



NEUROSURGICAL AND ORTHOPEDIC

Patient Spine Surgery Checklist

Learn what to expect and how to prepare for surgery.

Now
offered
virtually

QR code:



Virtual Pre-Operative Spine Education Class

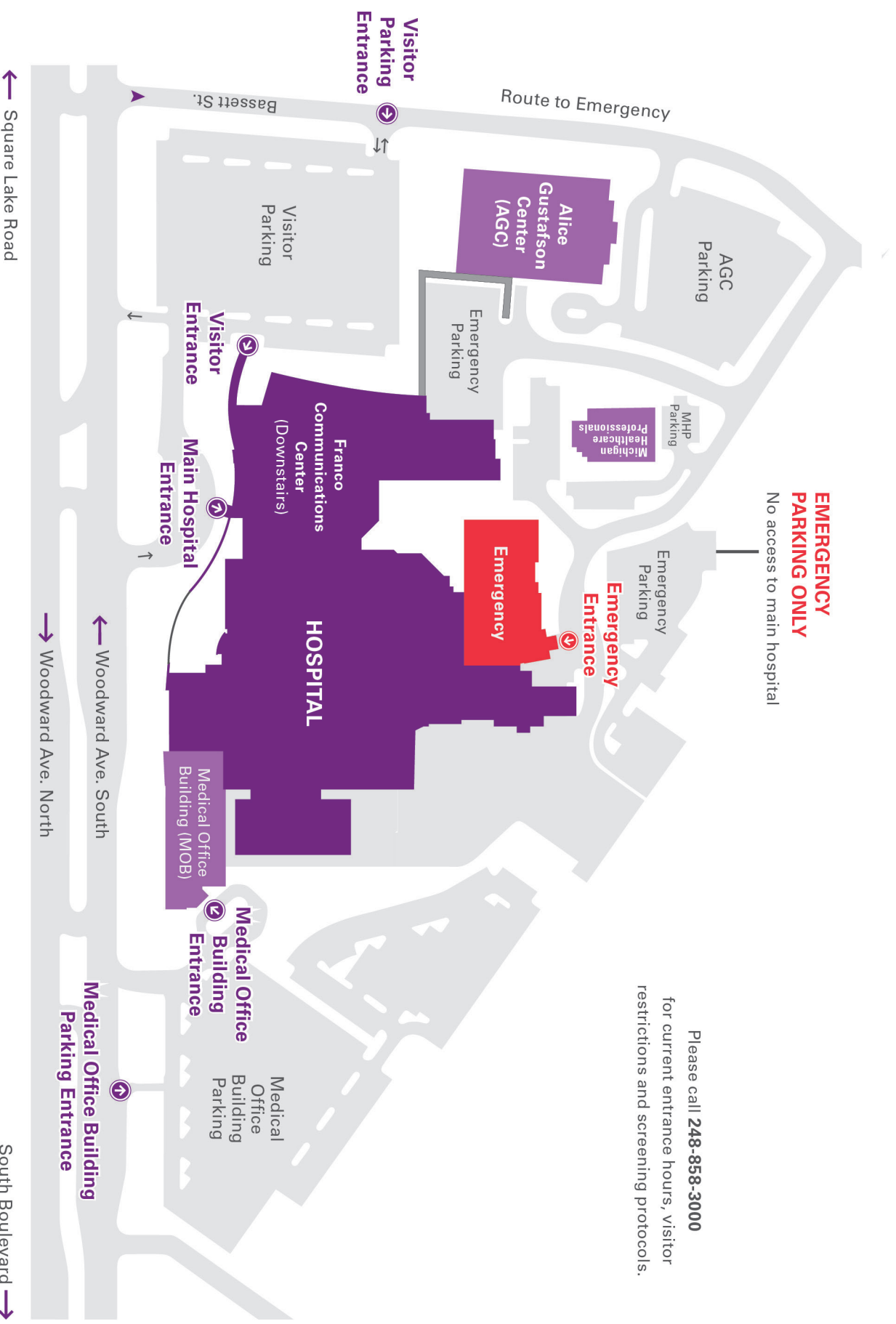
Website is
trinityhealthmichigan.org/oakland-spine-education





Oakland Hospital: Campus Map

44405 Woodward Avenue, Pontiac, MI 48341-5023 • 248-858-3000



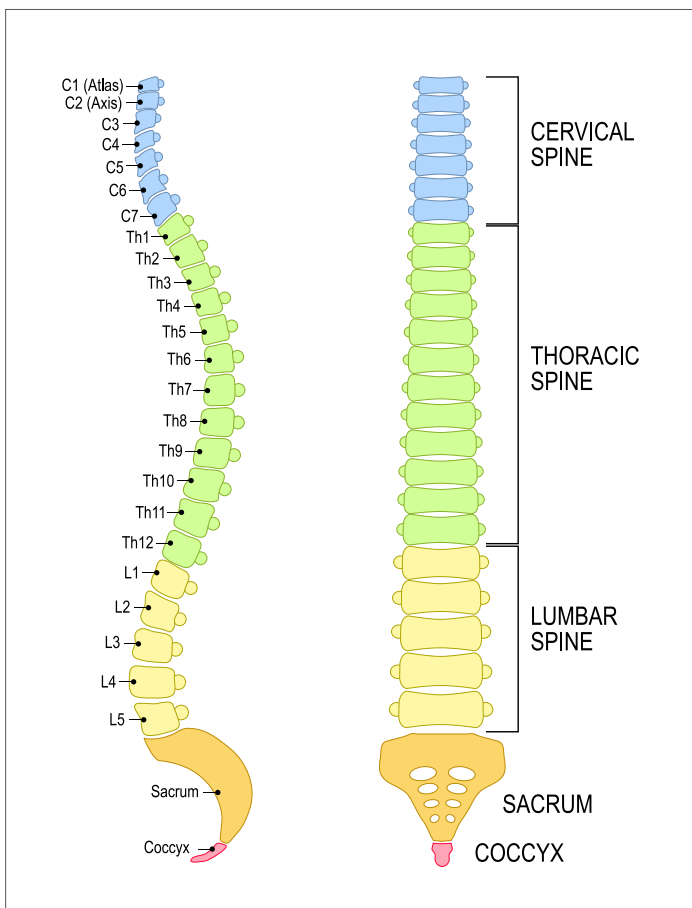
Patient Education Guide to Spine Surgery Checklist

Table of Contents

Campus Map	2	Your Hospital Stay	13
Introduction to Spine Surgery	4	• Call, Don't Fall	
• Your Personal Spine Diagram		• Post-Operative Spine Surgery Goals (Day 1-3)	
• The Trinity Health Experience		• Goals for Day of Surgery	
• Michigan Spine Surgery Improvement Collaborative (MSSIC)		• Incentive Spirometer	
• What is Enhanced Recovery		• Goals for Post-Op Day 1	
• Your Clinical Care Team		• Goals for Post-Op Day 2 (if needed)	
• Post-Operative Appointment		• Goals for Post-Op Day 3 (if needed)	
Preparing for Surgery –Your Home Checklist	6	Pain Management	15
• Before Surgery		Pain Diary	16
• Pre-Registration and Pre-Admission Calls		Your Mobility	17
My Medications	7	• Mobility After Surgery	
Activity Log	8	• Spinal Surgery Precautions and Activity	
Thinking Ahead for Home	9	• Cervical Fusion Precautions	
What You Should Do Prior to Surgery	9	• Lumbar Fusion Precautions	
• 2 Weeks Before Surgery		Safety Tips	18
• 1 Weeks Before Surgery		• Completing Activities of Daily Living for Spine Surgeries	
• 3 Days Before Surgery		Reminders for After Discharge and at Home	19
• Day Before Surgery		• Incision Care Dressing	
• What to Bring the Day of Surgery Checklist		• Incision Care Showering	
• What Not to Bring		• Incision Care General	
Optimizing Your Nutrition Before Surgery	11	• Incision Closure	
Instructions for Clear Carbohydrate Drink		• Hand Washing	
Day of Surgery	12	• Pets	
Before You Arrive		Follow Up Call	20
• Before Going into Surgery (Pre-Op)		Patient Post-Operative Bowel Prevention	21
• During Surgery		• Diet and Exercise	
• Right After Surgery (Recovery PACU)		• Medication Point	
• What Your Family/Friends Can Bring to Your Room After Surgery		• Recommendations	
		Possible New Medications Use and Side Effects Information	22
		Assessing Your Recovery	23
		• After Discharge to Remember at Home	

Introduction to Spine Surgery

Your Personal Spine Diagram



Patient Name

Surgery

Tentative Date

Medical Clearance

Cardiac Clearance

Other

The Trinity Health Experience

Welcome to Trinity Health Oakland! Our highly skilled and specialized expert team of surgeons, physicians, physician assistants, nurses, nurse practitioners, pharmacists, physical therapists and other staff members invite you to experience world-class care, minutes away from your home. Our surgeons are specialty trained and have obtained advanced skills at world-renowned institutions.

Take confidence that you will be provided the most up-to-date, expert-level care available, in a setting where we know your name.

The decision to have spine surgery does not come easily. Most likely, you have been living with pain for some time, making concessions in your daily life because you can't do the things you used to enjoy without pain or limitation.

Knowing what to expect before, during and after surgery will help you get the best possible results from your surgery. Spine surgery is most successful when patients are knowledgeable and active in their care and rehabilitation. To facilitate this success, it is our expectation that you read this booklet prior to your surgery. Take notes as you read this guide and keep a list of questions to ask your surgeon or nurse as you prepare.

Michigan Spine Surgery Improvement Collaborative (MSSIC)

Trinity Health is a member of the Michigan Spine Surgery Improvement Collaborative (MSSIC).

MSSIC is a statewide collaboration of neurosurgeons, orthopedic surgeons and hospitals, all working together to improve the quality of care and outcomes for you and other patients in Michigan undergoing spine surgery.

As part of the MSSIC program, we will track your progress over time to see how you are doing. All eligible patients who are having cervical or lumbar surgery will complete a health status questionnaire before surgery, 90 days after surgery, and one and two years after surgery.

Your privacy is very important to us and we want to protect it. Your name and contact information will not be entered into the registry – it will be kept strictly confidential. Your name or identifying details will only be seen only by your surgeon and their staff.

If you are eligible to participate, further information will be provided. If you have any questions, please feel free to ask your surgeon's office.

What is Enhanced Recovery?

Enhanced recovery after surgery, or ERAS, is a set of guidelines used by your surgical team throughout your entire surgical experience to help ensure you have the best possible outcome for your surgery.

Your Clinical Care Team

Trinity Health has a large, multidisciplinary group of health care professionals who have specialized training and interest in orthopedic spine and neurosurgery. This dedicated, comprehensive team is committed to helping you have a successful surgery and a well-planned discharge.

We strongly encourage you to be an active participant and ask questions about your care.

Your Clinical Care Team Includes:

Neurosurgeon or Orthopedic Spine Surgeon

Your surgeon will partner with you in directing your care before, during and after surgery, throughout your rehabilitation, and in the years of follow-up.

Physician Assistant/Nurse Practitioner

A physician assistant or nurse practitioner will work as a member of your health care team in collaboration with your neurosurgeon.

Registered Nurse (RN)

Registered nurses will partner with you throughout your hospital stay. RNs will educate you, assist with your needs, help to develop a pain control plan, and care for you during your hospital stay. RNs work with your surgeon and care team to ensure your care is as seamless as possible.

Physical Therapist (PT)

Physical therapists are responsible to help you regain your range of motion, muscle strength, mobility, gait, balance and functional abilities following your spine surgery. The physical therapist will work to improve your strength so you can return back to your highest level of functioning after surgery.

Occupational Therapist (OT)

Occupational therapists are responsible for ensuring you are safe when completing your activities of daily living, such as bathing, dressing, household activities and using the restroom. They may work with you during your hospitalization to prepare you for going home.



Case Manager (CM)

Case managers are RNs who are available to assist you in planning for your post-hospitalization care. A case manager specific to neurosciences will work with you, your family, your physician, and RNs to determine what care setting and follow-up health services will best meet your needs.

Spine Nurse Navigator

Spine nurse navigator will follow you through your spine journey. They will speak to you before, during and after your hospitalization. They will be your resource during this journey.

Anesthesia Team

An anesthesia doctor or certified nurse anesthetist will review and care for your surgery needs. They will keep you safe during surgery and in recovery. They will help to manage your pain during surgery.

Post-operative Appointment

You will typically see your surgeon 10-14 days after surgery. The appointment to return to your surgeon's office will be made with the office.

Preparing for Surgery – Your Home Checklist

Being prepared for surgery will improve your surgical outcome!

Before Surgery

☐ Choose a coach

Your coach will play an important role in your recovery. Select a spouse, family member or friend who can be by your side through the entire journey.

Your coach must:

- Be in good health
- Come to your office visits
- Stay with you 24/7 after you are discharged for 1-4 weeks depending on your surgery
- Provide transportation to and from surgery and appointments

Your coach will assist you with:

- Medication and pain management
- Personal care such as showering and using bathroom
- Household chores, meal prep, etc.
- Position changes, including getting in/out bed
- Following all instructions including spine precautions

Your coach will:

- Motivate you on your journey
- Help you to stay on track and reach your goals
- Be a second set of ears to learn with you
- Help you become independent faster
- Learn the proper exercises from PT/OT and encourage you to walk and move!

☐ Get pre-operative (surgery) clearance

Be sure to get medical clearance from your family doctor or other providers who might be treating you, if requested by your surgeon. Specialty care clearance may also be required if you are receiving treatment from other providers such as cardiologists or pulmonologists. Be sure to inform your spine surgeon of any other providers that you may be seeing.

- ### ☐ Stay active! - It's important to stay active before surgery.
- Walking, swimming, deep breathing exercises are all ways to ensure a quicker recovery after surgery.

- ### ☐ No dental work 30 days before surgery - Visit the dentist before surgery. Let your spine surgeon know if you have dental problems or concerns.

- ### ☐ Eat well balanced meals during your journey.

- ### ☐ Diabetes: Control your blood sugar during your journey - This will help you to heal faster and prevent infection.

- ### ☐ Stop Smoking - Smoking increases your chance of having a failed back surgery. When you quit smoking your body will recover faster and the risk of infection is less. Talk with your primary care physician or family doctor if you find it hard to quit.

- ### ☐ Returning to work after surgery – Be sure to ask your spine surgeon how soon you might be able to return to work after surgery.



Pre-Registration and Pre-Admission Calls

The hospital will call you for your pre-registration and pre-admission phone call.

☐ Pre-registration phone call

- Have your insurance card readily available
- Confirm date and time of surgery

☐ Pre-admission phone call

– Expect a Health History Review

- Provide health history and past surgery information
- Inform of any issues with anesthesia in the past
- List or write down any medications you may be currently taking
- You will be advised what medications to take the morning of surgery

– Infections

- Let your surgeon know if you develop any infection in your bladder, skin, tooth, lungs etc.
- You will be reminded to use antibacterial soap

My Medications

Date	Medication Name	Strength	Frequency	Prescribing Physician	Take day of surgery
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Activity Log

	Walking (Obtain baseline activity and increase by 100-200 steps per day)	Relaxation (10 minutes of a relaxing activity per day)
Day 1		
Day 2		
Day 3		
Day 4		
Day 5		
Day 6		
Day 7		

Think Ahead for Home

Preparing your home before surgery will make for an easier recovery.

- ☐ Remove all rugs from the floor – these are a fall hazard
- ☐ Secure all electrical cords that could cause you to trip
- ☐ Identify sturdy chairs which have arms that will aid you in sitting/standing
- ☐ Make frozen meals or purchase frozen meals that can be warmed up or prepared easily after surgery
- ☐ Refill and pick up any medications you might need from your pharmacy, including stool softeners
- ☐ Schedule help with yard chores
- ☐ Make sure your bed is not too low
- ☐ Do not sleep in a waterbed while recovering from spine surgery
- ☐ Purchase night lights for bathrooms and hallways
- ☐ Loose-fitting clothes
- ☐ A rubber mat to place in the shower or bathtub to prevent slipping



- ☐ Transportation (to and from surgical hospital stay):
 - Most discharges occur early in the day, so please plan so that you have a ride home. You will not be able to drive yourself home from the hospital.
 - Make sure the vehicle that is going to pick you up from the hospital is one you do not have to step up into and will be comfortable to get in and out of after surgery.

What You Should Do Prior to Surgery:

2 Weeks Before Surgery

- ☐ Do you have an infection?
 - Call your doctor's office if you feel sick or think you have an infection of any kind
 - Signs of infection:
 - Chills and sweats
 - Change in cough or new cough
 - Sore throat or new mouth sore
 - Redness, soreness, swelling in any area including teeth
 - New onset pain
 - Any changes in skin, urination or mental status
- ☐ Do you any open wounds?
 - Call your spine surgeon if you have any open wounds, sores, or rashes.
- ☐ Complete the setup home checklist



- ☐ Complete the pre-operative spine education virtual class at trinityhealthmichigan.org/oakland-spine-education

This online education allows you to complete the class when it is convenient for you. We recommend the live virtual classes with our nurse navigator. Scheduled dates and times are listed online. A pre-recorded class is also available if you are unable to complete the live virtual class.

1 Week Before Surgery

- ☐ What medications do you stop taking?
 - Review and keep alert for which medications to stop.
 - Please check with your provider about the time frame for stopping aspirin products, NSAIDs, and blood thinners such as Coumadin, Xarelto, Eliquis, and Plavix.
- ☐ Call your spine surgeon's office if you have any open wounds or think you have an infection
- ☐ Stop appropriate medications as advised
- ☐ No shaving the surgical area



3 Days Before Surgery

- ☐ Pre-operative showering

Before surgery, it is important that you take an active role in your surgical care to assist in the prevention of surgical site infection. We ask that you follow these instructions to prepare your skin to be as germ-free as possible. Because skin is not sterile, we need to be sure that your skin is as clean as possible. Your skin will be prepared with antiseptic before surgery, but the antiseptic will work better if your skin is clean.

To cleanse your skin prior to surgery, your surgeon has asked that you shower with antibacterial soap agents such as Dial®, Lever®, Safeguard® or any antibacterial brand of body wash or a new bar of soap. You can purchase antibacterial soap at any drugstore or retail store, if you have not received soap from your surgeon's office.

- For best results, we recommend that you **shower starting three days before surgery** with a liquid or new bar of antibacterial soap paying attention to skin folds, arm pits, groin and belly button.
- With each shower, wash your hair with your normal shampoo. Do not wash your hair with the antibacterial soap.
- Use gentle friction with a wet, clean washcloth or soft sponge to remove dirt, avoid rough scrub brushes and harsh scrubbing.
- If your surgery is on your back have a family member wash your back or use a long-handled brush.
- Avoid getting any soap in your eyes, ears and mouth.
- Dry off with a clean towel.
- Do not use any lotions, deodorant, creams, powders or perfume after washing.
- Dress in freshly laundered clothes.
- Sleep on clean linen the night before surgery
- Keep pets away from clean sheets before and after surgery
- Do not shave or use hair removal products around the surgical site for at least a week before surgery. These can irritate the skin and could lead to infection.

- ☐ COVID Testing

- Refer to hospital guidelines for the most current COVID testing requirements. These can be found on the spine surgery website. Please use QR code on the front of the book

- ☐ Start bathing with antibacterial soap (or antiseptic soap if advised by your surgeon)
- ☐ Use clean towels and clean sheets
- ☐ Call if you have any open wounds or think you have an infection
- ☐ Pack your bags

Day Before Surgery

- ☐ Do not eat large meals
- ☐ Try to have a BM within 24 hours of admission to hospital
- ☐ No solid food (including gum and mints) after midnight but you may have clear liquids
- ☐ You can drink clear liquids up to 4 hours before surgery. Clear liquids include Jello-O, broth, Juice (apple, white grape juice, and pulp free lemonade), and tea/coffee with NO cream or milk
- ☐ Remove all nail polish and artificial nails
- ☐ Take a shower with antibacterial soap and sleep in clean sheets and pajamas
- ☐ Do not use lotions, perfumes, makeup
- ☐ Complete what to bring checklist



What to Bring the Day of Surgery Checklist

- | | |
|--|--|
| <input type="checkbox"/> Hearing aids and batteries | <input type="checkbox"/> CPAP/BiPAP machine (if you use one of these machines) |
| <input type="checkbox"/> Glasses | |
| <input type="checkbox"/> Dentures | <input type="checkbox"/> Advance directive/ durable power of attorney papers |
| <input type="checkbox"/> Insurance card and picture identification | <input type="checkbox"/> This booklet |

What Not to Bring:

- No Valuables: To ensure the safety of your valuable belongings, please do not bring cash, credit cards, jewelry or purses/wallets.
- Do not bring medications from home.

**Trinity Health is not responsible for any lost or stolen items.*

Optimizing Your Nutrition Before Surgery

Exception to this drink is type 1 diabetics.

Did you know?

- Research shows that drinking carbohydrate drinks before surgery improves the recovery process.
- Drinking carbohydrates is used to reduce hunger, thirst and assist your body's healing process.
- Good nutrition before surgery can improve your recovery and impact surgical incision healing.
- The Pre-Surgery Clear Carbohydrate drink is designed to help with recovery after surgery.
- Carbohydrates are important in helping to reduce your body's stress response after surgery.
- Your surgery will not be canceled if you choose not to consume all three drinks. However, we highly recommend you do to help with healing after surgery.

What do the Ensure Pre-Surgery Clear Carbohydrate drinks contain?

- Carbohydrates, antioxidants and vitamins.
- The drinks are gluten-free, fat-free, lactose-free, kosher and Halal safe.
- Each drink is about 10 ounces of fluid.



Instructions for Clear Carbohydrate Drink

Evening Before Surgery

- Follow directions from your surgeon's office on when to drink pre-surgery clear carbohydrate drink.
- **No solid food** (including gum and mints) after midnight, but may have clear liquids.*

Day of Surgery

- Drink bottle(s) per directions of surgeon's office.
- Drink should be finished 2 hours before surgery. Do not drink anything else after finishing the pre-surgery clear carbohydrate drink.

**You may have clear liquids such as Jell-O, broth, juice (apple, white grape juice and pulp-free lemonade), and tea, coffee with NO cream or milk up until 4 hours before your surgery time.*

**If you are unable to obtain the Ensure Pre-Surgery Clear Carbohydrate drink you may drink 12 ounces of no sugar added white grape juice. You will drink at 3 different times per informational handout*

***Do not drink if you are a Type 1 diabetic**

Day of Surgery

Before You Arrive

- ☐ Take a shower with antibacterial soap before arriving and put on clean clothes
- ☐ Do not use nail polish, lotion, perfume, deodorant or makeup. Come “natural”
- ☐ Take medications as instructed to take the morning of surgery with sip of water
- ☐ Follow any special instructions given to you for the morning of surgery

Before Going into Surgery (Pre-Op)

- We will review your medications and health history with you
- Start an IV in your arm
- You will meet your anesthesia team to discuss anesthesia and pain control
- Your surgeon will answer any additional questions and mark the surgical site
- You will be given medication for comfort before going to the Operating Room



During Surgery

- Your surgery team will take excellent care of you during your surgery. They will monitor your heart rate, breathing, temperature and blood pressure
- Updates about your progress will be given to your loved one

Right After Surgery (Recovery PACU)

- You will wake up in recovery
- Highly trained nurses and anesthesia doctor will monitor you. They will keep you safe and comfortable.



What Your Family/Friends Can Bring to Your Room After Surgery

- Assistive Devices: If you own a walker or cane, please bring them with you the day of surgery, but leave them in the car until you reach your room.
- Clothes: Loose fitting clothes work well for post-surgical therapy. Surgical sites may drain and your clothes may get soiled.
- Toiletries: Anything that makes your stay away from home more comfortable. Showers are available.
- Books, magazines or other hobbies to keep you busy while in the hospital.

Your Hospital Stay

- When you arrive to the floor, you will be expected to walk. The RN or floor staff will help you walk from the hallway to the bed.
- You will be able to contact your care team at all times using the call light.
- We will check your vitals often
- You will have a dressing covering the incision where you had surgery. You may have a drain near your incision that's connected to a container.
- You may have a catheter to help drain urine. This will be checked often.
- Swelling is common after surgery
- Your RN and possibly PT, OT will help your get out of bed

Call, Don't Fall

We are committed to patient safety! We want to keep both you and your visitors safe. Because you had spine surgery, you are at an increased risk of falling. For your safety, please call your caregiver to assist when you need to get out of bed.

We ask that family members do not assist patients – both for their own safety and the safety of the patient. To prevent falls, a health care member will assist you, as needed, with whatever you need while out of bed. This helps to ensure that you do not hurt yourself after surgery.

Post-Operative Spine Surgery Goals (Day 1–3)

Goal planning after spine surgery helps you know what to expect for the first days following surgery. In addition to the goals for each spine surgery patient, please share with us your individual goals for hospitalization and home.

Your personal goals help us learn more about you and what you expect during your hospitalization.

Goals for Day of Surgery

- ☐ Walk from stretcher to the bed when you arrive to the spine surgery floor
- ☐ Sit in chair
- ☐ Begin eating
- ☐ Physical therapy, if appropriate and ordered
- ☐ Pain control/pain plan – May include IV and oral pain medication
- ☐ Discuss your discharge plans
- ☐ Learn about new medications you will be taking in the hospital and at home following surgery
- ☐ Use incentive spirometer each hour while awake
- ☐ Use ice pack for pain relief

Incentive Spirometer

The incentive spirometer is a plastic device that helps you breathe deeply. It encourages you to take deep breaths and gives you instant feedback on how well you are doing.

To use the device, follow the steps below:

1. Sit up straight so your lungs can fully expand.
2. Exhale normally, then place your lips tightly around the spirometer's mouthpiece.
3. Slowly inhale through the mouthpiece as much air as you can. The deeper you breathe, the higher the blue disc rises. Hold your breath and count to five.
4. Finally, remove the mouthpiece from your mouth and exhale normally. Rest for a moment and then repeat the exercise.



Goals for Post-Op Day 1

- ☐ Sit up in the chair for meals
- ☐ Physical therapy or Occupational therapy once a day if needed
- ☐ Discontinue your urine (Foley) catheter if you have one
- ☐ Stop intravenous (IV) fluids
- ☐ Continue to adjust pain plan
- ☐ Work with the nursing case manager
- ☐ Review your discharge plan
- ☐ Use incentive spirometer each hour while awake
- ☐ Use ice pack for pain relief

Goals for Post-Op Day 2 (if needed)

- ☐ Sit up in the chair for all meals
- ☐ Remove drains if appropriate
- ☐ Physical therapy and/or occupational therapy
- ☐ Finalize discharge plans
- ☐ Use incentive spirometer each hour while awake
- ☐ Use ice pack for pain relief

Goals for Post-Op Day 3 (if needed)

- ☐ Sit up in the chair for meals
- ☐ Your nurse will discuss care for your incision
- ☐ Finalize discharge plans
- ☐ Please have someone available to transport you home from the hospital
- ☐ Use incentive spirometer each hour while awake
- ☐ Use ice pack for pain relief

Discharge Criteria

No nausea or vomiting, tolerating food



Medically stable!



Meet PT goals

- Climb stairs (if needed)
- In and out of bed
- Walking safely
- Post-op precautions
- Understand brace (if needed)



Urinate an adequate amount



Ready for discharge!



Meet OT goals (if needed)

- Personal hygiene and bathing
- Dressing – possible adaptive equipment
- Bathroom safety
- Mobility



Pass gas or bowel movement



Pain controlled with oral medication



Mobility and incentive spirometer (IS)

- Understand post-op precautions
- Ambulate safely
- Use IS 10x/hour while awake

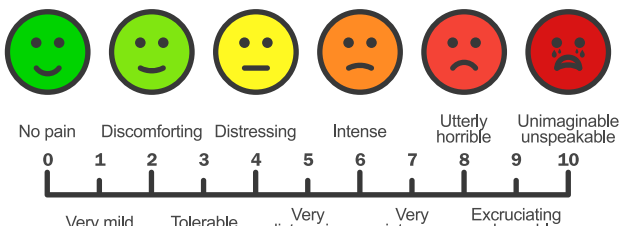




Pain Management

Pain after spine surgery can vary from person to person. The goal of pain management is not to get rid of the pain completely, but to decrease pain to a level where you are able to participate with therapy.

It is normal to have pain after surgery. We will ask you to rate your pain on a scale of 0-10. We will work with you to help control your pain. Your pain medication will be ordered **AS NEEDED**.



You can improve your pain management by taking your pain medication on a regular basis and letting your nurse know as soon as possible when you are feeling pain. Narcotic/Opioid pain medication IS NOT typically scheduled. You will need to ask for pain medication. Communication is key to excellent pain control.

Please let us know when your pain starts and contact us anytime you need help.

It is important that you are active in your own care!

We are sorry you are uncomfortable and in pain. At Trinity Health, we realize that pain is a highly personal experience and are concerned for your comfort. This menu of pain control and comfort options was designed by patients and caregivers as research shows that pain is best controlled when you use a variety of ways to treat it. This pain menu will help you choose alternative options that can comfort and heal your body, mind and spirit.

Comfort Items

- Ice pack
- Warm blanket
- Warm washcloth
- Extra pillow
- Neck pillow*
- Humidification for oxygen tube
- Saline nose spray
- Mouth swab
- Throat lozenges
- Ice chips/water

*Personal items with an * can be brought in from home.*

Comfort Actions

- Repositioning
- Walking in the hall
- Bath or shower
- Gentle stretching range of motion
- Massage therapist
- Healing touch practitioner

Use of Medication

- Medication is only one part of addressing your pain and comfort.
- Medications for pain are mostly helpful, but can be harmful if not taken appropriately.
- Make sure to discuss with your nurse/doctor how to safely take all pain medication.

Ice Packs

Ice packs are available. This is your ice pack that you can take home at discharge. Please ask for one if you are not offered one after surgery.

- Place a clean towel between your skin and the pack
- Leave on for 20-40 min then remove
- Repeat at least 4 times per day
- Ice will help decrease inflammation and bruising.

Pain Diary

Pre-procedure pain score and symptoms:

Procedure Performed:

**Please record hourly how you feel using the pain scale 0-10
(0) being no pain and (10) being unbearable pain**

TIMING	DATE/TIME	PAIN NUMBER 0-10	COMMENT
PACU			
4 hours			
8 hours			
12 hours			
16 hours			
20 hours			
Day 2			
4 hours			
8 hours			
12 hours			
16 hours			
20 hours			
24 hours			

Your Mobility

Log roll – is a way to get you safely in and out of bed without bending or twisting your body.

- To get into bed, sit at the middle of the bed. Scoot back as far as you can. Lower yourself onto your side using your arms to help guide and control your body. At the same time, bend your knees and pull your legs onto the bed.
- Log roll onto your back, ideally making sure your shoulders, hips and knees stay aligned.
- To get out of bed, reverse the process.
- Log roll to one side, keeping shoulders, hips and knees lined up. Bend your knees and use your arms to push yourself into a seated position.

Mobility After Surgery:

- Use a firm mattress to support your spine
- When lying on your side, use a pillow between your knees.
- When lying on your back, put a pillow under your knees.
- Change positions frequently, from back to your side.
- Use proper posture when sitting in a chair.
- Avoid sitting for long periods of time. One position may cause stiffness and muscle spasms.
- Aim for 3-4 short walks each day. Work your way up to longer distances.

Spinal Surgery Precautions and Activity:

Follow your spinal precautions until your surgeon tells you it is okay to stop.

No “BLT” or “Double P”

No Bending

No bending your back forward or backwards.

No Lifting

Do not lift anything weighing more than 5-10 pounds. A gallon of milk weighs approximately 8.5 pounds.

No Twisting

Following Cervical Surgery

- Do not twist your neck.
- Keep your head up straight and keep your ears and shoulders lined up.

Following Lumbar Surgery

- Do not twist your trunk.
- Keep your shoulders and hips lined up.

Avoid Pushing and Pulling

- Don't pull yourself out of bed or allow someone else to pull you up.
- Log roll when getting out of bed.
- Don't pull up on the handrail when climbing the stairs.
- Avoid reaching.

Activities

Sleeping

- Log roll to the side to get out of bed.
- Change your position frequently, about every 30-60 minutes.
- You may sleep on your back or your side. Do not sleep on your stomach. When sleeping on your side, keep a pillow between your legs to keep your spine in neutral alignment.

Walking

- **Walk, walk, walk!** You should walk at least once per hour while awake.
- Take short frequent walks every day. Gradually increase your walking distance as tolerated. If you have not been physically active start slow. Start with 10 minutes of walking daily. Add 10 minutes to your walk each week until you are walking /moving for an hour each day.
- Walk on flat surfaces.

Stairs

You may climb stairs. Initially, limit the number of times you climb the stairs per day. Take your time going up and down the stairs. Make sure to place your entire foot on the step carefully.

Driving

- Do not drive for at least 2 weeks. You should not drive while taking pain medication.
- You may ride in a car, but limit extended travel. If a trip is longer than 30-60 minutes, you should get out frequently to take a small walk and stretch.

Work/Other

- Do not return to work until you are cleared by your surgeon. The surgeon will determine your readiness.
- Your surgeon will let you know if you need outpatient PT or OT at your follow up visit.
- Your surgeon will let you know when you can resume your normal activities at your follow up visit.

Medications/Pain Management:

- Only take medications for pain/spasms AS NEEDED, and as prescribed. Hold if drowsy.
- Do NOT take your pain medication and muscle relaxer at the same time. Space them by at least one hour.
- Continue to use ice packs at home for pain relief.

Cervical Fusion Precautions:

- **No lifting** – Do not lift anything over five pounds, which is approximately a half-gallon of milk. (For reference, a gallon of milk weighs eight and a half pounds when full)
- **Limit extreme neck rotation** – You will be allowed to move your neck, but you will want to limit the extreme movements side to side and head forward/back. You may have to wear a neck brace that will limit this movement.
- **Limit overhead lifting and push/pull movement with arms**

Lumbar Fusion Precautions:

- **No bending** – No bending forward at the waist. Rather, bend at the knees and/or ankles.
- **No lifting** – Do not lift anything over five pounds, which is approximately a half-gallon of milk. (For reference, a gallon of milk weighs eight and a half pounds when full)
- **No twisting** – Pivot feet when turning, do NOT twist the back
- **No push/pull**

Safety Tips

Completing Activities of Daily Living for Spine Surgeries:

Showering:

- No tub bathing or swimming until cleared by your surgeon.
- You may need to purchase a shower chair or tub transfer bench to assist with bathing. (Talk to your occupational therapist about which device will work best in your home.)
- **LUMBAR ONLY:** Use a long handled sponge to wash legs to avoid bending and twisting while bathing.

Toileting:

- **LUMBAR ONLY:** You may use raised toilet seats with handles or a bedside commode to increase your ease and safety when getting on/off the toilet.
- **LUMBAR ONLY:** Avoid twisting when wiping self. Put the toilet paper within easy reach. If you are unable to wipe yourself following surgery, an Occupational Therapist can suggest equipment compensatory strategies for increased independence.
- **LUMBAR ONLY:** Avoid twisting when flushing the toilet, flush the toilet after standing up.

Dressing APPLIES TO LUMBAR ONLY:

- Remember not to twist or bend while dressing or when donning back brace.
- When putting on underwear /socks/pants, do not bend forward. Rather, use adaptive equipment as needed or bring ankles up towards the opposite knee ("cross leg" technique).

Reminders for Discharge and at Home

- Keep pathways within the home clear from clutter; such as throw rugs, toys, shoes or small objects that may cause you to trip.
- You may need the use of a walker after your surgery for safer ambulation and balance assistance. It is recommended to use a walker with wheels to avoid having to pick up the walker. Your case manager can assist with ordering a walker before discharge, if necessary.
- Use handrails to guide you while going up and down stairs. Take your time while walking or ascending/ descending stairs.
- Do not pick up items off the floor. You can use adaptive equipment or ask for assistance.
- While completing activities at the sink or at countertop, stand with one foot in front of the other, as if you just took a step. Brace yourself with one hand on the countertop and bend at your hips and knees, NOT your waist.
- Keep all items at a safe distance, including items in the refrigerator or on countertops.
- Use smaller containers for milk, juice and other liquids to follow the five pound weight restrictions.
- Do not lift large grocery bags or bags of garbage.
- Refrain from sweeping floors with a broom or vacuuming. This causes your body to rotate/twist, which is unsafe for your back.
- Check incision once a day. Monitor for any signs or symptoms of infection including redness, drainage, fever or chills. If any of the following occur, call your surgeon!
- Constipation frequently occurs while taking pain medication. In order to help prevent constipation, keep hydrated, walk, and eat a healthy diet. Stool softeners are available OTC if needed.
- Ice can help decrease swelling, pain and bruising after surgery.

Incision Care Dressing:

- Always wash your hands before and after touching your incision. If someone else is caring for your incision, they should always wash their hands before and after care.
- Remove your dressing (Please check at time of discharge, will be noted on After-Visit Summary (AVS))
 - ☐ 48 hours (2 days) after surgery
 - ☐ 72 hours (3 days) after surgery
 - ☐ 96 hours (4 days) after surgery
 - ☐ 120 hours (5 days) after surgery
- Leave open to air if there is no drainage. If there is drainage, cover with 4x4s and paper tape daily until there is no longer drainage. You can buy these at CVS, Rite Aid or Walgreens.
- Keep incision clean and dry.
- Check your incision daily.
 - Contact your surgeon's office if you notice:
increased redness, swelling, drainage, opening, warmth, foul odor, or fever of 100.4F or higher.

Incision Care Showering:

- *Specific showering instructions will be available in your AVS.*
- Do not submerge the incision. No baths, hot tubs, or swimming for 6 weeks or until advised by your surgeon.
- Shower daily.
- Use a mild soap for 45-60 days. Do not use bar soap because of bacteria and sharing with other family members.
- Use a clean towel and wash cloth EACH time you shower.
- Do not use a washcloth directly on your incision. Do NOT share with family members.
- Gently clean around incision first, then the rest of the body.
- Rinse well without directly spraying the incision and be sure no soap residue remains. Do not scrub or rub incision.
- When drying, pat incision dry with a clean towel. Do this first, then dry the rest of your body. Do not re-touch your incision.
- Put on clean clothes and underclothes daily after each shower.
- Leave incision open to air if it is not draining.

Incision Care General:

- Do NOT use lotions, antibiotic creams, peroxide, rubbing alcohol, Vitamin E, or other lotions or creams on your incision for at least 6 weeks after surgery or until the incision is completely healed. Discuss any questions with your surgeon.
- Do not show off your incision to your family or friends.
- Apply a clean sheet over any recliner or sofa that you use.
- Change the sheets on your bed at least weekly, or sooner if soiled.
- Wear clean clothes daily.
- Brush your teeth or dentures daily

Incision Closure:

- You may have small strips of tape over your incision. These may fall off on their own after surgery. If they do not fall off on their own, you may gently remove them 14 days after surgery.
- You may have incisional glue over your incision. This will naturally flake off the skin. Do NOT pick at it.
- You may have staples or sutures that will need to be removed at your next follow up visit. If you are unable to come due to distance, they may be removed by your PCP 14 days after surgery. If you are discharged to a facility and will not be able to attend your next appointment, the staples may be removed 14 days after surgery. Contact your surgeon's office with any questions.

Follow Up Call

- You will receive a phone call from the spine nurse navigator 5-7 days after surgery to see how you are doing at home.
- If you are having problems or concerns prior to this call, contact your surgeon's office.
- You will have an appointment to see your surgeon 10-14 days after surgery.



Hand Washing:

- Diligent hand washing is the best way to prevent infection. Have family and friends wash their hands when visiting or helping with dressing changes.
- Wash your hands:
 - Before and after meals.
 - After sneezing or coughing
 - After using the bathroom
 - Before and after touching your incision
 - After touching your pets

Pets:

- Pets are considered family members and a very important part of the family.
- It's important to remember that pets carry germs on their fur that can infect your incision.
- You can show affection to your pet but DO NOT:
 - Let your pet near your surgical site even if it's covered with a dressing or clothing
 - Let your pet on your bed, chair, or lap while the incision is healing.

Patient Post-Operative Bowel Prevention

Having surgery puts you at higher risk of developing constipation, which can lead to an obstruction or other bowel problems. Contributing factors include anesthesia, stress, dietary changes, decreased activity, and the use of narcotic pain medication.

It is important that you take a pro-active approach to preventing constipation from occurring.

Diet and Exercise

- Drink 6-8 glasses (8 oz) of liquid each day. Recommended liquids are water, juices and milk. Limit the amount of caffeine, including coffee, tea or soda.
- High fiber foods can help promote a bowel movement. High fiber foods include fiber or bran cereals, oatmeal, beans, vegetables and whole grain breads. Prune juice may help soften bowel movements.
- Exercise can promote GI motility. If appropriate, daily walking is encouraged.

Medication Points

- You will need to take preventative bowel medications (i.e. stool softeners/stimulants) after surgery. These preventative medications should continue after discharge while you take narcotic pain medication at home.
- Bowel medications can be individualized depending on your needs and response.
- All of the recommended medications are available over-the-counter at local pharmacies or drug/grocery stores.

Recommendations

	Medication	Alternative
Scheduled (Take twice a day)	Docusate-Senna 50mg/8.6mg combination (Senna-S®) (Peri-Colace®) (Sennokot-S®) 1-2 tabs twice daily	Docusate sodium 100mg (Colace®) stool softener 1-2 tab twice daily + Senna 187mg (sennosides 8.6mg) mild stimulant laxative 1-2 tab twice daily
Take if needed	MiraLax® 17 gm (one heaping tablespoon of powder) osmotic laxative Mix in 120-240ml of fluid as needed 1-2 times per day	Milk of Magnesia saline laxative/antacid 30ml once daily as needed
If no bowel movement within 3 days	Bisacodyl 10mg rectal suppository (Ducolax® suppository) stimulant laxative 1 suppository (10mg) per rectum once daily as needed	Seek medical care if: <ul style="list-style-type: none"> • Severe abdominal pain, swelling or vomiting • No bowel movement in 5-7 days • Fever for 24-48 hours with unknown cause

Possible New Medications Use and Side Effect Information

The purpose of this page is to provide you with some information about why you are taking a medication. It explains the possible side effects of the medication you are taking. If you have any questions or concerns about the information listed below, please ask to speak with your nurse or doctor.

What is my Medication? Medication: Generic (Brand)	Why am I taking it? This medication is for:	possible side effects
Narcotics: <ul style="list-style-type: none"> Hydrocodone/Acetaminophen (Norco) Hydromorphone (Dilaudid) Fentanyl Oxycodone/Acetaminophen (Percocet) Oxycodone 	Pain Relief	<ul style="list-style-type: none"> Dizziness Drowsiness (feeling tired) Itching Constipation Nausea/Stomach upset Slow/Difficulty Breathing
Muscle Relaxants: <ul style="list-style-type: none"> Cyclobenzaprine (Flexeril) Methocarbamol (Robaxin) Tizanidine (Zanaflex) Diazepam (Valium) Baclofen (Lioresal) 	Help relieve muscle spasms	<ul style="list-style-type: none"> Dizziness Drowsiness (feeling tired) Headache Nervousness Reddish-purple or orange urine Lowered blood pressure upon standing.
Neuropathic Pain: <ul style="list-style-type: none"> Gabapentin (Neurontin) Pregabalin (Lyrica) 	Help relieve nerve pain	<ul style="list-style-type: none"> Dizziness Drowsiness (feeling tired) Dry mouth Trouble concentrating Blurred vision
Acid Reducers: <ul style="list-style-type: none"> Pantoprazole (Protonix) Famotidine (Pepcid) 	Heartburn or Reflux	<ul style="list-style-type: none"> Headache Diarrhea Abdominal pain Dizziness
Anti-Nausea: <ul style="list-style-type: none"> Zofran (Ondansetron) Tigan (Trimethobenzamide) Compazine (Prochlorperazine) Reglan (Metoclopramide) Phenergan (Promethazine) 	Vomiting/Nausea	<ul style="list-style-type: none"> Drowsiness Blurred Vision Dizziness Urinary retention Sedation Constipation
Bowel Management: <ul style="list-style-type: none"> Colace (Docusate) Senna (Senokot) Miralax (Polyethylene glycol) Milk of Magnesia (Magnesium hydroxide) Dulcolax Tab/Suppository (Bisacodyl) Magnesium Citrate 	Constipation	<ul style="list-style-type: none"> Nausea Stomach pain Vomiting Diarrhea Cramping
Antibiotic: <ul style="list-style-type: none"> Cefazolin (ancef) Vancomycin Metronidazole (Flagyl) 	*All surgical patients receive post-operative antibiotic while in the hospital prophylactically.	<ul style="list-style-type: none"> Diarrhea Itching Burning at the IV site
Anticoagulants (Blood Thinners): <ul style="list-style-type: none"> Aspirin Coumadin (warfarin) Xarelto or Eliquis <p>NOTE: Your surgeon will let you know if these medications apply to you.</p>	Thinning of the blood to prevent blood clots	<ul style="list-style-type: none"> Headache Dizziness Nausea Increased bleeding & bruising

Assessing Your Recovery

RED LIGHT

STOP/EMERGENCY

Go to the Emergency Department or call 911 if you have any of the following:

- Difficulty in breathing or shortness of breath
- Chest pain
- Localized chest pain with coughing or when taking deep breath

YELLOW LIGHT

CAUTION

Call your **SURGEON'S OFFICE** if you have any of the following:

- Fever of 100.4 °F
- Increased redness, heat, drainage opening, foul odor or swelling around the incision
- Increased pain or significant decrease in motion during activity and at rest
- Increased swelling, pain or tenderness of the thigh, calf, ankle or foot
- Abnormal bleeding of any kind, such as increased bleeding from the incision, or nosebleed, etc.
- Blood in urine

GREEN LIGHT

ALL IS GOOD

When your symptoms are under control you experience:

- No difficulty in breathing or flu-like symptoms
- No chest pain
- No abnormal bleeding or drainage from the incision site
- Slight pain and swelling is to be expected during healing process

At Home After Discharge

- Move, move, move!
- Therapy sessions when ordered - do exercises between sessions
- Healthy diet (fresh fruits, vegetables and protein)
- Pain medication - keep a journal
- Support person to help you, including reminding you what you learned at the hospital.
- Use the assistive equipment
- Maintain personal hygiene
- Avoid falls hazards at home
- Follow-up appointment 10-14 days



Trinity Health Oakland

44405 Woodward Avenue, Pontiac, MI 48341
248-858-3000



TrinityHealthMichigan.org