Preparing for Spine Surgery

Patient and caregiver guide

Spine Center
UCHealth University of Colorado Hospital

uchealth

Thank you for choosing UCHealth

We understand the thought of having surgery can be stressful. Our goal is to help you feel as comfortable and informed as we possibly can. With this book, you can begin preparing for the experience, putting your mind at ease and finding answers to common questions.

Our expert team of neurosurgeons and orthopedic surgeons specialize in treating everything from simple to complex spinal disorders. No matter what the condition, you can count on receiving only the best quality of care. That promise is backed by our dedicated nurses, pharmacists, physical and occupational therapists, who pride themselves on providing compassionate and individualized care to each and every patient who walks through the door.

When visiting UCHealth, you'll be treated to a state-of-the-art, award-winning experience. Our facility has garnered many prestigious awards including "Magnet status" (three times in a row) as well as two consecutive University Healthcare Consortium awards for Excellence (the only hospital in history to do so).

That level of quality is guaranteed throughout your experience and is endorsed by our Blue Distinction® Center+ designation. This designation is reserved for hospitals that are evaluated on their ability to deliver high-quality, safe and efficient specialty care. As the only hospital in the state to receive this honor, we are extremely privileged to bring such a high level of service to you and your family members.

Here, our patients are the main focus. Every program is geared towards responding to your needs, speeding up recovery times and getting you back to the life you love!

Designated as a Blue Distinction® Center+ for Spine Surgery

Anthem BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association

Table of Contents

Introduction to your health care team.

Coach: Your coach is a family member or friend who you identify as someone to help you throughout this process. Your coach is also encouraged to attend the presurgery education class, as well as any follow-up appointments with your surgeon.

Attending surgeon: Your surgeon has been specially trained in orthopedic or neurosurgery to care for complex spine problems. He or she will oversee your care throughout your stay.

Spine fellow: A surgeon completing a one-year program to specialize in complex spinal problems. He or she will work closely with your attending surgeon.

Resident: A Medical Doctor (MD) who has completed medical school and is in training.

Anesthesiologist: Your anesthesiologist will provide the medications needed to keep you asleep throughout surgery. He or she will also monitor your vital signs during surgery for your safety.

Primary care provider (PCP): Your primary care provider is your physician who oversees your overall health care. Information about your surgical care and discharge will be sent directly to your PCP.

Mid-level practitioners: A Physician Assistant (PA) or Nurse Practitioner (NP). They are very involved in your care and assist your surgeon throughout your entire surgical experience.

Registered nurse (RN): Much of your care will be provided by an RN while you are in the hospital. Your RN coordinates with all team members and delivers your care, specified by your surgeon.

Nurse navigator: This is an RN who is there to assist and guide you through your journey. Your nurse navigator will teach your presurgery class, visit you while in the hospital, and answer any questions you may have throughout the process.

Certified nursing assistant (CNA)/Advanced care partner (ACP): Your CNA/ACP will assist you with personal care activities, such as bathing, changing clothes or getting to and from the bathroom.

Medical assistant (MA): You will meet a MA during your outpatient pre-op appointments. Your MA will greet you and prepare you to be seen by your surgeon or mid-level practitioner.

Physical therapist (PT): Your PT is trained to help you walk correctly and get in and out of bed safely. They will teach you proper spine precautions for you to follow in the weeks to come.

Occupational therapist (OT): Your OT is trained to help you with Activities of Daily Living (ADL's). They may teach you to use specialized equipment in order to help you with proper spine precautions.

Dietitian: Your dietitian provides nutritional support throughout your stay and can help you make healthy food choices.

Chaplain: A chaplain is trained to serve your spiritual needs upon your request, as well as those of your family, regardless of your religious denomination.

Pharmacist: A pharmacist will work with your surgical team to manage your medications during your stay. They are also trained to catch any drug interactions.

Your spine.

Your vertebrae, spinal discs and facet joints.

Each vertebra has a pointed bone called a spinous process. These bones form the hard ridge of your backbone that you feel when you run your hand down your back. Various muscles and their ligaments attach to the spinous process and stabilize the spine.

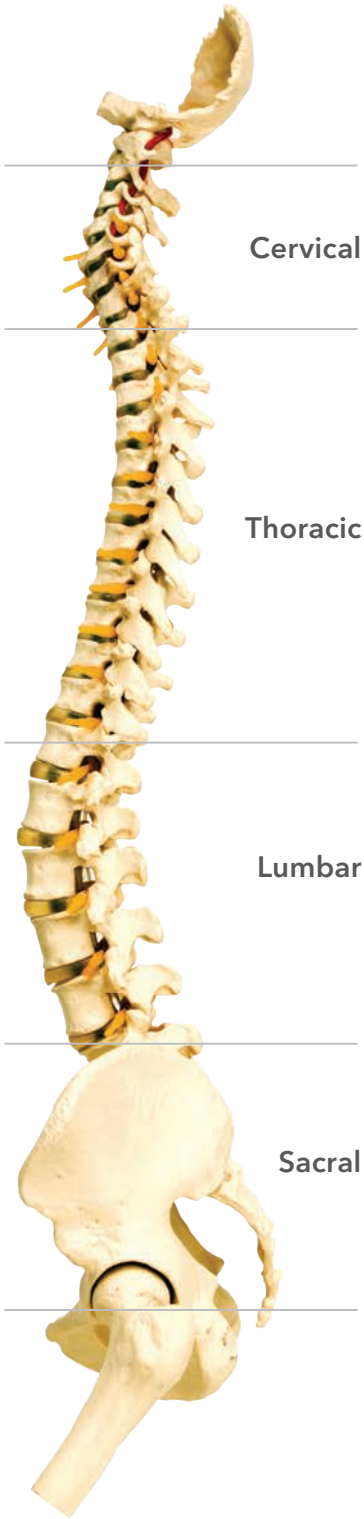
Your vertebrae are divided into three regions plus the sacrum and tailbone:

Cervical: 7 bones in your neck make up the cervical spine.

Thoracic: 12 thoracic bones make up your upper back.

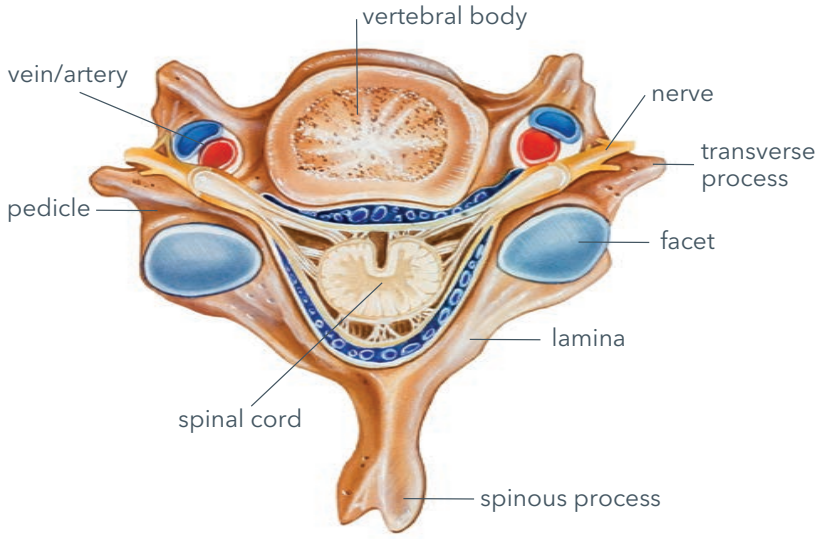
Lumbar: 5 lumbar bones make up your lower back.

Sacral and Coccyx (Tailbone): 9 bones make up your sacrum and tailbone.



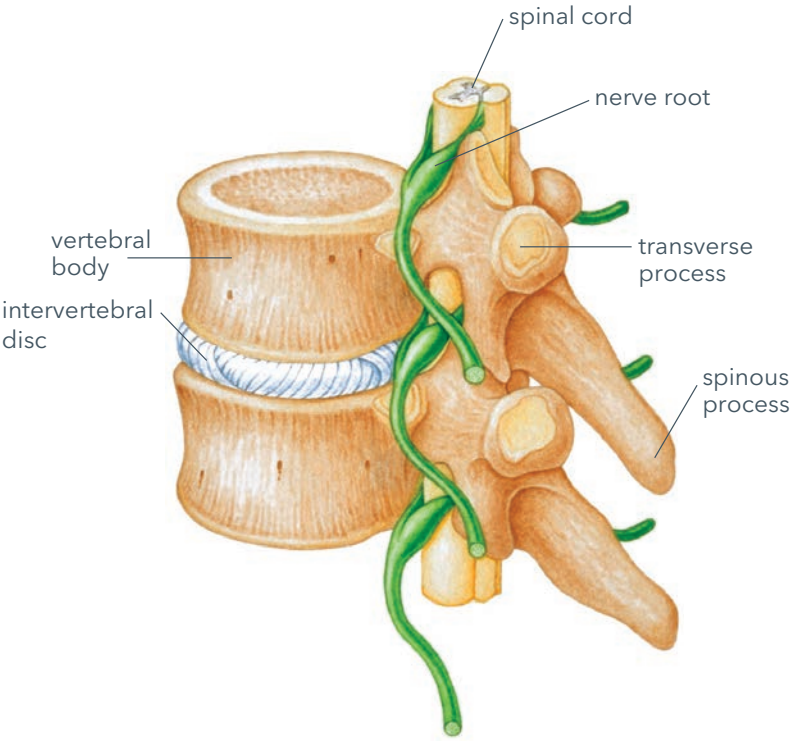
Your spinal canal and spinal cord.

Each vertebra has a large opening in its center called the spinal canal. The spinal cord passes through this large opening and runs from the brain to the lumbar spine. The spinal cord carries motor information from your brain down to your body. It also carries sensory information from your body back up to your brain and coordinates important reflexes in your body.



Your spinal nerve root, spinal nerves and the foramen.

The spinal nerve root is where the spinal nerves branch off of the spinal cord. The spinal nerves then pass through small openings of the vertebrae called foramen. The nerves affect the movement and feeling of the muscles and skin that they connect to. These nerves are also involved in the function of your digestive and urinary systems.



Common causes of neck and back problems.

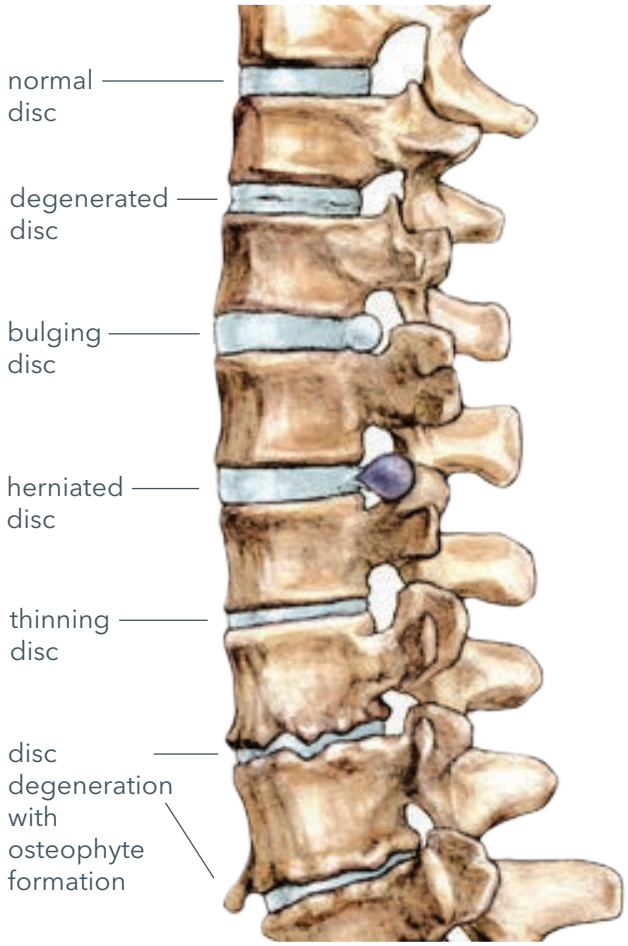
Type of back and spine ailments:

Back and spine problems can occur for a variety of reasons. Sometimes your physician may not know why you have developed back problems. Common reasons include: poor posture, poor body mechanics, being overweight, living or working conditions, skeletal or structural problems.

Degenerative disc disease (DDD): This condition happens when the disc wears down from either the natural process of aging or from injury to the back. This can contribute to a disc herniating.

Herniated disc: This is also called a "slipped disc." This happens when the center of the disc ruptures and bulges through the outside of the disc. This can cause pressure on the nearby nerve root and spinal nerve to produce pain, numbness and tingling.

Spinal stenosis: Narrowing of the spinal canal. This can put pressure on the spinal nerves or compress the spinal cord itself, causing weakness, numbness, and/or pain below the level of injury.



Radiculopathy: Compression or pinching of the nerve root or the spinal nerves can create pain, numbness, tingling and weakness.

Myelopathy: Myelopathy happens when there is damage to the spinal cord itself. This can develop from extensive stenosis and arthritic changes of the spine and may result in weakness, numbness and problems with coordination.

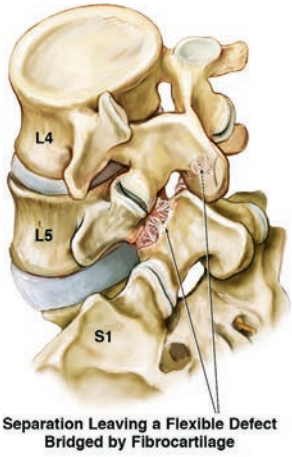
Facet syndrome: Pain that originates from the facet joints. This occurs when the joints become damaged, or it can be caused from an injury.

Spondylosis: Spondylosis is also known as osteoarthritis of the spine. Spondylosis is a result of degeneration of the cartilage which coats the facet joints of the spine. When the cartilage breaks down, the joint does not move smoothly which can cause pain and stiffness. Bone spurs can also form due to damage to the bone.

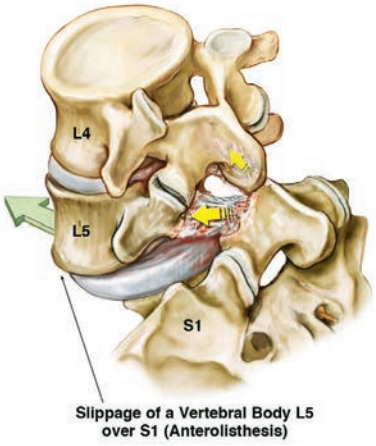
Spondylolysis: Spondylolysis is different from spondylosis. It is an actual weakness in one of the bony bridges which connect the facet joints together.

Spondylolisthesis: Degeneration or trauma to the joints of the spine allows the vertebra to slip forward and create instability of the spine. This can lead to pinched nerves and create radiating pain.

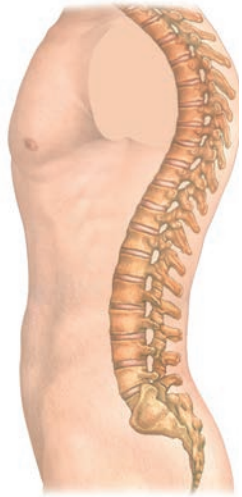
Scoliosis, kyphosis and lordosis: These are all abnormal curves of the spine. Scoliosis creates an S curve from side to side. Kyphosis occurs when the bones of the thoracic spine curve outward creating a hunchback. Lordosis is an exaggerated curve of the lumbar spine and creates a swayback appearance.



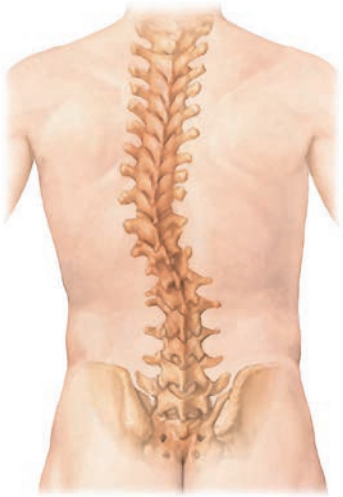
Spondylolysis



Spondylolisthesis



Kyphosis



Scoliosis

Most common surgical procedures and risks.

Surgical procedures:

Fusion: A surgical procedure to make two or more of the bones in the spinal column (vertebrae) grow together (fuse) into one solid bone so motion does not occur between them. This helps to relieve pressure on the nerves or the spinal cord. Bone grafts are inserted around the spine, which will heal over time to form a solid bony graft.

Discectomy/ Microdiscectomy: The removal of a portion of, or the entire disc, which is causing pressure on the nerves and spinal cord. Typically, if the whole disc is removed, a fusion is also done. A microdiscectomy is a minimally invasive procedure, whereas a discectomy is an open procedure.

Decompression: A surgical procedure in which the surgeon removes the affected degenerative (worn out) disc and some bone. This helps relieve pressure on the nerves and/or spinal cord.

Laminectomy: A surgical procedure where part of the vertebral bone is removed in order to expand the diameter of the spinal canal. This can relieve pressure on the nerves and spinal cord caused by spinal stenosis.

Anterior or posterior cervical discectomy and fusion: The most common cervical fusion surgery where the painful disc is removed (discectomy) and stabilized with a fusion. The incision is made in the front or back of the neck.

Laminoplasty: A surgical procedure to treat spinal stenosis by relieving pressure on the spinal cord.

Coflex: Titanium metal implant used to preserve height and motion along with a decompression surgery.

Artificial disc replacement (ADR): Painful disc is removed and replaced with a metal implant.

Sacroiliac joint fusion: The area where your pelvic bone and lower spine meet is the sacroiliac (SI) joint. A SI joint fusion is a procedure where this joint is fixed into position.

Coccygectomy: A surgical procedure in which the coccyx is removed.

Surgical risks:

There are risks to every invasive procedure. Your job is to weigh the risks versus the benefits of the surgery that is being recommended to treat your condition. Your surgeon will discuss specific risks of your surgery with you, but there are certain risks that are associated with all spine surgeries. These include but are not limited to:

- Bleeding
- Infection
- Spinal fluid leak
- Blood clots in the legs or lungs
- Need for additional surgery
- Nerve and/or spinal cord injury
- Change in temperature and sensation
- Failure to fuse
- Hardware problems/failure
- No improvement in symptoms

Planning for your surgical experience.

Please tell us your coach's name: _____ .

You will need to identify a coach to help you during and after surgery. This person should be present for preoperative visits and education. They should also plan to arrive at the hospital the morning of your discharge to hear your discharge instructions and drive you home.

Health care decisions.

Prior to your surgical procedure you will be asked to designate someone to make medical decisions for you in the event you are unable to make your own decisions. To assist you in this process, we have copies of the "5 Wishes" book available. This book is a Living Will which allows you to clearly state the decisions you have already made about your medical treatment, comfort, Power of Attorney, and any other information regarding your health that you want your loved ones to know.

If you already have a Living Will, Power of Attorney, or Advance Directive please be sure to bring a copy with you to the hospital.

Insurance coverage.

Please contact your insurance company to check your benefits including: copay, deductible and coinsurance based on the type of surgery you are having.

Smoking cessation.

Nicotine disrupts the normal function of the body's systems which affect bone growth. New bone growth is very important for patients having spine surgery, especially those having spinal fusions.

Patients who smoke, or use nicotine products, have a higher risk of developing an infection after surgery. UCH is a nonsmoking facility (including electronic cigarettes); if you need smoking cessation resources please call the Colorado Quit Line at 1.800.639.QUIT or access their website at **coquitline.org**.

Medications:

- Always follow your doctor's instructions regarding your medications. Your surgeon will tell you which medications you should and should not take before surgery.
- Ask your doctor when you should stop taking aspirin, ibuprofen and other blood thinners. These are typically stopped two weeks before surgery.
- Make sure your doctor knows all vitamins and supplements you are taking and include them on your medication list.
- Please bring a detailed list of your medications with you to the hospital. It is important your doctor knows the dose and frequency of all pain medications you are taking at home so we can adequately control your pain after surgery. DO NOT bring your actual medications to the hospital as they could get misplaced.

Hospital rooms.

Every attempt will be made to place you on one of our inpatient spine floors. Your placement will be assessed by a clinical hospital manager, and will be based on medical necessity and the specific needs of your care. You will be followed by the spine team throughout your stay with us.

Our excellent teams of physical and occupational therapists all have experience with spinal surgeries. They will see patients wherever they are in the hospital, and will provide the same level of care no matter where your room is.

Visitation:

- Your coach and family can wait in the surgical waiting room until you are out of the operating room. They will be able to view your status on monitors throughout your surgery.
- Once you are settled in your room, your coach and family can visit you at any time. Please note: intensive care units have specific visitation hours.
- Most of our rooms are private with a pullout couch, but we do have some semiprivate rooms that will not accommodate overnight guests in the room.
- Please note that we do not provide visitor meals or personal hygiene items for guests.
- UCH has relationships with local lodging (hotels/motels) that offer friends and family discounts.
- UCH is not responsible for making living arrangements for your family while you are in the hospital. You are encouraged to investigate lodging options that meet your price point.

Transportation:

- You will not be able to drive yourself home. Please ensure your coach, or another responsible adult, is available to drive you home from the hospital.
- Your doctor will give you instructions as to when you will be allowed to drive following your surgery. Be sure to talk with your doctor before driving.
- Generally, after lumbar surgery, you must be off all narcotics and feel comfortable enough to press the vehicle brakes quickly while driving.
- Following cervical surgery, you typically will not be permitted to drive while still required to wear your neck brace.

At home:

- Arrange your home items (kitchen utensils, clothing, toiletries, etc.) so that most frequently used items may be reached easily. Remember: No bending, lifting, or twisting after surgery.
- Remove throw rugs and other tripping hazards from your floors.
- Arrange for childcare and pet care if needed while you are in the hospital.
- You may want to prepare and freeze meals ahead of time.

What to expect: Surgery checklist.

Packing for the hospital:

- Comfortable, loose-fitting clothes.
- Socks and shoes that are easy to put on, but not flip-flops.
- Cell phone and charger.
- Personal hygiene items: please bring your dentures and their case – your family will need to keep these.
- Hearing aids if applicable.
- Neck or back brace if your doctor has ordered one for you.
- If you already use an assistive device, put your name on it and bring it with you.
- Glasses.
- Your CPAP mask if you use one at home (bring your settings).
- Bring your insurance card and ID.
- Your Patient and Caregiver Guide Book.
- Your medication list – including dosage and frequency.

Do NOT bring:

- Cash
- Jewelry
- Valuables
- Medications

Three nights before surgery:

- Please shower or bathe for three days before surgery using an antibacterial soap, such as Dial.
- You will need to use two different washcloths and a clean towel every time you bathe.
- Use a clean washcloth for your face, genital and groin areas – the other clean washcloth for the rest of your body.
- Refer to handout "Decreasing the Risk of Infection before your Major Joint or Spine Surgery."

Night before surgery:

- If you have not been called by the preoperative team by 2 p.m. the day before your surgery, please call 720.848.6070 before 4 p.m. that day. They will be able to confirm your arrival and surgery times.
- Shower either the night before or the morning of surgery with antibacterial soap.
- Change your bed linens so that they are clean when you return home.
- Eat a normal dinner.
- Do not drink alcohol.
- Do not eat or drink anything after midnight unless otherwise instructed by your doctor. You may have clear liquids up to 4 hours prior to your surgery time. Clear liquids include: water, black coffee, juice you can see through, and clear sodas. NO orange juice.

Morning of surgery:

- Your doctor will advise you which medications you should and should not take the day of surgery.
- You may shower, but do not wear lotions, deodorant, makeup or cologne.
- Do not chew gum or suck on hard candy.
- Hospital parking: You can park in front of Anschutz Inpatient Pavilion 2 (AIP 2). UCH also offers free valet parking between 7 a.m.–8 p.m.
- Hospital parking: Lots 6-7 are most accessible to AIP 2. Lot 5 is handicapped accessible.
- Arrive 2 hours early to the surgery check-in center which is located on the second floor in the Anschutz Inpatient Pavilion 2. Follow wall plaques and overhead signs for guidance.

What to expect: The day of surgery.

Preoperative care:

- Your surgery team includes: your surgeon, anesthesiologist/CRNA, nurses, operating room technicians and any residents or physician assistants/nurse practitioners who will be assisting during your surgery.
- Your surgery consent will be reviewed with you.
- Your surgical site will be marked.
- Anesthesia consent will be reviewed and signed.
- We will ask you to change into a hospital gown and place an armband on your wrist.
- We will ask you for your name and birth date regularly.
- We will assess your fall risk and provide you with nonslip socks.
- We will place an IV in your arm or hand.
- We will place compression stockings on your legs to prevent blood clots.
- We will identify where your family will be and who will notify them when surgery is over.
- Your coach and family can wait in the surgical waiting room until you are out of the operating room; they will be able to view your status on monitors throughout your surgery.
- You may have an antibacterial ointment applied to both nostrils before surgery to reduce your risk of infection.

Operating room.

You will be connected to various monitors so that your anesthesiologist can begin to give you pain and sedation medications for your surgery. Your surgical team will prepare you and place drapes to ensure a sterile environment.

Your surgeon will be able to give you an estimated time that your surgery will begin and how long your surgery will take. Although every effort is made to keep surgeries on schedule, there are occasional delays that prevent us from starting on time. Your surgical team will update your coach, family member or friends about any delays. In addition, there are monitors in the waiting room that will display realtime status updates.

Postoperative care.

You will spend some time in the Post Anesthesia Care Unit (PACU) recovery area before being taken to your hospital room. We will monitor your vital signs and blood flow to your hands and feet carefully while you recover from anesthesia. We will frequently ask you about your pain and we will check the strength and feeling in your arms and legs.

What to expect: Pain management.

Most patients who are undergoing spine surgery have pain that led them to seek medical help. Postoperative pain is different from your preoperative pain and can be related to your incision, swelling, and muscle tension. Incisional pain is pain right at your incision site. Muscular pain and pain related to swelling can be relieved by early walking, gentle range-of-motion exercises, applying heat or cold packs, and/or taking muscle relaxers. Our goal is to reduce your pain so that you can work with physical and occupational therapy and regain your mobility and independence.

We will ask you frequently to rate and describe your pain. We use a 0-10 rating scale: 0 is no pain, and 10 is the worst pain you could ever have. You may hear terms like aching, burning, throbbing or shooting to describe your pain.

Narcotic medications and their side effects.

IV narcotics:

- We can either give pain medication through your IV as you need them or you might be given a pump to use as a PCA (patient-controlled analgesia). The PCA allows you to press a button and a dose of narcotic will be administered through the IV. The PCA has a set dose of narcotic and a set interval between doses.
- You will be placed on a continuous telemetry and pulse oximeter to monitor your heart rate and oxygen levels in your blood.
- Common IV pain medications are Dilaudid, fentanyl and morphine.
- Our goal is to transition you to oral pain medications as soon as possible and create a good plan to manage your pain at home.

Oral narcotics:

- Once you are able to eat a little without nausea, we will give you oral pain medications. Oral meds tend to control your pain for longer periods of time.
- Common oral medications are Percocet, Vicodin, oxycodone and Ultram.

Side effects of narcotics.

Everyone responds differently to narcotics. Common side effects and treatment include:

- Constipation:
  - Limit narcotics to the least amount necessary to control your pain.
  - Take scheduled stool softeners such as Colace and Senna as long as you are taking pain medicine.
  - Drink plenty of water.
  - Eat high fiber fruits and vegetables.
  - Get out of bed and walk as soon as you are able to and continue to walk short distances frequently.
- Shallow breathing:
  - Use your Incentive Spirometer as instructed by your nurse to prevent pneumonia.
  - You will be asked to take deep breaths and cough to clear out any mucus in the lungs.
- Nausea:
  - Take oral medications with food.
  - Eat bland foods at first; avoid spicy or heavy foods.
- Itching: Medications like Benadryl can help relieve itching. If this doesn't work, we may need to adjust your medications.
- Sleepiness: If you become too sleepy with pain medications, we will need to decrease the amount of medication you are taking.

Non–narcotic pain medications:

- Please note that medications are ordered on an individual basis and not everyone will be prescribed all types of medications. These may include:
  - Muscle relaxers such as Flexeril, Zanaflex or Valium.
  - Medications for nerve pain such as Lyrica or Neurontin. If you were on these before surgery, we may increase your dose after surgery.
  - Tylenol or acetaminophen. You should not take more than 3,000 mg of acetaminophen per day.

NOTE: We typically avoid ibuprofen or other nonsteroidal, anti-inflammatory medications (NSAIDs) because they may increase bleeding and can prevent bone fusion from occurring.

Other treatments that can treat pain and help you cope with your pain:

- Repositioning and early ambulation can help prevent muscle spasms.
- Ice can help decrease postoperative swelling and should be used for 20 minutes on and 20 minutes off.
- Relaxation techniques such as deep breathing, meditation and imagery can be helpful.
- You may also experience a sore throat following surgery. Drinking water and using throat lozenges may help with this.
- Distraction techniques such as listening to music or watching TV can help take your mind off of your pain.

What to expect: The next days after surgery.

Early walking/mobilization.

Unless otherwise instructed by your doctor, you will either sit on the side of the bed or perhaps get out of bed the evening of surgery. Moving around and getting out of bed is important to prevent blood clots and pneumonia, as well as to help you heal.

Leg pumps or Sequential Compression Devices (SCDs) will be on your legs at all times while you are in bed to prevent blood clots in your legs.

Physical and occupational therapy.

Your doctor will order physical and/or occupational therapy. If your doctor has ordered a specific neck or back brace, either the PT or OT can teach you how to put it on and take off. They will also explain spinal precautions and how to protect your neck and spine when you begin moving around. The therapists will also help you learn how to complete activities of daily living (ADLs) while following your spine precautions of no bending, lifting or twisting (BLTs). They will also evaluate you and recommend any assistive devices or adaptive equipment that might help you with ADLs.

Your therapists will educate you on more specifics after your surgery and will give you additional written instructions for you to take home.

Diet.

Your diet will begin with ice chips and slowly be advanced to clear liquids. Once you have met certain goals (passing gas, no nausea/vomiting) your diet will be advanced per your physician's orders. You will be given a menu and can order what you would like, according to your prescribed diet.

Patients having cervical surgeries may have a more difficult time swallowing after surgery. You may be seen by a speech therapist to assess how you are swallowing.

Lung function.

You will be given oxygen through a nasal cannula (tube) in your nose until you are able to keep up your oxygen levels on your own. Your oxygen level will be monitored with a probe taped to your finger.

Occasionally, patients require continued supplemental oxygen at home. We will ensure your home oxygen therapy is arranged prior to your discharge from the hospital. You will need to follow up with your primary care physician within one week of your discharge to discuss how long you will need to remain on oxygen.

Bowel function.

Many people experience constipation after spine surgery and when taking narcotics.

It is very important to try and drink plenty of fluids, take stool softeners and laxatives as needed, eat plenty of fruits and vegetables and get up out of bed as soon as you can.

To prevent constipation, stool softeners, such as Colace or Senokot, may be taken twice daily; Miralax may also be added as needed once daily.

Bladder function.

You may have a urinary catheter inserted into your bladder in the operating room. This will be removed as soon as you are able to move around. Urinary catheters can allow bacteria into your bladder so we want to get it out as soon as we safely can.

Occasionally people have problems urinating freely after their catheter is removed. We will monitor the amount of urine in your bladder and drain urine with a catheter if we need to. Rarely, people have to go home with a catheter until they are able to urinate on their own.

Incision care.

Your nurse will assess your dressing and incision frequently and your doctor will provide instructions regarding when your dressing can be removed.

You may have a drain coming from your incision site. This will drain fluid from the incision site into a small container. This drain will be cared for by your nurse and will be removed by your doctor.

Equipment in the room

- **Urinary catheter:** A urinary catheter (Foley) that drains urine from your bladder. This will be removed when you are able to get out of bed.
- **IV – Intravenous catheter:** This will remain in place until you are discharged. You will receive IV fluids through an IV pump until you are able to eat and drink normally.
- **Oxygen:** You will be given oxygen until you are able to keep your levels up on your own.
- **Incentive spirometer:** This is a tool to help keep your lungs active and clear to prevent pneumonia. Your nurse will teach you how to use it and you will be instructed to use this every hour while you're awake.
- **Leg pumps:** You will need to wear these while in bed to prevent blood clots in your legs.

What to expect: Discharge information.

It is always our goal that patients return home after spine surgery. On occasion, patients are unable to go directly home and will require additional care elsewhere. Our case managers and social workers are available to help with discharge planning and will work with your insurance company. Insurance coverage does vary so please be aware of your insurance benefits regarding:

- Home health
- Acute rehabilitation
- Outpatient therapy
- Skilled nursing facilities

Goals for discharge:

- Be able to get in and out of bed independently.
- Walk in the hallway by yourself or with a walker/cane.
- Be able to perform personal hygiene.
- Tolerate eating and drinking.
- Urinate after removal of the urinary catheter.
- Manage pain with oral medications.
- Be able to walk up and down stairs if you have stairs in your home.

You will not be allowed to drive yourself home. Your coach will need to arrive at your hospital room the morning of your discharge and be ready to take you home.

- We will give you typed discharge instructions which your nurse will go over with you.
- We have a discharge lounge if you need to wait for your ride after discharge.
- We encourage you to have your prescriptions filled at UCHealth University of Colorado Hospital pharmacy, or we can send them to a pharmacy of your choice. If you choose not to use the UCH pharmacy, please know the phone number and address of your preferred pharmacy.
- You will need to call your surgeon's office to schedule your follow-up appointment.

What to expect: Beyond the hospital.

Spinal precautions:

- Wear your brace if your doctor has ordered one for you.
- Your doctor may order a bone stimulator and if so, a representative will be in contact with you a few days after surgery.
- Avoid high-impact or strenuous activities. Do not do any heavy housework such as vacuuming, cleaning windows, shoveling snow or mowing the lawn. Do not resume any sports activities until cleared by your doctor. Walking is the only exercise you should do until your surgeon tells you otherwise. Shorter, frequent walks are preferable to long distance walks.
- No bending, lifting or twisting (BLTs).
- **Lifting restrictions:** No lifting greater than 10 pounds (about the weight of a gallon of milk) until your follow-up appointment with your doctor. When you do need to lift something, carry the object close to your body.
- Make sure to change positions frequently to avoid stiffness.
- **Cervical surgery:** Do not bend the neck forward, backward, or side to side after a cervical surgery unless told otherwise. Also avoid lifting the arms above the head for extended periods of time. Prop reading materials at eye level to prevent flexing the neck down to the chest.

General rules for activities of daily living (ADLs):

NOTE: All activities should be performed using spinal precautions.

Sitting:

- Use a chair with armrests and good back support.
- Avoid soft sofas or chairs; it is difficult to stand up without bending forward.
- Avoid chairs with wheels.
- Maintain good posture and move slowly.
- Scoot forward to the edge of the chair and use the armrests to help push yourself into a standing position.

Sleeping:

- Use pillows for positioning. Place pillows under your knees when on your back and between your legs when on your side.
- Sleep on a firm mattress or surface.
- Sleeping on your stomach is not recommended.
- "Log roll" by moving shoulders and hips together to avoid twisting.
- In order to get out of bed, push down with your elbow closest to the bed, at the same time you are lowering your legs off the bed. Move the knees, hip and shoulders together as one unit.

Standing:

- Wear comfortable shoes with good support.
- Change positions frequently.
- Maintain good posture.

Pushing/pulling:

- It is better to push than to pull.
- Keep your back straight and head up.

Showering:

- You should shower every day. You will be given specific instructions regarding when you can let the water run over your incision.
- Your doctor may instruct you to keep your dressing dry while showering; this can be done with plastic wrap and medical tape. You may want to purchase liquid soap and a long-handled bath brush to avoid bending and twisting in the shower.
- You may want to have someone stay close by until you feel safe.
- NO bathtubs, hot tubs, swimming or soaking for at least two weeks after surgery.

Toileting:

- You may want to get a raised toilet seat to make it easier to get up from, and down to the toilet.
- Make sure the toilet paper is easy to reach and that you don't have to twist to grab it.

Incision care:

- If you go home with a dressing in place, your doctor will give you dressing care instructions.
- Stitches or staples will be removed by your doctor at your follow up appointment. Some stitches are dissolvable and don't need to be removed.
- Wash your hands before and after touching your incision.
- Do not scrub your incision site. Let the water gently run over your incision and gently pat it dry.
- Keep pets away from your incision.
- Do not take off your steri-strips; they will fall off on their own. If they do not come off after two weeks, gently peel them off.
- Monitor incision for signs of a surgical site infection. Notify your surgeon if you notice any of the following:
  - Redness or warmth around the incision site
  - Any pus-like drainage
  - Fever > 101°

Medications:

- Your doctor will instruct you on which medications you should resume after you go home. Take your medications as instructed, noting that some medications are to be taken only as needed.
- You will be given prescriptions for medicine to help with pain and discomfort. The discomfort will gradually decrease over the next few weeks. This will allow you to take less pain medication daily. You should be able to switch to acetaminophen (Tylenol), 500 to 1000 mg every six hours as needed. Do not take more than 3,000 mg of acetaminophen in one day. Please be aware that some medications, such as Percocet and Vicodin already contain Tylenol.
- Please note: Narcotic pain medication cannot be called in to your pharmacy. A paper prescription will need to be picked up from the clinic if your medications are not filled at a UCHealth pharmacy.
- Our clinic will only refill pain medication prescriptions for three months following your surgery. If you require further refills you will need to contact your primary care physician.
- You may also be given prescriptions for medications such as Flexeril or Tizanidine for muscle spasms to take as needed. These can both make you sleepy.
- Do not operate heavy machinery or drive while on narcotic pain medications or muscle relaxants since they can alter your level of alertness.
- If you had a spinal fusion, you will be instructed to avoid NSAIDS (non-steroidal anti-inflammatory drugs) such as ibuprofen, naproxen, Advil, Aleve, Celebrex, etc., for six months following surgery.
- You will need an antibiotic prior to any dental work, including cleanings, for one-year post-op. Please call our office and we will send a prescription for you.

Diet/nutrition:

- To promote healing, you should eat a well-balanced diet that is high in protein. If you were on a special diet before surgery, you should resume this. Make sure to drink plenty of fluids.
- Do not drink alcohol. Alcohol will interact with your pain medication(s) and lead to more side effects.
- To prevent constipation, increase your fluid, fiber, fruit, and vegetable intake. Increased activities will also be helpful. If you continue to have problems, there are multiple over-the-counter medications you can take including prune juice, Colace, Miralax, etc. Talk to your health care practitioner for additional recommendations if you continue to have problems.

Driving:

- Most importantly, you should not drive while taking narcotics as these can impair your thinking and reaction time. Generally speaking, you may begin driving after two weeks (or when your incision is healed) for a lumbar surgery and four to six weeks after a cervical surgery. You must feel safe to turn to look without twisting and be able to brake quickly if needed.
- You should arrange with your coach and other friends and family to be available for your transportation needs. This includes getting home from the hospital, as well as during the estimated length of time you will not be able to drive.
- Your surgeon may give you other driving restrictions following your surgery. Please discuss this with the surgical team before and after your surgery, and follow these specific instructions.

Smoking:

- Smoking disrupts the normal function of the body's systems which can affect bone growth. New bone growth is very important for patients having spine surgery, especially those having spinal fusions.
- Patients who smoke have a higher risk of developing an infection after surgery. If you need smoking cessation resources please call the Colorado Quit Line at 1.800.639.QUIT or access their website at **coquitline.org**.

When to contact your health care provider.

Call your health care provider immediately if you, or your caregiver, notice any of the following:

- Temperature greater than 101.5° F (38° C) that lasts more than 24 hours.
- Pain in your chest especially when you cough or take a deep breath.
- Difficulty breathing or swallowing.
- Thick, dark yellow or foul-smelling drainage around your incision.
- Pain and redness around your incision.
- Confusion, unusual changes in behavior, or increased headaches.
- Problems controlling your bowels or bladder.
- New or increased focal weakness.
- New or increased focal numbness/tingling.
- New or increased difficulty walking.
- New or increased hand clumsiness.
- Pain, redness, or swelling in your calf.

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Take charge of your health without taking time out of your schedule. Schedule virtual visits, make office appointments, refill/renew prescriptions, get lab results, email your doctor, view your medical records and much more with the UCHealth app and My Health Connection online.

Get started today.

Download now by searching "UCHealth" in app stores or log into My Health Connection online at **MyHealthConnection.uchealth.org.**

FAQs: Frequently asked questions.

Will I set off metal detectors?

Most patients do not have a problem with this. Very occasionally, when the security wand is waved over the location of hardware, an alarm may result. Then the surgical scar will have to be shown.

When can I return to work?

This is very individualized to you and the type of work you do. Discuss this with your surgeon. In general, most patients require anywhere from two to six weeks off work depending on the type of surgery and the amount of lifting required with the work you do.

Will I begin outpatient physical therapy after surgery?

The best activity for your back is walking both before and after surgery. After your surgery, you should gradually increase the time and distance you walk. As you heal, your surgeon will order physical therapy after surgery only if it is needed. Please wait until cleared by your surgeon to begin any demanding sports.

How long before I can travel?

Traveling will depend on your ability to sit for an extended period of time and/or how much movement is required in your travel plans. We encourage you to not sit longer than two hours at a time without getting up and moving around.

What if I have no help after surgery?

You will not be discharged from the hospital unless there is a proper care plan in place that will allow you to remain safe. Since most surgeries are done on an elective basis, you can prepare by identifying your coach and other support systems before going to the hospital for your surgery. Case managers and social workers will discuss discharge plans with you while you're in the hospital. They work hard to make sure you return home, or another facility, safely.

Important contact information.

Important phone numbers:

Main hospital 720.848.0000

Spine Center 720.848.1980

Neurosciences unit 720.848.7740

Orthopedics unit 720.848.7584

Radiology 720.848.1160

Preoperative questions 720.848.6070

Spine surgery coordinator 720.848.1980

Lone Tree Health Center 720.848.2200

On-call resident 720.848.0000
(ask for either Ortho or Neuro surgeon on call)

Additional information can be found on the following websites:

Spine Health: spine-health.com

NASS-Know your back: knowyourback.org

Scoliosis Research Society: srs.org

AAOS - Ortho Info: orthoinfo.org

Smoking Cessation: coquitline.org or quitnet.com

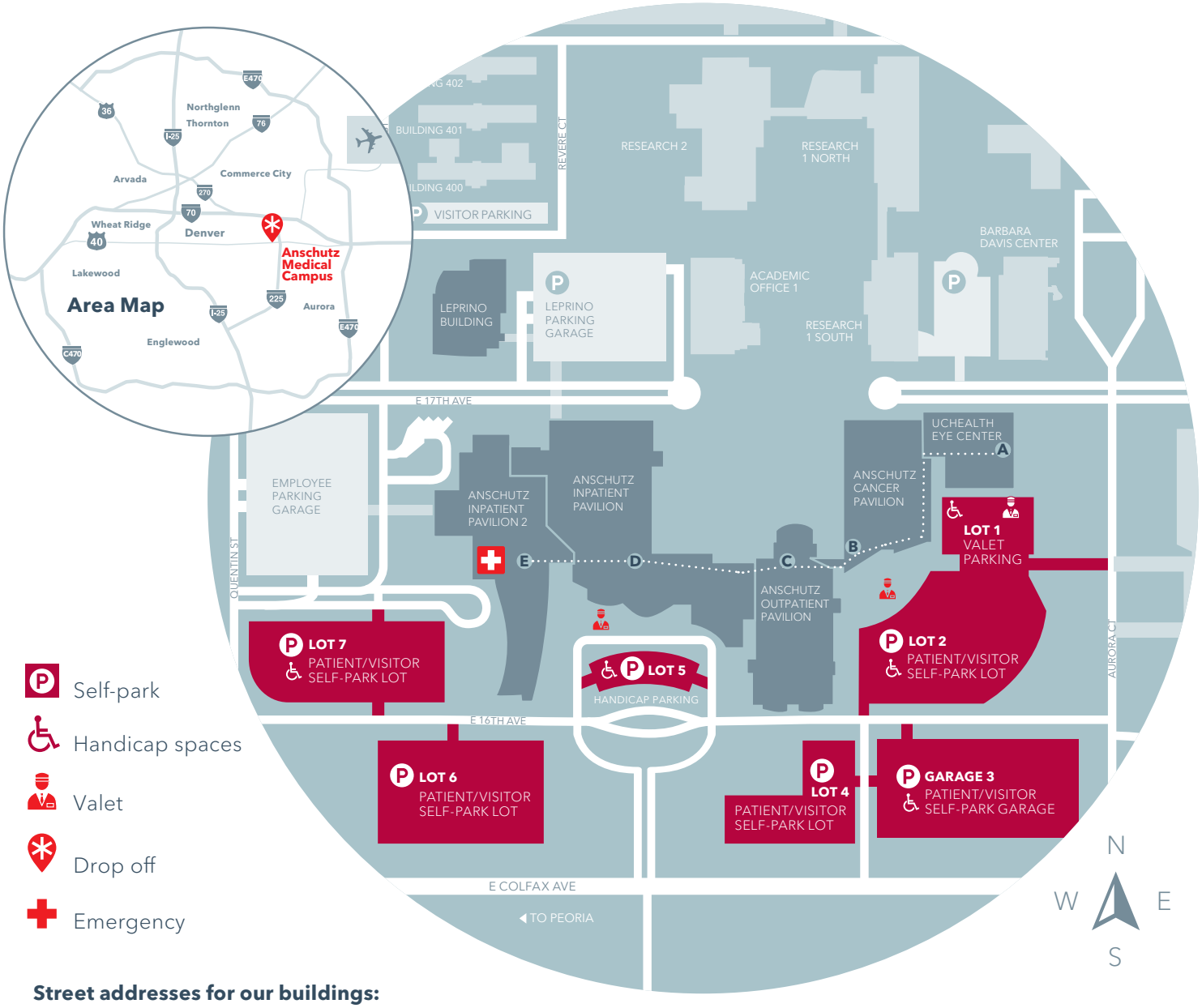
Colorado University Providers: cudoctors.com

UCHealth: uchealth.org

Notes

Notes

Our location.



Street addresses for our buildings:

Leprino Building
12401 E. 17th Ave.
Aurora, CO 80045

Anschutz Inpatient Pavilion 2
12505 E. 16th Ave.
Aurora, CO 80045

Anschutz Inpatient Pavilion
12605 E. 16th Ave.
Aurora, CO 80045

Anschutz Outpatient Pavilion
1635 Aurora Ct.
Aurora, CO 80045

Anschutz Cancer Pavilion
1665 Aurora Court
Aurora, CO 80045

UCHealth Eye Center
1675 Aurora Court
Aurora, CO 80045

Spine Center
UCHealth University of Colorado Hospital

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