, authorized caregivers may use MyChart to participate in elderly parents' healthcare decisions.

You may sign up for MyChart at your next office or Medical Center visit, or online at www.sfmc.net/mychart. The Saint Francis MyChart mobile app is available for iOS and Android and can be downloaded for free through Apple's App Store and Google Play.

4

Appendices

Appendix One – Advance Directives

Exercise Your Right – Put Your Healthcare Decisions in Writing

It is Saint Francis Healthcare System's policy to place patients' wishes and individual considerations at the forefront of their care and to respect and uphold their wishes.

What are advance directives?

Advance directives are a means of communicating your healthcare wishes to all caregivers. If you have a living will or have appointed a healthcare agent and are no longer able to express your wishes to your physician, family or the Medical Center staff, Saint Francis is committed to honoring your wishes as they are documented at the time you were able to make that determination.

There are different types of advance directives, and you may wish to consult your attorney about the legal implications of each.

LIVING WILLS are written instructions that explain your wishes for healthcare if you have a terminal condition or irreversible coma and are unable to communicate.

APPOINTMENT OF A HEALTHCARE AGENT (sometimes called medical power of attorney) is a document that lets you name a person (your agent) to make medical decisions for you if you become unable to do so.

HEALTHCARE INSTRUCTIONS are your specific choices regarding use of life-sustaining equipment, hydration, nutrition and pain medications.

During preadmission testing and upon admission to the Medical Center, you will be asked if you have an advance directive. If you do, please bring copies of the documents with you so they can become a part of your medical record. Advance directives are not a requirement for admission.

Appendix Two – Anesthesia

Who are the anesthesiologists?

The operating room, Post-anesthesia Care Unit (PACU) and Intensive Care Unit (ICU) at the Medical Center are staffed by board certified and board eligible physician anesthesiologists and certified nurse anesthetists (CRNAs). Each staff member is an individual practitioner with privileges to practice at the Medical Center.

What types of anesthesia are available?

Decisions regarding anesthesia are tailored to your needs. The types available are:

- General anesthesia — provides loss of consciousness.
- Regional anesthesia — involves the injection of a local anesthetic to provide numbness, loss of pain or loss of sensation to a large region of the body. Regional anesthetic techniques include spinal blocks and epidural blocks. Other medications can be given to make you drowsy and blur your memory.

Will I experience any side effects?

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.

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 doctors and nurses can relieve pain with medications. Do not expect to be totally pain-free, but we will focus on keeping your pain at a tolerable level. The staff will teach you the Pain Assessment Scale (0–10) to assess your pain level.

What will happen before my surgery?

You will meet your anesthesiologist during your PAT visit before 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, the anesthesiologist will determine the type of anesthesia best suited for you. He or she will also answer any questions you may have.

On the day of surgery, IV fluids will be started, and preoperative medications will be given. Once in the operating room, monitoring devices will be attached, such as a blood pressure cuff, EKG and other safety devices. At this point, you will be ready for anesthesia. Your anesthesia team includes anesthesiologists and certified registered nurse anesthetists (CRNAs). The anesthesiologist is immediately available at all times.

Appendix Two – Anesthesia

During surgery, what does my anesthesiologist do?

Your anesthesiologist is responsible for your comfort and wellbeing before, during and immediately after your 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 is also responsible for fluid and blood replacement when necessary.

What can I expect after the operation?

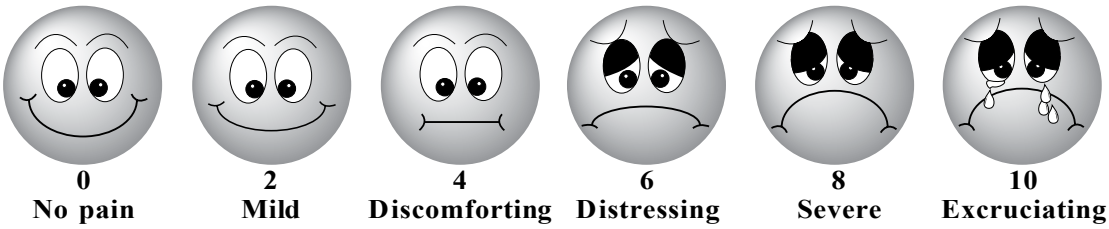
After surgery, you will be taken to the PACU, where specially trained nurses will watch you closely. During this period, you may be given extra oxygen, and your breathing and heart functions will be observed closely. You will remain in this area for an hour after surgery. Pain-control measures will be started in the PACU. You may have received an epidural injection for pain control. This will dull the pain receptors in your surgical area, thus controlling your immediate postoperative pain.

Appendix Three – Pain Assessment Scale

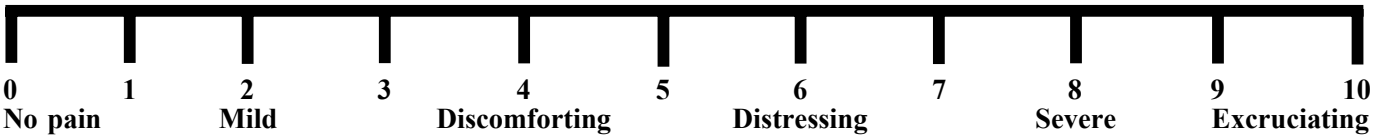
How will the nurses know how much pain I have?

During your stay at the Medical Center, the nurses will ask you to rate your pain on a scale of 0-10. Below is an example of what the numbers mean.

Pain Rating Scale



Pain Assessment Ruler



When you put a number on your pain, it helps the people taking care of you know if what they are doing is helping decrease your pain. We want to keep it from getting out of control. You will get well faster when you help us stay ahead of your pain. Be sure to tell your nurses as soon as the pain starts.

What else can I do to help?

We suggest you turn the TV in your room to channel 50. Follow the directions on the TV after you dial the Healthline on your room phone, ext. 2020. Pick option 7 (stress management), then pick 1, 2, 3 or 4 for soft music and peaceful scenes. Channel 50 is on the air 24 hours a day, seven days a week. Researchers have shown that relaxing your body and mind helps with pain management by getting rid of muscle tension and fearful thoughts.

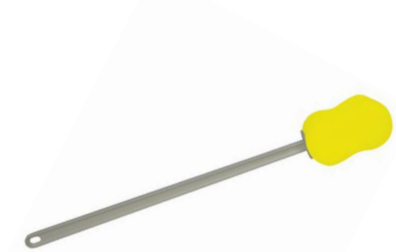
We want to take the very best care of you while you are at Saint Francis. Your safe, speedy recovery is our goal, so you can return home as soon as possible. If you have questions or concerns about pain during your Medical Center stay, please discuss them with your nurse and physician.

Appendix Four – Helpful Equipment for Home

Your occupational therapist may suggest equipment for home that will help you be more independent, while still keeping your back safe. The following equipment is not necessary for everyone, but may come in handy for some. There are various options to purchase this equipment. Some of the most common are CVS, Walgreens, Walmart.com/Walmart, Amazon.

Reacher – to help with picking small items up from the floor.

Sock Aid – to help with putting on and taking off socks



Sponge Brush – to help with getting to your lower legs and feet in the shower

Toileting Aid – to help with toileting hygiene

Long Handled Shoe Horn – to assist with getting shoes off and on

HOME INCISION CARE CHART

The following chart is a guide to help you keep track of your daily dressing changes and monitor your incision. Please change your dressing and follow incision care as instructed by your physician on your discharge paperwork. Always wash your hands prior to changing your dressing or inspecting your incision.

Signs of Infection Include:

- Increased swelling or redness at the incision site
- If you notice any drainage from the incision or on the dressing
- Increased pain at the incision site
- Fever greater than 101.5 F

IF YOU HAVE ANY SIGNS OF INFECTION, IMMEDIATELY CONTACT YOUR PHYSICIAN.

Date	*Time*	*Dressing Changed By*	*Incision Site Appearance*	*Signs of Infection*
Example: 5-28-15	10 am	Spouse	Staples intact, no redness, no drainage, no swelling	None
Day 1:				
Day 2:				
Day 3:				
Day 4:				
Day 5:				
Day 6:				
Day 7:				
Day 8:				
Day 9:				
Day 10:				

STOP THE SPREAD OF INFECTION — IT IS IN YOUR HANDS

SPINAL POSTOPERATIVE GUIDELINES

Hand Washing

Keeping hands clean is one of the most important ways to prevent the spread of infection and illness. Make sure you are washing your hands the right way.

1. Wet your hands with warm, clean running water and apply soap.
2. Rub hands together to make lather and scrub all surfaces (backs of hands, wrists, between fingers and under fingernails).
3. Continue rubbing hands for 15-20 seconds. Imagine singing "Happy Birthday" through twice.
4. Rinse hands well under warm running water.
5. Dry your hands using a disposable towel. Use the towel to turn off the faucet.

Incision Care

If your physician has instructed you to wear a dressing over your incision, you will need to keep it covered for 10 days or until the staples or sutures are removed. Keep the dressing clean and dry. A friend or family member will need to learn how to do your dressing changes before you leave Saint Francis Medical Center. You will not be able to do your own dressing changes. Dressing supplies are available through Saint Francis pharmacy or a pharmacy of your choice.

Directions for Dressing Change:

1. Have your friend or family member wash their hands using the above directions.
2. Remove the old dressing.
3. Clean the incision based on your physician's discharge instruction sheet.
4. If you have Steri-Strips™ (white pieces of medical tape), they will start to fall off on their own in about two weeks. If you have Dermabond® (skin glue), the glue will dissolve on its own over time.
5. Have your friend or family member carefully inspect your incision and record how it looks on the Home Incision Care Chart.
6. Apply a new clean, dry gauze dressing. Be careful not to touch the side of the gauze that will touch your incision. Tape all edges securely.

7. Do not apply ointments, lotions, antibiotic ointments, scar reducers or hydrogen peroxide to the incision while it is healing.
8. You may NOT bathe in a tub, swim or use a hot tub until your incision is completely healed or your physician gives you permission at your follow-up visit.

Recognizing and Preventing Potential Complications

Prevention of Infection:

- Take proper care of your incision as explained.
- Do not touch your incision or rub it. Do not expose the incision frequently. Friends and family may ask to see your incision, but every time you undo the dressing, you increase your chance of infection.
- Do not let friends or family who visit touch the surgical wound or dressing.
- Have the person changing your dressing wash his or her hands before and after dressing changes.
- Do not sleep with pets while your incision is healing.

Signs of Infection:

- Increased swelling or redness at the incision site.
- If you notice any drainage from the incision or on the dressing.
- Increased pain at incision site.
- Fever greater than 101.5 F.
- If you have any signs of infection, immediately contact your physician.

Showering and Perineal Care

- You may begin showering based on your physician's discharge instructions.
- Do not rub the incision or put soap on it.
- Always use a clean washcloth when showering and wash your perineal area last.
- After a bowel movement, make sure you do not contaminate your incision or your dressing. Baby wipes may be more effective. If your dressing becomes soiled, change it immediately.
- You may initially need some help with showering and perineal care for a few days following surgery; this is normal.