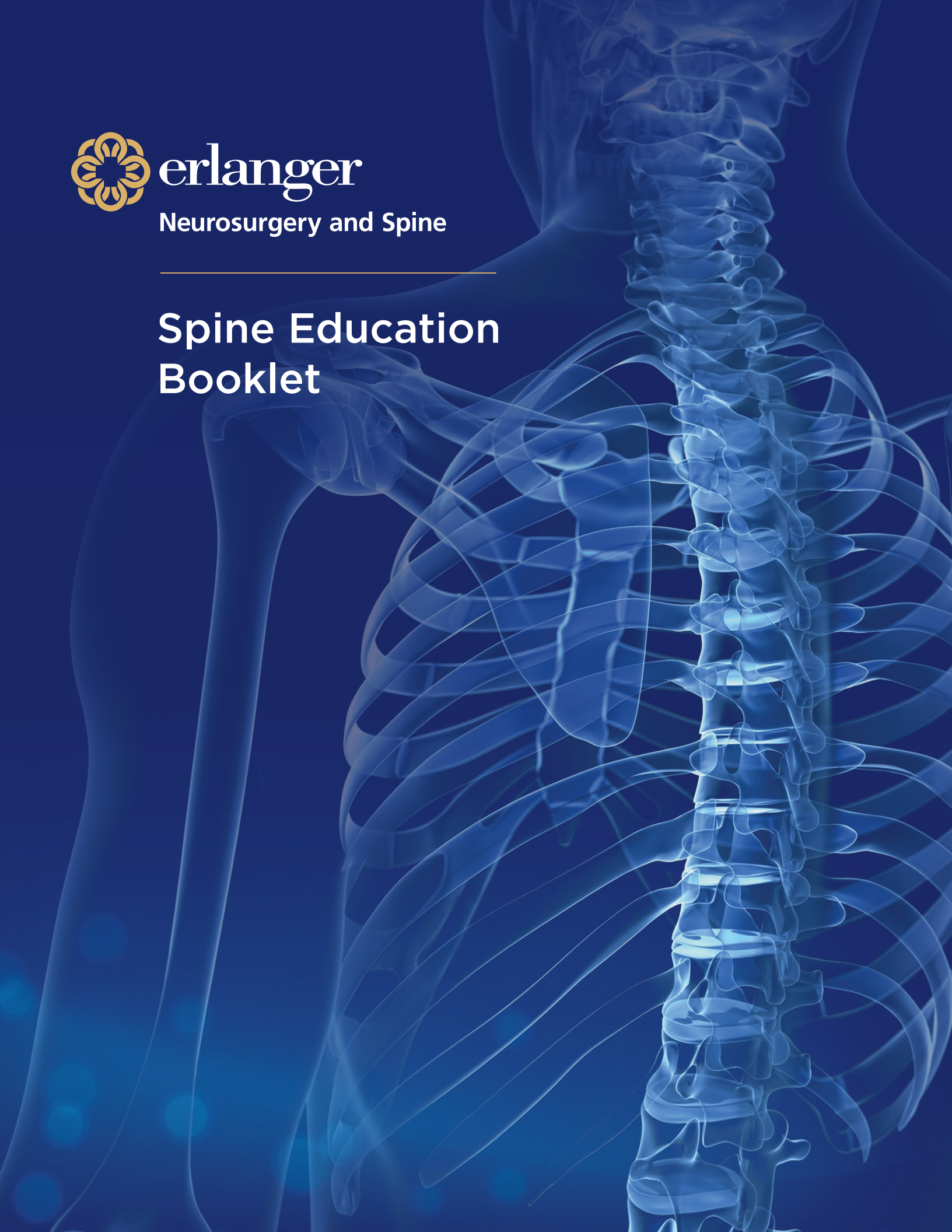
erlanger

Neurosurgery and Spine

Spine Education Booklet



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Important Dates & Times

Medical Clearance (if needed)

Date_____

Time _____

Follow-Up Appointment after Surgery

Date_____

Time _____

Surgery

Date_____

Time _____

Physical Therapy Appointment

Date_____

Time _____

Pre-Testing

Date_____

Arrival Time_____

Other

Date_____

Time _____

Notes

Erlanger Health System is the tri-state region's only **Level I Trauma Center**, **Comprehensive Stroke Center** providing the highest level of care for adults. Erlanger has six **LIFE FORCE** air ambulances in its fleet. Erlanger also serves as the region's only **academic teaching hospital**, affiliated with the University of Tennessee College of Medicine Chattanooga Campus. Each year, more than a **quarter million people** are treated by the team of healthcare professionals through affiliation with our academic partners.

Our Healthcare Mission

We compassionately care for people.

Our Vision

Erlanger is a nationally-acclaimed health system anchored by a leading academic medical center. As such, we will deliver the highest quality, to diverse populations, at the lowest cost, through personalized patient experiences across all patient access points. Through innovation and growth, we will sustain our success and spark economic development across the Chattanooga region.

Our Core Values

Excellence
We distinguish ourselves and the services we provide by our commitment to excellence, demonstrating our results in measurable ways.

Respect
We pay attention to others, listening carefully and responding in ways that demonstrate our understanding and concern.

Leadership
We differentiate ourselves by our actions, earning respect from those we lead through innovation and performance.

Accountability
We are responsible for our words and our actions. We strive to fulfill all of our promises and to meet the expectations of those who trust us for their care.

Nurturing
We encourage growth and development for our staff, students, faculty, and everyone we serve.

Generosity
We are giving people. We give our time, talent, and resources to benefit others.

Ethics
We earn the trust by holding ourselves to the highest standards of integrity and professional conduct.

Recognition
We value achievement and acknowledge and celebrate the accomplishments of our team and recognize the contributions of those who support our mission.

Important Information

Erlanger Phone Numbers

Spine Navigator | 423-778-BACK (2225)
Pre-Testing Department | 423-778-3237
Neurosurgery & Spine Office | 423-778-2233
Surgical Services Waiting room | 423-778-2388
Surgical Ambulatory Unit | 423-778-7008

Important Information

Disability Forms

FMLA/Disability forms should be filled out by the surgeon's office BEFORE surgery. Please allow 7-10 business days for these forms to be completed.

Clearance Notification

You may be required to obtain medical, cardiac, and/or other specialty clearance before surgery. Anesthesia requires a written clearance note from these physicians before surgery. Failure to obtain these clearances could result in your surgery not being scheduled or canceled.

Personal Belief Considerations for Medical Treatment

If you have any religious or other reasons to refuse blood products or medications, please let the surgeon's office staff know prior to the surgical procedure.

Physical Therapy

If necessary, physical therapy will be set up for you BEFORE you leave the hospital by a case manager.

Elevators

The E and F elevators are the best elevators to use for family and friends to access the patient rooms during approved visiting hours.

Wi-Fi

Free Wi-Fi internet access is available, identified as ehspub on your device.

Welcome to the Erlanger Spine Program

Thank you for choosing the Erlanger Health System for your spine surgery. We are offering each patient undergoing spine surgery this educational guide in addition to you and your physician having discussed information regarding your surgery.

This book is designed to increase your knowledge about your hospital experience and help you develop realistic expectations about the surgical experience.

Please bring this booklet with you each time you are scheduled to see your surgeon. This booklet is an educational tool and is not intended to replace medical or professional advice.

At Erlanger, we have a highly skilled team of healthcare providers and staff whose specialties cover the spectrum of neurosurgical spine illness and injury. The program offers a team approach to your care. The team includes, but is not limited to, your surgeon, hospital staff, and you. We consider you, the patient, a vital part of the healthcare team. As such, we encourage you to become an active participant in your own well-being.

As part of the team, a Spine Navigator will work with you to help you prepare for surgery, ensure your plan of care is completed, and may assist with your discharge and follow up care. The spine nurse navigator will be a contact person for you and your family before, during, and after surgery. You may reach the spine nurse navigator at 423-778-2225.

Understanding Your Spine

Spinal Anatomy

Many spine conditions can be successfully treated with non-surgical methods, however, some cannot. The decision to have surgery has been determined; therefore, it's important for you to understand your spine. The information below may be of benefit for you in understanding terminology used by your surgical care team.

The function of the spine (often called the vertebral column) is to protect and support the spinal cord, nerve roots, and internal organs. The spine provides a base of attachment for discs, spinal ligaments, tendons, and muscles. The spinal column connects the upper and lower body, provides structural support, aids in balance, and helps distribute weight. The structural elements permit forward and backward bending, spinal rotation, and combined movements within normal limits.

The spinal or vertebral column consists of 33 bony vertebrae. The regions or levels of the spine are known as the cervical (neck), thoracic (upper/middle back), lumbar (lower back), sacral (pelvic area), and coccyx (tailbone).

Cervical Spine

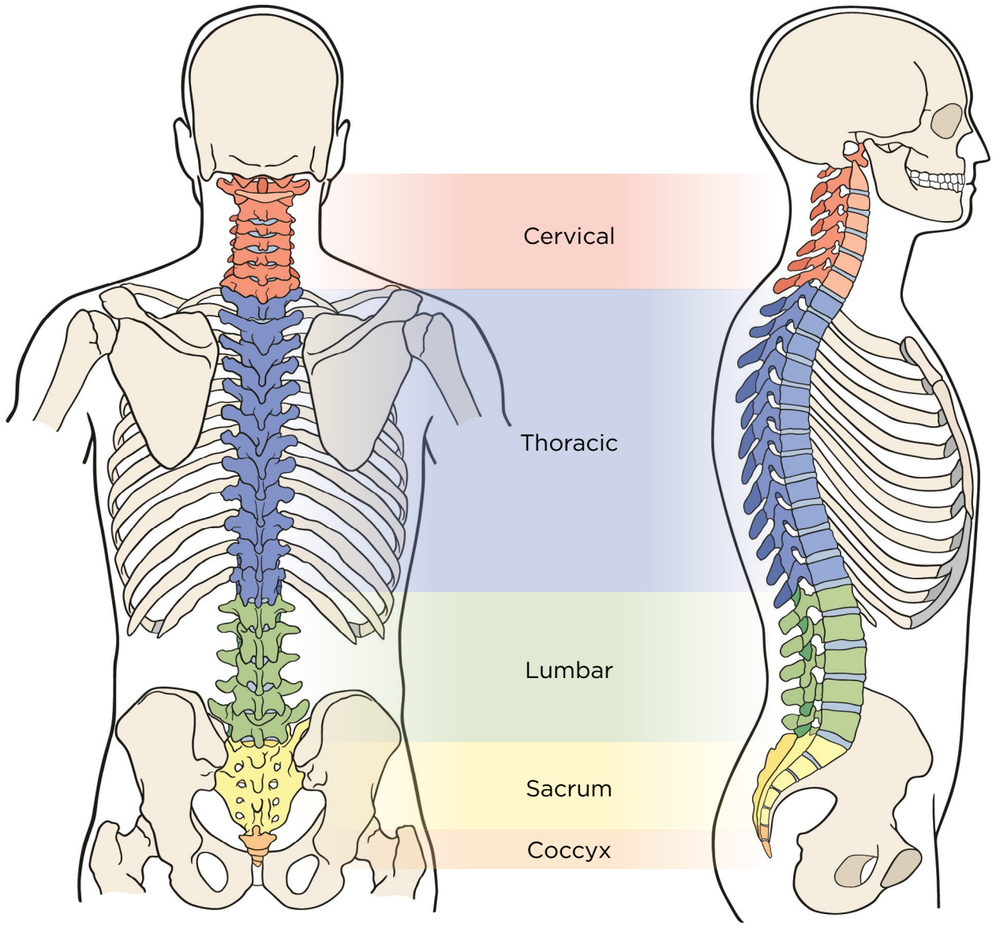
The neck region is the cervical spine. This region consists of seven vertebrae, abbreviated C1 through C7 (top to bottom). These vertebrae protect brainstem and spinal cord, support the skull, and allow a wide range of head movement.

Thoracic Spine

Below the cervical spine are 12 thoracic vertebrae, abbreviated T1-T12 (top to bottom). T1 is the smallest and T12 is the largest. The thoracic vertebrae are larger than the cervical vertebrae and have longer spinous processes. Rib attachments add to the thoracic spine's strength and stability.

Lumbar Spine

The lumbar spine consists of five vertebrae, abbreviated L1-L5. The lumbar vertebrae are the largest in the spine and carry most of the body's weight. This region allows more range of motion than the thoracic spine but less than the cervical spine.



FACTS ABOUT THE SPINE

- **The spine is not straight; it is made up of four continuous curves. These curves allow for flexibility and help the spine in its role as a shock absorber.**
- **Muscles in the abdomen, back, buttocks, and thighs help support and maintain the four curvatures. Keeping these muscles strong and flexible helps keep your spine in alignment.**
- **The spine is the strongest in the upright position.**

Spinal Anatomy *(continued)*

Sacral Spine

The sacrum is located behind the pelvis. Five (5) bones, abbreviated S1-S5, fused into a triangular shape, form the sacrum. The sacrum fits between the two hip bones connecting the spine to the pelvis. The last lumbar vertebra (L5) articulates (moves) with the sacrum. Immediately below the sacrum are five additional bones, fused together to form the coccyx (tailbone).

Vertebrae

Each spinal vertebrae is composed of many different bony structures. The vertebral body is the largest part of a vertebra.

Intervertebral Discs

Intervertebral discs provide cushioning between the spine's vertebral bodies (with the exception of the first two cervical vertebrae). Comprised of fibrocartilaginous material, each normal, sturdy intervertebral disc effectively absorbs and distributes the spinal stress you have at rest and while you're moving.

Each disc is made up of two parts (see image below):

Nucleus pulposus – the gel-like center which is encased by the annulus fibrosus

Annulus fibrosus – the sturdy, tire-like outer structure

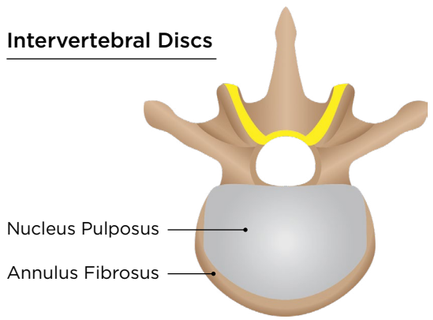
Muscles, Tendons, and Ligaments

Spinal muscles, tendons, and ligaments work together to keep the spine stable at rest and during the activity. The muscles contract to cause the body to move.

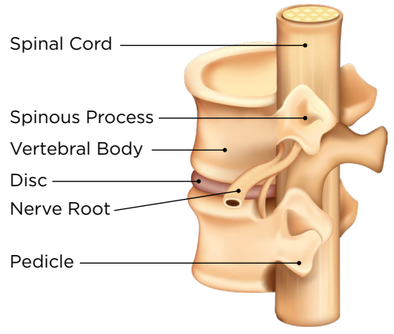
Tendons connect the spinal musculature to the spine. Tendons are sturdy bands of fibrous connective tissue.

Spinal ligaments are non-elastic fibrous bands or sheets of connective tissue that hold the bones together. Ligaments limit motion and, if overstretched, can contribute to joint instability.

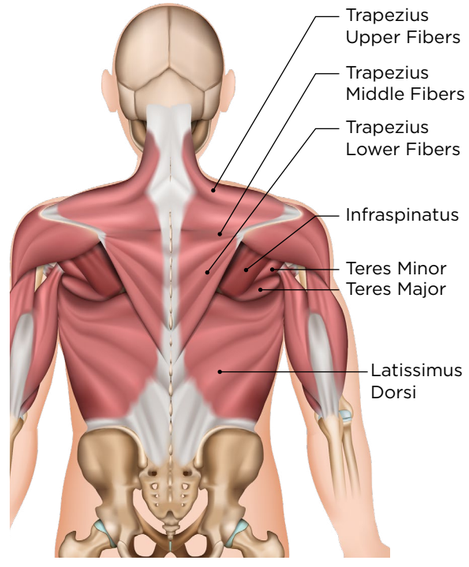
Intervertebral Discs



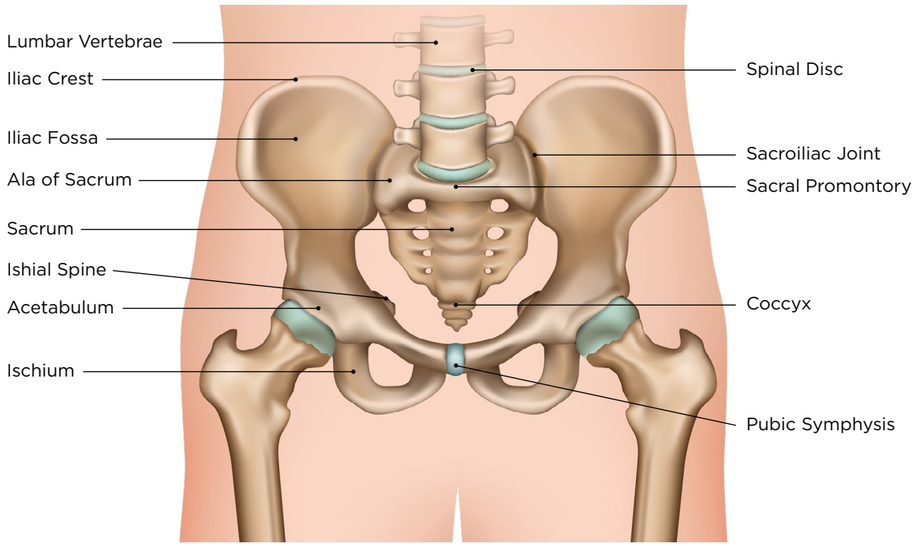
Vertebrae Anatomy



Muscles of the Back



Anatomy of the Lower Spine and Pelvis



Spinal Disorders

Degenerative Disc Disease

This spinal condition comes from the normal wear-and-tear process of aging. As we age, our discs lose some of their flexibility, elasticity, and shock-absorbing ability. Degenerative disc disease may become problematic if the disc height is reduced or if the discs become thin and stiffen.

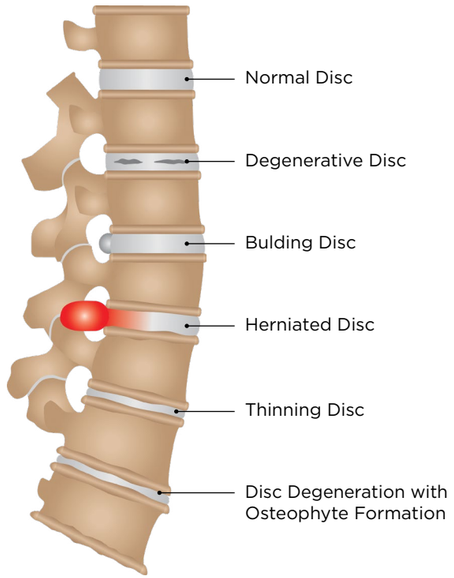
Herniated Disc

A disc herniation occurs when the outer wall of the disc (annulus fibrosus) tears, breaks open, or ruptures. Some of the matter inside the disc (nucleus pulposus) leaks out and compresses nearby spinal nerves and/or the spinal cord. Although a disc hernation can occur at any level of the spine, the lumbar spine (lower back) and cervical spine (neck) are the most common locations affected. The location of the herniated disc determines where the symptoms are experienced in the body. Symptoms such as numbness and tingling, pain, and/or muscle weakness may be experienced in the arm(s) or leg(s) as a result of a herniated disc.

Myelopathy

Myelopathy is a term used to describe a disease or disorder of the spinal cord (for example, spinal cord compression). Myelopathy can occur at any age and is often due to the compression of the spinal cord by bone or disc material in the cervical spine.

Disorders of the Spine



Spinal Disorders

Radiculopathy

Radiculopathy is not a disease itself, but the result of direct pressure or compression on a nerve root due to a herniated disc or degenerative changes. The nerve roots are branches of the spinal cord that carry signals to the rest of the body at each level along the spine. The location of the radicular symptoms depends on the area supplied by the specific nerve root that is compressed.

Spinal Stenosis

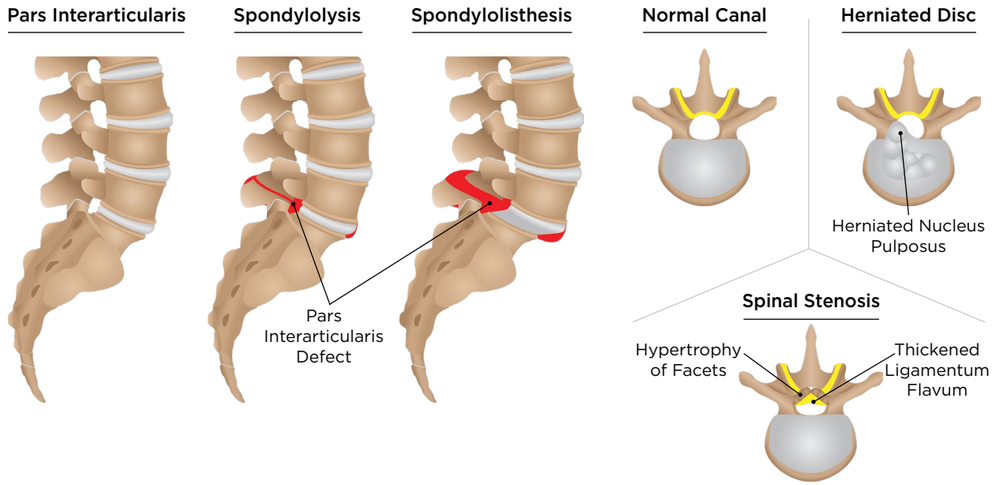
Spinal stenosis is a condition characterized by the progressive narrowing of one or more areas of the spine. Spinal stenosis can result in the compression of the spinal nerves and spinal cord. Although spinal stenosis can occur anywhere in the spine, the cervical and lumbar areas are most often affected. This condition can lead to the development of pain, numbness, weakness in the arms and/or legs, or balance disturbances.

Spondylosis

Spondylosis is arthritis of the spine and is often called spinal osteoarthritis. Spondylosis can occur in the cervical, thoracic, or lumbar spine. As with other joints in the body, osteoarthritis causes progressive degeneration of cartilage. Some patients are asymptomatic (have no symptoms) and learn they have spondylosis as a result of X-ray or examination for another problem.

Spondylolisthesis

Spondylolisthesis comes from the Greek words spondylo, meaning vertebrae, and listhesis, meaning slipping or sliding. Spondylolisthesis is a spinal condition in which a vertebra slips forward over the vertebra below. This disorder most commonly occurs in the lumbar spine. Although spondylolisthesis can cause spinal instability, not all patients experience pain.



Types of Spine Surgeries

Types of Fusion Surgeries

Anterior Cervical Discectomy and Fusion (ACDF)

- Removal of a herniated or degenerative disc in the neck area of the spine
- Incision is made in the front (anterior) of the spine
- After the disc is removed, a bone graft is inserted to fuse together the bones above and below the disc space

Lumbar Interbody Fusion

- Removal of an intervertebral disc (disc between two connecting vertebrae) of the spine
- In that space, an implant (such as a spacer or cage) is inserted to help maintain normal alignment of the spine
- A bone graft (real pieces of bone used to stimulate bone growth) or a bone graft substitute (natural or synthetic) will be placed in the space made between neighboring vertebrae to help them fuse together
- Your surgeon will choose the best way in which to access your lumbar spine:
  - Anterior Lumbar Interbody Fusion: from the front (ALIF)
  - Transforaminal Lumbar Interbody Fusion: from the back (TLIF)
  - Oblique Lumbar Interbody Fusion: from the front, at an angle (OLIF)
  - Lateral Lumbar Interbody Fusion: directly from the side (XLIF)

Posterior spinal fusion (PSF)

- An incision is made in the middle of your back (posterior)
- Your surgeon will protect the nerve roots and safely remove the material (bone spur, cysts, etc) pressing on the nerve
- After pressure is relieved from the nerve, a bone graft is placed along the back of the spine, allowing the two vertebrae to grow together as one solid unit (fusion)

Minimally Invasive procedures

- A few small incisions are made instead of one large incision

Other Spine Surgeries

Osteotomy

- A portion of the spinal bone is cut and removed
- Usually needed for the correction of rigid deformities or scoliosis (abnormal curving of the spine), where bone is cut, the spine is realigned, and then hardware is used to keep the spine in proper alignment

Laminectomy (Also known as decompression surgery)

- Involves removing the lamina, the back part (or roof) of the vertebra that covers your spinal canal
- Procedure increases the space for your spinal canal and relieves pressure on the spinal cord and/or nerves
- While a laminectomy is the complete removal of the lamina, laminotomy involves only partial removal

Kyphoplasty

- Cement is injected into a fractured or collapsed vertebrae
- Helps to restore the original shape, height, and configuration of the spine, relieving pain caused by spinal compression

Discectomy

- Surgical removal of herniated disc material that presses on a nerve root or spinal cord
- Involves removing the contral portion of an intervertebral disc, the nucleus pulposus, which causes pain by pressing on the spinal cord or surrounding nerves

Foraminotomy

- Used to relieve pressure on nerves that are being compressed by the intervertebral foramina (passageway between 2 vertebrae through which nerve bundles exit from the spinal cord to the body)

Corpectomy

- Surgical procedure that involves removing all or part of the vertebral body (large front part of the vertebrae), usually as a way to decompress the spinal cord and nerves
- Often performed in association with some form of decompression

Preparing for Surgery

Items to Discuss With Your Surgeon

Discuss the Following With Your Surgeon:

- Specific details about your procedure; including risks, benefits, alternatives
- Location of incision(s)
- Which vertebral levels will be affected
- Post-operative activities and recovery time such as:
  - How many nights' stay in the hospital?
  - When can I expect to return to work/school?
  - When can I resume driving?
  - Will I need rehabilitation after surgery?
  - Any other questions you may have...

Preparing for Your Surgery

Pre-Registration and Admissions Testing at Erlanger Health System

Once your surgery is scheduled, the preadmission testing department will contact you and arrange an appointment for your presurgical workup. This is typically scheduled a week prior to your surgery date. The PAT staff will conduct a brief assessment, ask some questions regarding your health history, and obtain any tests that may be needed prior to your surgery.

The pre-admission testing will also provide instructions you will need as it relates to eating, drinking, and taking medication before your surgery.

Questions to Ask at Your Medical Clearance/Pre-Surgical Appointment

- Which medications should I take the morning of surgery?

  _____

  _____

- If I take anticoagulant (Coumadin), when should I stop taking it?

  _____

- When should I stop taking aspirin?

  _____

- Please make sure to let your nurse and/or physician know if you are taking any vitamins, herbal supplements, or other over the counter medications. List your vitamins and supplements below.

  _____

  _____

  _____

- Are there any special instructions I should follow prior to surgery?

  _____

  _____

  _____

Verify Insurance Coverage

If you have health insurance, both the hospital and physician's office will contact your insurance company prior to surgery to verify coverage. However, it is important for you to also contact your insurance company to verify your benefits. Below is a list of questions that may be important to ask your insurance company before your surgery:

- Does my hospital stay need to be pre-approved? _____
- What is needed to receive prior approval?

  _____

  _____

- How many days in the hospital have been approved? _____
- Will additional hospital days be covered if there are complications? If yes, how many?

  _____

- What is my out of pocket maximum? _____
- What is my policy's lifetime maximum?_____
- If I can't return to my prior living arrangements after surgery, do I have benefits for rehabilitation and physical therapy? _____
- The neurosurgery office does not precertify your surgery, they submit information to the precertification department at Erlanger and approval is determined by your insurance provider.

Other Things to Prepare for Your Surgery

Smoking

Smoking is detrimental to your health, especially during and after spine surgery. Smokers are at greater risk for lung and heart complications during surgery. After surgery, smokers have a higher likelihood of incomplete or delayed healing of spinal fusions. It is important to communicate to your healthcare team of your smoking history.

Advance Directives

All hospitals are legally required to provide information on advanced directives to every patient. Advanced directives are legal documents containing information about your healthcare decisions. If you already have an advanced directive, please bring it with you on the day of your surgery.

Additional Preparations Prior to Surgery

Before Surgery:

- Arrange for a family member or friend to be with you for several days after your return home. This is very important as you will need help mobilizing, caring for yourself, and performing household tasks. Make sure your family and friends will not be on vacation or unavailable on the days following your discharge from the hospital.
- Remove throw rugs and other potential obstacles from the floor. These can cause you to slip and/or fall.
- Put frequently used items such as bath towels, dishes, and other day-to-day items where they can be easily reached. Remember that it may be painful and unsafe to bend down or reach up.
- Consider preparing and freezing meals in advance so they can easily be re-heated. You may not feel like cooking or cleaning for several days after your procedure.
- After surgery, you might find it easier to sit in a recliner. It will be more difficult to get up from low furniture than from furniture that sits higher.
- Consider arranging for help with yard work, laundry, grocery shopping, pet care, child care, and transportation to and from appointments.

What to Bring to the Hospital

We ask that you not bring valuables with you to the hospital. Such valuables may include watch, rings, money, credit cards, etc. However, below is a list of items that you will want to bring with you to the hospital:

- Spine education booklet
- Loose/comfortable clothing
- You will be provided a brace after surgery if you are required to wear one
- Proper shoes to walk in the halls after surgery and for the discharge home (preferably non-skid shoes)
- Current list of medications, including the dosage and the time you usually take them
- Advanced directive if you have one
- Insurance information
- Personal care items, such as toothbrush, toothpaste, denture care, comb/brush, skin care products, deodorant, shaving kit, etc.
- Glasses, contacts, dentures, hearing aides, as well as something to store them in
- Something to pass the time (crossword puzzles, knitting, etc.)
- Personal CPAP equipment if you use at home

Your Hospital Stay

What to Expect During Your Hospital Stay

Important Points Regarding Your Arrival to the Hospital:

- Your PAT Nurse will provide you with your arrival time the day prior to surgery.
- On the night before your surgery, do not eat or drink anything after midnight.
- Check in at Surgery Registration located at Surgical Services, 299 Hampton Street, Chattanooga, TN 37403
- You will complete some paperwork and provide insurance information at this time.
- You will be provided with an ID band that includes your name, DOB, room number, and physician's name.
- Once registration is complete, you will be assigned a room in the Surgical Services area and get prepped for your surgery.
- Family members will wait in the surgical waiting room.

While You Are in the Pre-Operative Area:

- The nurse will ask that you remove any piercings, hearing aids, contacts, glasses, dentures, jewelry, wigs, barrettes, etc.
- You will be asked to change into a gown and apply shoe covers and cap.
- The nurse will insert an IV catheter into your vein in your arm or wrist.
  - The IV catheter will be attached to a bag of fluids in an effort to keep you hydrated during surgery.
- To maintain patient safety, the nurse will ask you a few questions:
  - What kind of surgery are you having?
  - Do you have any allergies?
  - When was the last time you had anything to eat or drink?
  - Which side of your body are your symptoms on?
- You will also be visited by the anesthesiologist for a pre-operative consult to review your surgical and medical history, your upcoming surgery, and to answer any questions.
- You will be given medication to help you relax prior to moving to the operating room.
- You will be taken via stretcher to the pre-operative area or the OR.
- Staff will begin attaching monitors to your chest, arms, legs, and other parts of your body before they put you to sleep.
- When you are asleep, a catheter will be placed into your bladder to drain urine, and compression devices will be placed on your legs to prevent blood clots.
- The length of time in the operating room depends on the type of surgery you are having.

After surgery:

- Once surgery is over, you will be transported to the recovery room or Post Anesthesia Care Unit (PACU) where you will remain until discharge or transfer to your inpatient room.
- While in PACU, you will be monitored very closely to ensure you are waking up appropriately and your vital signs are within normal limits.
- Once you are back to normal limits or back to baseline and stable, you will either be discharged or transferred to your hospital room:
  - If you are being discharged, you will need a driver.
  - If you are being admitted, you should expect the following to occur once in your room
  - Frequent assessments of your blood pressure, heart rate, respiratory rate, and temperature
  - Frequent questions about pain, muscle spasms and nausea
  - Frequent questions relating to your spinal surgery and whether you are experiencing any numbness, tingling, or weakness
  - Frequent assessment of your surgical dressing
- You may have some additional devices attached to you:
  - Oxygen tubing in your nose
  - The IV catheter will be attached to a bag of fluids in effort to keep you hydrated during surgery
  - Drain in your incision
  - Catheter draining your urine from your bladder

What to Expect After Surgery

Activity

- Activity will depend on the type of surgery you had:
  - May walk to bathroom
  - May walk as tolerated
- A physical therapist should visit you the day after surgery.
- It is not uncommon to experience some dizziness on your first time up and out of bed. You may also experience some nausea.
- It is also normal to have increased pain the first few times you try moving. The dizziness, nausea, and pain will subside the more you get up and are moving.

Constipation:

For a variety of reasons, patients become constipated after surgery. If this is a problem, please tell your nurse. Medications and other options are available to relieve constipation.

Drains:

Depending on the type of surgery, you may have a drain in your surgical incision. The drain will be placed during the surgery. The drain promotes healing by draining fluid from the wound or incision and preventing swelling and pooling of blood. The drain is sometimes removed the day after surgery but could remain in longer depending on the amount of drainage. The drainage is monitored by the nursing staff and reported to the physician.

Medications:

After surgery, you will resume the medications you routinely take at home. Your surgeon may make exceptions and will discuss these with you. The medication you take while in the hospital will come from the hospital pharmacy and be given by your nurse. Please do not bring your own supply of medications to the hospital.

Muscle Spasm:

In order for your surgeon to gain access to specific areas of your spine during surgery, certain muscles attached to or surrounding your spine may be cut or manipulated. As a result, you may experience muscle spasms or muscle cramping during your post-operative period. Muscle spasms can be quite painful. Depending on the type of spine surgery performed, your surgeon may order medications for muscle spasms that are available to you during your stay in the hospital on either a scheduled or as needed basis.

Nausea:

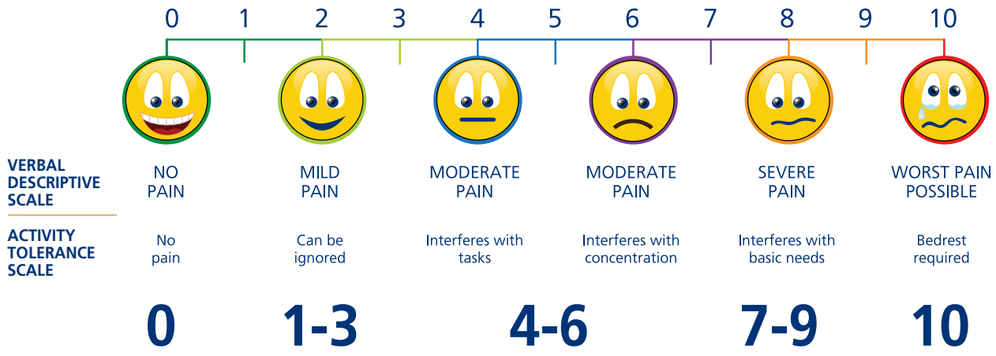
It is not uncommon to have some nausea and/or vomiting after surgery. If this happens, please notify the nursing staff. Medications are available on a PRN (as needed) basis, so you must ask for them.

Nutrition and Diet:

Depending on your type of surgery and your condition after surgery, you may be offered a clear liquid diet when you return to your hospital room. If you do not experience nausea or vomiting, your diet may be advanced to a regular diet as tolerated. Eating a healthy, well-balanced diet after surgery can help with wound healing. A menu based on the diet your doctor has ordered for you will be available. A Meal Service Representative will deliver your food and return to pick up the tray when you are finished. All we ask is that if you have diabetes, please let your nurse know before you eat your meal.

Pain Control:

After surgery, you'll experience varying levels of pain. You can expect the nursing staff to assess your pain level frequently. At Erlanger, we use a pain scale that you will see posted throughout the hospital. It is a scale from 0-10, with 0 being no pain and 10 being the worst pain of your life. There is no right or wrong answer—the rating merely helps us assess your pain and monitor your progress with pain medication.



Prevention of Complications

Pneumonia:

Deep breathing exercises are performed to prevent pneumonia. Your nurse will show you how to use a device called an incentive spirometer. The spirometer helps open your airways after surgery, bringing in as much oxygen as possible. This exercise involves breathing in slowly and deeply, holding it for approximately 10 seconds, and then exhaling. Perform this exercise 3-4 times every day.

Deep Vein Thrombosis:

Sequential compression devices (SCDs) help to prevent blood clots in your legs, known as deep vein thrombosis. SCDs are wrapped around your legs from your ankle to your thigh. They are attached with an inflation system that periodically inflates and deflates, squeezing your legs. This helps with circulation in your legs. You'll wear SCDs from the time you have surgery until you are walking the length of the hallways 2-3 times a day.

What to Expect the Day After Surgery – Post Op Day 1

Physical Therapy (PT) will visit you to assess your mobility and strength. The PT and the nurse will work together to make sure you have received pain medicine before your visit. During your session, the PT will instruct you on proper body mechanics and ways to protect your spine. The physical therapist can also assess whether you need a walker for support. The walker may only be required temporarily during your hospitalization. The number of visits from PT varies from patient to patient and will be determined by the therapist.

If the therapist feels that you would benefit from more physical therapy after you go home, the PT will work with your physician and patient care coordinator to obtain the appropriate orders. In the hospital, you'll be walking at least 2-3 times per day with the nursing staff, other floor staff, or a physical therapist. The PT can also instruct you on stair climbing (if you have stairs at home) and how to put on and take off the brace (if brace is required after surgery).

Occupational Therapy (OT) will be consulted to visit with you if you need assistance with your activities of daily living such as bathing, dressing, and eating. Occupational therapy focuses on restoring your ability to perform self-care tasks. To develop your OT goals, the therapist will ask many questions about your home environment, assessing possible obstacles you may encounter once discharged. OT will teach you and your family how to perform certain activities using proper body mechanics and spine precautions.

The Remainder of Your Hospital Stay

- Tell your nurse if you are feeling constipated, experiencing increased pain, nausea, muscle spasms or difficulty urinating.
- Continue to assess your pain regularly and ask for pain medication as needed.
- Continue to walk either with the clinical partner, nurse, physical therapist, or on your own as directed by the physician.
- Continue to eat a healthy diet.
- You will tire easily and need rest periods.
- Continue to use your incentive spirometer.

Tips to Make Your Hospital Stay Easier

Your friends, family, and/or spine nurse navigator are a very important part of your recovery period. Our visitation guidelines are designed to allow time for you to visit with family and friends. Please check with the current hospital policy for updated visitation arrangements. One visitor may stay overnight with you in your room. We welcome your spouse or significant other to be with you at any time and encourage them to get adequate rest and eat regularly.

You can make your hospital stay more comfortable for yourself and your family by doing a few simple things:

- If you wish, let your friends and/or clergyman know about your surgery well ahead of time so they can call or visit. If you do not want visitors at any time during your hospital stay, ask your nurse to place a sign on your room door.
- Set a small goal every day and try to achieve it by the end of the day.
- Take an active role in your care, such as planning your hospital meals, noting your goals/achievements, and keeping track of your medications.
- Get plenty of rest so you'll have enough energy to participate in hospital activities, such as physical therapy.
- Take pain medicine as prescribed so you'll be able to participate in therapies with a limited amount of pain. Ask your nurse when therapy is scheduled so you can take your medications before the therapist arrives.

Countdown to Surgery

3-4 Weeks Before Surgery

- Confirm any medications you need to stop taking prior to surgery, (NSAIDS, blood thinners, vitamins).
- Identify your spine nurse navigator.
- Consider potential discharge needs. Ask yourself the following questions:
  - Will I be able to go straight home from the hospital after surgery?
  - Will I need to go to a rehabilitation facility?
  - Will I need to sleep in a room downstairs or stay with a family member or friend the first couple of days?
- Questions to Ask and/or Notes:

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1-2 Weeks Before Surgery

- Make child care and/or pet care arrangements.
- Discuss plans with your spine nurse navigator.
- Pre-admissions testing appointment.
- Questions to Ask and/or Notes:

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The Week Before Surgery

- Prepare and freeze meals.
- Go shopping and stock up on groceries, frozen meals or any other supplies you may need after surgery.
- Relocate items in the kitchen, bedroom, and bathroom for easier access after surgery. Remember, it may be painful to reach up high or bend down at the waist after surgery.
- Pre-admission testing.
- Questions to Ask and/or Notes:

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Day Before Surgery

- Pack personal items and appropriate clothing and shoes for your hospital stay.
- Confirm arrangements for the ride home from hospital, pet care or childcare.
- Review with your spine nurse navigator your plans for the first 2-3 days after you leave the hospital. Who can stay with you or be available if needed?
- Questions to Ask and/or Notes:

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Personal Care After Surgery

When to Contact Your Physcian

Please Notify Your Physician If:

- You have not had a bowel movement in three or more days
- You are having pain uncontrolled by rest and medication
- Fever over 101° F
- Redness and/or swelling at the incision site
- Pus, bad smelling drainage, or pain at or around the incision area
- Flu-like symptoms (chills, body aches, etc)
- Your incision opens
- Sudden difficulty emptying your bladder
- Sudden difficulty controlling your bowels

Caring for Your Incision

Surgical Dressing

- Keep dressing on your incision clean and dry.
- Change the dressing if your surgeon told you to or if it gets wet or soiled.
- If you do change the dressings:
  - Wash your hands well with soap and water before touching the dressing.
  - Remove the dressing carefully; if needed, soak some of the dressing with sterile water or saline to help loosen it; do not use tap water.
- Apply a new dressing the way your doctor or nurse showed you.

If You Have Staples or Sutures in Your Incision:

- Depending on your surgery type and how quickly your wounds heal, staples/sutures may be removed between 10-21 days after the date of surgery depending on your physician's recommendation.
- Please refer to your discharge summary for the exact time period when your wound check, staple/suture removal should occur.
- Keep the incision dry while staples/sutures are in place and 24 hours after they are taken out.
- Do not use cream, lotions, or ointments (including antibiotic creams/ointments) on the incision while sutures or staples are in.
- Do not clean the incision with anything unless your doctor told you to do so.
- You will return to our office for staple removal, if sutures are present they will dissolve over time.
- Steri-strips or butterfly strips may be placed after the removal of your staples or sutures. These should remain on until they fall off by themselves.

If You Have Steri-Strips:

- Steri-strips are small pieces of paper stitches that cover the incision and protect it. Under the steri-strips, the incision has been closed by dissolving sutures which do not need to be removed.
- If the steri-strip edges curl up over time, you can trim the edges off; otherwise they will fall off on their own.
- If the steri-strips are still on after 14 days, allow your surgeon or physicians assistant to remove this at your upcoming appointment.
- You may cover the steri-strips with gauze and secure with medical tape.
- After the steri-strips have fallen off or are removed, you may leave the incision uncovered.

If You Have Skin Glue:

- Skin glue may appear white, dry, and crumbly
- It will harden with time and may have a rubbery appearance
- Skin glue will gently break apart and break off in small pieces, leaving the incision healed underneath
- If a dressing is covering your surgical incision, you may remove it after 24 hours
- Do not scrub off the skin glue

Appendix

Neurosurgery and Spine Pain Medication Policy

- We encourage and expect every patient who has been scheduled for surgery to have recently seen their primary care physician within a reasonable time frame prior to surgery date.
- We will only prescribe pain medications and refills for our post-operative patients up to several weeks from the surgery date.
- We do not prescribe narcotic pain medications to patients who have not undergone surgery.
- Pain medication CANNOT be prescribed by multiple providers.

Resources for Spine Patients

www.erlanger.org/spine
www.ucsfhealth.org/spine
www.spine-health.com
www.WebMD.com
www.spineuniversity.com

Emergent Symptoms

- **CALL 911 if you have any of the following EMERGENT SYMPTOMS**
  - **Shortness of breath**
  - **Chest pain**
  - **Acute neurologic changes such as limb weakness, slurred speech, loss of bowel/bladder function**

When to Contact MyChart

For any of the questions below, please contact MyChart. For non-urgent issues, please note MyChart is the fastest and easiest way to get your questions answered.

- Diagnostic test/scan results
- Appointment requests
- Medication refills
- Treatment questions
- Changes in insurance

MyChart Office | **423-778-2233**

When to Contact Your Spine Nurse Navigator

For any of the questions below, please contact your spine nurse navigator.

- Operative incision or closure site
- Medications or side effects/reactions
- Increased pain or discomfort
- Abnormal symptoms: fever over 101° F, nausea/vomiting, diarrhea, constipation
- Redness, pain swelling, and/or tenderness to calf, behind the knee, groin, or ankle
- If unsure about urgency of issue or request please **Call 911 for any emergent symptoms**

Spine Navigator

423-778-2225 | Monday – Friday: 8 AM - 5 PM
423-778-2233 | Nights, Weekends, and Holidays: 5 PM - 8 AM

Notes

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