SPINE SURGERY BOOK

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<table>
<thead>
<tr>
<th><strong>Table of Contents</strong></th>
<th><strong>Page</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>Preparing For Your Surgery</td>
<td>5</td>
</tr>
<tr>
<td>Post-Op (Immediately After Surgery)</td>
<td>9</td>
</tr>
<tr>
<td>Post-Op Day One (First Day after Surgery)</td>
<td>11</td>
</tr>
<tr>
<td>Post-Op Day Two &amp; Three (Second &amp; Third Day After Surgery)</td>
<td>13</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>14</td>
</tr>
<tr>
<td>Activity Level</td>
<td>15</td>
</tr>
<tr>
<td>Using Your Walker</td>
<td>16</td>
</tr>
<tr>
<td>Assistive Devices</td>
<td>18</td>
</tr>
<tr>
<td>Activities After Spine Surgery</td>
<td>19</td>
</tr>
<tr>
<td>Anatomy</td>
<td>21</td>
</tr>
<tr>
<td>Anterior Cervical Decompression and Fusion</td>
<td>23</td>
</tr>
<tr>
<td>Anterior and/or Posterior Spinal Fusion</td>
<td>24</td>
</tr>
<tr>
<td>Laminectomy</td>
<td>25</td>
</tr>
<tr>
<td>Prevention of a Blood Clot</td>
<td>26</td>
</tr>
<tr>
<td>Medication for your stay at Arizona Spine and Joint Hospital</td>
<td>28</td>
</tr>
<tr>
<td>Pain</td>
<td>30</td>
</tr>
<tr>
<td>Going Home</td>
<td>33</td>
</tr>
<tr>
<td>Appendices</td>
<td></td>
</tr>
<tr>
<td>Appendix A-Preparing Your Home</td>
<td>33</td>
</tr>
<tr>
<td>Appendix B-Home Assistance</td>
<td>34</td>
</tr>
<tr>
<td>Appendix C-Extended Care Facilities</td>
<td>35</td>
</tr>
<tr>
<td>Appendix D-Transportation Options</td>
<td>36</td>
</tr>
<tr>
<td>Appendix E-Meal Preparation Options</td>
<td>37</td>
</tr>
<tr>
<td>Appendix F-Home Health (Medical) Providers</td>
<td>38</td>
</tr>
<tr>
<td>Appendix G-Frequently Asked Questions</td>
<td>39</td>
</tr>
<tr>
<td>Appendix H-Hotels/Motels</td>
<td>42</td>
</tr>
<tr>
<td>Appendix I-Telephone Numbers</td>
<td>43</td>
</tr>
<tr>
<td>Glossary</td>
<td>44</td>
</tr>
<tr>
<td>Notes</td>
<td>45</td>
</tr>
</tbody>
</table>
**Introduction**

The staff of the Arizona Spine and Joint Hospital (ASJH) would like to take this opportunity to thank you for selecting us to perform your spine surgery. We realize there are many factors that enter into your decision and appreciate your confidence in our staff.

The dedicated staff of the ASJH will insure you are comfortable and knowledgeable about every aspect of your surgery and recovery. Our ultimate goal is to help you learn to care for yourself after discharge so you may regain maximum independence.

The staff of ASJH have found that patients who actively participate in their care and rehabilitation have the best long-term outcomes after surgery. To this end, we believe that teamwork is the key to success with spine surgery. Your team includes the following members:

1. You
2. Your family
3. Your surgeon
4. Your doctor
5. Your nurses
6. Your physical therapist
7. Your case manager

Please take some time to carefully review the contents of this booklet when you arrive home after the spine surgery class. Should you have any further questions or concerns after reviewing the material please don’t hesitate to call any of the numbers listed on Appendix I.

**Remember — The Arizona Spine and Joint Hospital is a non-smoking campus.** This includes electronic cigarettes. If you smoke, try to stop. If you can not stop, cut down. This will help with the healing process and speed your recovery. If you would like smoking cessation assistance or information, please ask your nurse or case manager.
Preparing For Your Surgery

The following information is provided to assist you in preparing for surgery. Please review the information very carefully. Address any of the issues or complete any of the tasks that are pertinent to you within the specific time period. Doing so will make you more knowledgeable about the many aspects of your surgery and recovery, thus ensuring a very relaxed process.

One Month Prior To Your Surgery

1. Some patients may require a blood transfusion after surgery. If you have any religious or personal issues concerning a transfusion, please speak with your spine surgeon.

2. Your spine surgeon may recommend you see your primary care physician (PCP) or other specialist for medical clearance for surgery. Please discuss this issue with your spine surgeon.

Two Weeks Prior To Your Surgery

1. Make an appointment to attend the total joint/spine class at the Arizona Spine and Joint Hospital by calling (480) 824-1229 or (480) 824-1306. 
   Classes are held every Monday except for holidays from 8 a.m. to 10:30 a.m.

2. Begin eating a well balanced diet that includes breads, cereals, vegetables, fruits, meat, dairy products, and plenty of fluids. This is not the time to go on a “diet.”

3. Prepare meals for yourself ahead of time and freeze them.

4. Your surgeon will instruct you on which medications to stop taking prior to surgery. Some examples are: aspirin, ibuprofen/Motrin Advil, naproxen/Aleve, any blood thinners, herbal supplements, and Vitamin E. Your doctor may also prescribe multivitamins, Vitamin C and/or iron pills to start taking prior to surgery.

5. Compile a complete listing of all of the medications that you take. This includes prescription medication, over-the-counter medication, supplements, herbs, vitamins, and home remedies. Be sure to include:
   - Amount of the tablet/medication (e.g. 20 mg, etc.)
   - Exactly how you take the medication (e.g. whole tablet or half tablet)
   - When you take the medication (e.g. daily, twice a day, weekly, etc...)
   - At what time you take the medication (e.g. at 6 a.m., etc.)

6. After surgery you may need a front-wheeled walker. This item is usually covered by insurance. If you do not have one, the Physical Therapist will obtain one for you.

7. If you already have a walker have it brought to the hospital the day after your surgery by a family member (so it can be checked for proper sizing and safety)

8. After surgery, you may potentially need additional equipment such as a raised toilet seat or a shower chair/bench. See Appendix A for more information.
9. Please make sure that you have someone who will stay with you for the first several days after discharge. You should not stand for long periods of time after surgery. Therefore, you will need to plan for meal preparation, housework, and personal care after you return home from the hospital. You will want to enlist the help of family, friends, or private pay assistance once you have determined your needs. (For a list of private resources please see Appendix B).

10. Most patients are discharged directly home after their hospital stay. Some patients are not because they need additional rehabilitation after they are discharged from the hospital. If this is the case, your doctor will recommend you go to an extended care facility (ECF). You may want to contact your insurance provider to determine if they cover a short-term stay at an ECF and if there is a specific facility you must use in your area. Additionally, you may wish to visit several ECFs within your area in advance (see Appendix C). If you need to be admitted to an ECF, our Case Manager will arrange all this for you.

11. You will not be allowed to drive for approximately 6 weeks or longer after your surgery. You should arrange for transportation from the hospital and for your follow up appointment (which is usually 2 weeks after you’ve had surgery). If you don’t have family or friends to assist you, please see Appendix D (Transportation Resources).

12. Safety while using a walker is very important. Ensure all walkways in your home are free of all throw rugs or hazards such as extension cords to prevent falls. (See Appendix A for suggestions and pictures on page 21). Also, make sure your pathways are wide enough for your walker to maneuver (the width of the walker being the base plus the size of the wheels).

13. If you have any pets, you may need to plan for their care during your hospital stay and possibly during your recovery. Also, please inform your orthopedic surgeon that you have a pet as this may increase your risk of infection after surgery.

14. You may want to install a moveable showerhead and grab bar/rails in your bathroom before surgery. Please ensure that the rails/handles are secured to the studs, and not just the drywall.

15. It would be a good idea to make sure that you have a chair to sit in at home, that has sturdy arm rests. This will make it easier for you to get into and out of the chair after your surgery.

16. Where is the bedroom located that you sleep in? If it is located on the second floor, is it possible that you could stay in the one on the first floor for the first couple of days?

**One Week Prior To Your Surgery**

1. Complete all the issues or tasks you have been working on up to this point.

2. Your surgeon’s office will schedule you to have an EKG, chest x-ray, and lab tests performed in preparation for surgery. **If you have NOT been scheduled for these pre-op tests please contact your surgeon’s office immediately.**

3. Complete the health history form given to you by the preoperative nurse or your doctor’s office before surgery.

4. Continue eating a well balanced diet and keeping your bowels regular.
5. Clean your house, do your laundry, and complete any yard work. Arrange for someone to take care of your mail or have it put on hold. You will want to do the same with your newspaper.

6. Put frequently used items at waist height in the kitchen and bathroom.

7. Compile a complete list of all doctors and specialists you have seen in the last five years. Please include their phone numbers and bring with you on the morning of surgery.

8. Make a copy of your Living Will/Advanced Directives, if you have one, to bring with you on the morning of surgery.

9. Gather your insurance cards, prescription cards, and any medical cards (e.g. pacemaker ID card, etc.) to bring with you.

10. Bring any other forms your physician has given you.

11. Pack a small bag of your personal items and include a set of lose fitting clothing and a good pair of walking shoes for discharge. Do NOT buy new shoes. Make sure the shoe has a rubber sole and there is a back around the shoe (i.e. no flip-flops or open backed sandals).

12. If you use urinary incontinence pads, please bring some of them with you.

13. If you wear hearing aids, please wear them to the hospital and bring an extra set of batteries. Please wear your glasses and/or dentures as well. Bring the containers for all of these labeled with your name (this is important).

14. If you use a CPAP/BiPAP machine for breathing at home, please bring that with you to the hospital.

15. DO NOT bring large amounts of cash, credit cards, or jewelry to the hospital. Arizona Spine and Joint Hospital cannot be responsible for valuables that are brought to the hospital.

16. **DO NOT** bring in any extension cords.

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**The Morning of Surgery**

1. Starting at midnight before surgery **DO NOT** eat or drink anything. This includes food, water, gum, candy, alcohol, and tobacco. Only take approved medications with a small sip of water. If your surgeon has not instructed you on what medications to take the night before and the morning of surgery, please call the office.

2. Take a shower at home, using regular soap. **DO NOT** use any perfume, powder, facial moisturizers or lotions after your shower. **DO NOT** shave. **DO NOT** wear any make-up especially eye makeup.

3. You may brush your teeth, but **DO NOT** drink any water.

4. Limit the jewelry that you wear to only what you cannot take off.

5. When you arrive at the hospital, go directly to the front desk and check in. However, check-in will not begin prior to 5am.
6. Once you are checked in, the staff will escort you to the pre-surgical area where a nurse will prepare you for surgery and you will speak with the anesthesiologist.

7. Notify the surgeon and/or staff if you have any cuts, illness, vomiting, fever greater than 100 degrees, insect bites, or dental issues.

8. When all preparations for surgery are completed you will be taken to the operating room.

9. Your family may wait in the waiting area. If they choose to leave during your surgery, we ask that they notify someone at the front desk. When your surgery is completed, the doctor will come to the waiting area and explain how your surgery went and answer any questions your family/friends may have.

10. Before surgery, the surgeon will write their initials on the area near where your incision will be. Your back or neck will be scrubbed with antibacterial soap. An IV (intravenous) line is started. Antibiotics will generally be given prior to surgery. If you feel nervous or are unable to relax, tell your nurse so medication can be given. You may receive medications through your IV that will make your mouth very dry.

11. **Anesthesia Information**
   An anesthesia representative will visit with you before the surgery to review all information needed to evaluate your general health. The anesthesia representative will also answer any questions you may have. The type of anesthesia available is general anesthesia which provides loss of consciousness. When the operating suite is ready, you will be transported there. This room will be very cold; a warm blanket is available if you want it.
Post-Op (Immediately After Surgery)

1. After surgery you will spend approximately 1 hour in the recovery room. Since everyone is different, this is just a guideline. The front office staff will notify your family once they can come over to your inpatient room.

2. Once your vital signs are stable and you’re not having any complications you will be transferred by bed, to the inpatient-nursing unit where you will spend the next 2 to 3 days.

3. The nursing staff will monitor your vital signs (temperature, pulse, pain, breathing, and blood pressure) and check your dressing frequently for the first 4 hours that you are on the nursing unit.

4. You will have an IV and receive antibiotics for the first 24 hours to prevent any possible infection.

5. Some doctors place a very fine drainage tube in the surgical wound for 24 to 48 hours. This drainage tube can be connected to 2 different collection devices. The first device is called a “hemovac” and the blood it collects is wasted. The other device is called a “cell saver” and it collects blood, which is reprocessed and given back to the patient via an IV.

6. To reduce swelling, lower your risk for a blood clot (DVT), and improve circulation we may place different devices on your legs/feet. These may be ace wraps, support stockings (TEDs), Sequential compression Devices (SCDs), or Plexi Pulses. Each of these items will be removed and reapplied once or twice a day for skin care unless your doctor orders otherwise.

7. You may receive oxygen for the first 24 to 48 hours via a nasal cannula or mask to ensure your lungs are properly oxygenated. A small monitor (pulse oximeter) will be clipped to one of your fingers so the nurse will know your pulse and blood oxygen level at any given minute.

8. The nursing staff will teach you deep breathing exercises using an incentive spirometer (IS). These exercises must be done 10 times every 2 hours while you are awake to prevent any respiratory problems such as pneumonia.

9. It is very common for patients to experience nausea after surgery. To help alleviate this problem the nursing staff will first give you ice chips and clear liquids. Once you can tolerate liquids without nausea, you will be advanced to a regular diet, once cleared by your nurse.

10. If you experience any pain, nausea, itching, or difficulty sleeping be sure to tell your nurse so they may administer the appropriate medication to resolve the problem. Sleeping medications are not usually administered the night of surgery due to the anesthesia and high doses of pain medications administered.

11. Sometimes after surgery, patients are not able to urinate as a side effect of anesthesia. Should this occur, the nurse will place a catheter in your bladder to drain it, and then the catheter will be removed once the bladder is drained. This may be repeated in 4 hours. If still unable to void in 4 hours an indwelling catheter may be placed and removed the next day. Getting up to the bathroom is part of therapy for both men and women. Bedpans are not used after the 1st night of surgery.

12. Your surgeon will prescribe any medications you routinely take and medications that are specific to your surgical procedure. Please be aware that some of your medications that you regularly take may not be ordered right away. This is all dependent on your condition and other factors. If you have any questions, please ask the nurse.
13. A “Hospitalist” or an “Internal Medicine” doctor may see you while you are here. They are responsible for your medical care outside the surgeon’s scope of care.

14. Hand hygiene is one of the most important ways to prevent the spread of infections (flu, surgical site infections, etc.)

**How can hands be cleaned?**

Either by washing with soap and water for at least 20 seconds, or using alcohol hand gel. Alcohol hand gel is located in the dispensers on the walls in patient rooms and in the hallways. No water is required when the alcohol hand gel is used. You will be provided with hand sanitizing wipes to use while you are here.

**When should caregivers clean their hands?**

Hands should be cleaned before and after any contact with a patient. This means that before and after your caregiver provides care, their hands should be cleaned. A caregiver can be a nurse, doctor, the person drawing your blood, or anyone who helps take care of you. If your caregiver is wearing gloves, their hands should be cleaned before putting the gloves on and after they take them off.

**What should you do if you are unsure your caregiver cleaned their hands?**

It is your right to ask your caregiver if they have cleaned their hands. At Arizona Spine and Joint Hospital, we want you to take an active role in your care. We want you to ask questions and participate as we care for you. Please notice the "Partners In Care" sign that is in your room. It is there to remind you to ask if we have cleaned our hands.

**When should you clean your hands?**

Everyone should clean their hands often. This means after using the restroom, before eating, after sneezing or coughing, or any time they are dirty. You can use soap and water or an alcohol hand rub. Either of these is a good choice to protect your health. Let your visitors, family, friends and children know when they should wash their hands too. Family and friends who visit should not touch the surgical wound or dressings.
Post-Op Day One (First Day After Surgery)

1. Your first day after surgery is called “Post Op Day 1.” You will often hear the staff referring to your stay as “Post Op Day 1, or 2” while you are here. We number your days in this manner, to track how you are progressing after your surgery.

2. If you experience any of the following symptoms: pain, nausea, itching, difficulty sleeping, constipation, or have any concerns please notify the nursing staff so the appropriate treatment or actions can be initiated.

3. Your pain medication is changed from IV to oral pills. The object is to maintain a comfort level that will allow you to perform in physical therapy and get proper rest. It is essential that you tell your nurse when you are having pain so your pain is well controlled at all times.

4. Your diet will be advanced from clear liquids to a regular diet if you are not experiencing any nausea or vomiting.

5. Your IV fluids may be stopped if you are tolerating food and liquids and if you are producing adequate urine.

6. Physical therapy will assist you in performing your strengthening exercises and walking twice a day. After walking you will be expected to sit in a chair for approximately one (1) hour before you are assisted back to bed. Pain is an unfortunate consequence of increased activity at this stage of your recovery; therefore we recommend you ask for pain medication prior to therapy. Pain medication is normally given every four hours upon request.

7. You will be encouraged to attend to your personal hygiene as much as possible. It is considered part of your rehabilitation. You will be given as much assistance as you need with a morning sponge bath. (Some of the surgeons will not allow you to take a shower for 10-14 days after surgery).

8. While you are in bed, the nursing staff will periodically assist you in turning from side to side and repositioning yourself for comfort.

9. Your support stockings (TEDs) will be removed and reapplied once or twice a day.

10. If you have a Hemovac drain it may be removed by the surgeon or the nursing staff when ordered by the surgeon.

11. If you have a Foley catheter in your bladder it will be removed 24 to 48 hours after surgery.

12. If your blood oxygen level remains above 92%, the nasal canula and finger monitor will be discontinued.

13. In the early A.M., the lab tech or nurse will draw blood from you so your surgeon and doctor can follow your blood levels.

14. Preventing Falls, You must have a staff member with you every time to get out of bed or out of the chair. This includes walking to the bathroom or commode and for the return trip. Family, friends and guests **CAN NOT replace a staff member during ambulation. Please call so you won’t fall.**
15. **Bathroom Safety**. *You are not allowed to stand up from the toilet or commode without a staff member at your side. This includes wiping yourself and flushing the toilet. Patients can become very weak after sitting on the toilet. Even standing on your own can be difficult without assistance.*

Don’t Get Up
Call
Don’t Fall
Post-Op Day Two & Three (Second & Third Day After Surgery)

1. With assistance from the nursing staff and physical therapy you will increase your activity level, walking, and sitting each day.

2. You will eat all of your meals sitting up in a chair.

3. Some patients have difficulty sleeping after surgery because of pain or the change in their environment. Whatever the reason, tell the nursing staff and they will place you in a position of comfort and administer pain medication or sleeping medication if desired.

4. Many patients experience constipation after surgery as a result of the pain medication, decreased activity, alterations in their diet, and use of Iron. To prevent constipation you will be given stool softeners prophylactically starting the night of your surgery. You should drink plenty of fluids and increase your fiber intake. If constipation persists, your nurse will administer laxatives to assist you in having a bowel movement. You need to have a bowel movement before you are discharged from the hospital. You may continue to experience constipation after discharge. You may need to continue taking stool softeners or laxatives at home.

5. Continue deep breathing exercises.

6. Continue to wear your support stockings.

7. The nurse may change your dressing every day or as ordered by your surgeon, after the original surgical dressing has been removed. Newer forms of dressing may not require changing. Your nurse will teach you and your family how to care for your incision after discharge. It is normal to have some swelling and bruising. Please ask your nurse if you have any questions.

8. When the Foley catheter is removed the nursing staff will assist you to the bathroom or bedside commode. Bedpans are NOT allowed. You are having this surgery to regain your independence not be dependent.

9. You will be encouraged to attend to your personal hygiene as much as possible. It is considered part of your rehabilitation. You will be given as much assistance as you need with a morning sponge bath.
Physical Therapy

You will receive physical therapy twice a day, if ordered by your surgeon.

During your hospital stay physical therapy is responsible for teaching you the following:

- How to walk using a front wheeled walker (FWW).
- The proper technique of getting out of bed that simulates your home environment.
- The proper technique of getting out of bed without using any assistive devices in preparation for discharge home.
- You will be educated on the mechanism of disability (protective response) and how to manage this. The “Protective Response” your body initiates following surgery is pain and swelling. This combination is intended to protect your body from further injury if trauma occurs. Your body equates surgery with trauma. Our job is to assist the body in reducing the “protective response” as we introduce activity. As the “protective response” decreases we will have freer movement and increasing strength allowing for better mobility.
- How to get in and out of a chair using proper body mechanics.
- How to get on and off the toilet using proper body mechanics.

The duration of your therapy will increase as you become stronger and more independent each day.
Activity Level

The nursing staff is responsible for teaching and assisting you with the following:

- The proper technique of getting in and out of bed using the Log Roll method.
- How to use a front wheeled walker (FWW) if ordered by your surgeon.
- To walk 3-5 times per day, each walk being progressively longer.
- To sit in a chair for all meals.

If physical therapy is ordered by your surgeon they will perform all the above and teach you exercises to strengthen your legs. You will receive therapy twice a day, once in the morning and again in the afternoon.

Log Roll

Getting Out of Bed using the “Log Roll”

- Tighten your stomach muscles.
- Roll onto your side.
- Raise your body as one unit, DO NOT twist.
- Scoot to the edge of the bed.
- Use your arms to push up off of the bed. Press down with your arms to raise your body as you gently swing both legs to the floor.
- Place one foot slightly behind the other.
- Keep your stomach muscles tight.
- Then use your thigh muscles to raise your body up.

Getting Into Bed using the “Log Roll”

- Back up until the edge of the bed touches the back of your legs.
- Tighten your stomach muscles.
- Bend forward slightly from the hips
- Use your thigh muscles to lower your body onto the bed.
- Using your arm for support, lower your body onto its side.
- Move your body as a unit, allowing your feet to lift onto the bed.
- Roll onto your back without twisting your waist.
Using Your Walker

The physical therapist or the nursing staff will ensure your walker is properly adjusted and explain some safety requirements the first time you use your walker.

Fitting the Walker

1. **Safety** – Walkers are designed to fold flat so they are transportable. You will hear a click when you open each side of the walker. This click indicates the locking mechanism is in proper position and the walker is safe to use.

2. **Proper Fit** – To ensure the walker is the proper height for you, stand in the walker with the cross bar in front of you. When your arms are relaxed at your sides the handgrips of the walker should be approximately level with your wrists. When grasping the handgrips, your shoulders should be level and relaxed and both arms should be just slightly bent at the elbows. All four legs of the walker are adjustable and the fitting process takes only a few minutes.

To Stand Using A Walker

1. To stand, use one hand to push up from the bed or chair, your other hand to push down on the walker while at the same time pushing up with your non-surgical leg.

2. Once you are standing, place both hands on the walker handgrips and try to stand straight for a few moments to gain your balance.
Walker Safety

- Before you take each step you must ensure that all four (4) legs of the walker are on the floor.
- Your body must be inside the walker before you move to take each step.
- Your toes should never pass the front crossbar of the walker to prevent losing your balance.
- Move the walker a comfortable arms length in front of you. If you feel like you are reaching or bending forward to take a step, the walker is too far forward.
- Wear well fitting shoes.
  - Never wear sandals, thongs, flip-flops, or high heels. Your footwear should have a back or strap that goes around the back of your foot/heel.
  - Make sure your footwear has a rubberized sole (something to create resistance between your feet and the floor).
  - Wear shoes that you have worn before, do not wear new shoes. You do not want to learn how to walk with a new joint while breaking in a new pair of shoes.
  - If you wear athletic shoes, you can use elastic shoe laces or use ¼ inch sewing elastic in place of your regular shoe laces. It will eliminate the hassle of tying your shoes.
- Clear all walk ways in your home of throw rugs, phone cords, and extension cords to prevent falls.
- If you have transition areas in your house where the floor surfaces change (i.e. carpet to tile or linoleum), ensure the surfaces are secured to the floor. Be careful not to trip or fall over these transitions.
- If you must climb stairs in your home, tell the physical therapist so you can practice before you are discharged home. When you are climbing up you must lead with your non-surgical leg and step down using your surgical leg. You will be taught how to use the stairs while you are here.
Assistive Devices
After surgery bathing, dressing, and toileting may appear to be a major undertaking but with the right equipment and skills you will be able to adapt very easily. There are a great many assistive devices on the market today. The nursing staff and the physical therapist will demonstrate how to use certain assistive devices that can increase your independence following discharge from the hospital.

**Dressing Devices**
- Long-Handled Reacher
- Sock Aid
- Dressing Stick

**Bathing Devices**
- Long Handled Sponge
- Hand Held Shower Head
- Shower Chair or Bench

**Toileting Devices**
- Commode
- Elevated Toilet Seat
Activities After Spine Surgery

*** Your surgeon has the final say on any and all of these activities. ***

Activities you can EXPECT to perform after spine surgery:

- Stationary bicycling
- Nordic Track (stationary skiing)
- Ballroom dancing
- Square dancing
- Golf
- Swimming
- Walking

Most of the activities listed above are aerobic in nature, therefore, good condition for the heart.

Recommended activities after spine surgery:

- Gardening/Yard work
- Table Tennis (Ping Pong)
- Cross-country skiing
- Bicycling (street)
- Bowling
- Fencing
- Hiking
- Speed Walking
- Weight Lifting

Although prior experience and skill is required for most of these activities, they are quite safe. If you would like to try any of the above activities and have no experience, it is recommended that you speak with your surgeon first. Also, it is recommended that you receive lessons from a qualified instructor.

Activities Requiring Surgeon Approval:

- Aerobic exercise
- Calisthenics
- Canoeing
- Downhill skiing
- Horseback riding
- Ice-skating
- In-line skating
- Jazz dancing
- Tennis–doubles

While safe in most cases, your doctor should approve your participation in any of the above activities. Recovery from spine surgery is unique for each person. There may be precautions for you to know about before you participate in these activities.
Activities to be Avoided:
- Baseball
- Basketball
- Football
- Handball
- Jogging
- Racquetball/squash
- Soccer
- Softball
- Step machines
- Tennis-singles
- Volleyball
Anatomy

In order to better understand the most common injuries and diseases of the spine, it is essential to have a fundamental understanding of spine anatomy and its role in the body. The human spine is a remarkable structure and it performs a number of important functions:

- It provides protection for the spinal cord
- It provides the support needed to walk upright
- It allows the torso to bend and twist
- It supports the head and allows movement from side-to-side and up and down

The spine is made up of a column of 26 bones that extend in a line from the base of the skull to the pelvis. Twenty-four of these bones are called vertebra (plural – vertebrae). When viewed from the side, the spine has a natural “S” curve.

REGIONS OF THE SPINE
The spine can be divided up into three areas or regions.

The neck, or cervical region, is made up of the first seven vertebrae, C1 through C7.

The next area, the thoracic region, is comprised of the next 12 vertebrae, T1 through T12.

The lumbar region, commonly called the “small” of the back, includes five vertebrae, L1 through L5.

Below the lumbar region is the sacrum, which is composed of five “fused” vertebrae.

The tailbone, or coccyx, is the final bone in the spinal column, and it too is comprised of three to five vertebrae fused together.

CROSS SECTION OF A VERTEBRA
The spinal cord travels from the brain through the entire length of the spine. Nerves branch out from the spinal cord all along its course. The nerves that exit C1 through C7 take care of everything that is going on in the face, eyes, ears, shoulders, hands and fingers. The nerves exiting the thoracic vertebrae (T1 to T12) look after the GI
tract, the liver, ureters, some of the colon and the blood vessels in the abdomen. Those nerves leaving the spinal cord at L 1 through LS take care of the colon, the rectum, as well as the blood vessels in the legs, feet and toes.

**DISC**

In addition to the vertebrae, there are a number of structures and features of the spine that are important to understand:

**INTERVERTEBRAL DISCS (DISCS)** - pads of cartilage between vertebrae that act as shock absorbers.

**FACET JOINTS** - joints located on both sides and the top and bottom of each vertebra. They connect the vertebrae through which the nerves leave the spine and extend to other parts of the body.

**INTERVENTIONAL FORAMEN** - an opening between vertebrae through which the nerves leave the spine and extend to other parts of the body.

**LIGAMENTS** - elastic bands of tissue that support the spine by preventing the vertebrae from slipping out of line as the spine moves. A large ligament often involved in spinal stenosis is the ligamentum flavum, which runs as a continuous band from lamina to lamina in the spine.

**LAMINA** - part of the vertebra at the upper portion of the vertebral arch that forms the roof of the canal through which the spinal cord and nerve roots pass.
Anterior Cervical Decompression and Fusion

**Hard Collar**

**Soft Collar**
Anterior and/or Posterior Spinal Fusion

Abdominal Binder
Laminectomy
Prevention of a Blood Clot

Everyone has a risk of developing a blood clot (a.k.a. DVT---Deep Vein Thrombosis). To reduce the risk of developing a DVT after surgery, several methods are used.

1. Mechanical

- TED Hose/Stocking (Thromboembolic Device)
  - They help in preventing a DVT by creating pressure on your muscles to assist the blood flow in your legs.
  - These are thick white spandex stockings worn on both of your legs.
  - These are worn during your stay in the hospital and for 2-6 weeks at home after your surgery. Your surgeon will let you know when you can discontinue using these.
  - You should have these off 1-2 times a day for 30 minutes to prevent any skin breakdown. Please ask to have these removed if someone has not offered to do so.
  - To wash these at home, use laundry detergent and rinse well. Let them air dry. Do NOT put these in the dryer, it will ruin the elasticity.

- Ace Wraps
  - They help in preventing a DVT by creating pressure on your muscles to assist the blood flow in your legs.
  - It is wrapped around the length of both of your legs.
  - These are worn during your stay in the hospital and for 2-6 weeks at home after your surgery. Your surgeon will let you know when you can discontinue using these.
  - You should have these off 1-2 times a day for 30 minutes to prevent any skin breakdown. Please ask to have these removed if someone has not offered to do so.

- SCDs (Sequential Compression Device)
  - They help in preventing a DVT by creating pressure on your muscles to assist the blood flow in your legs.
  - These wrap around the length of both of your legs. They are connected to a pneumatic pump, which compresses air at graduated settings along your leg.
  - These are worn on both legs during your hospital stay. They are only worn while you are in bed. You will not have these at home.

- Plexi-Pulses
  - It creates pressure on the bottom of your foot, in your arch. The arch of your foot is where your arteries and veins converge. When you apply pressure to this area, you keep the blood from pooling.
  - These are wrapped around both feet and connected to a pneumatic pump which compresses air at graduated settings against the arch of your foot.
  - These are worn on both feet during your hospital stay. They are only worn while you are in bed. You will not have these at home.

2. Medicine

After surgery, your surgeon does not want your blood to be its normal viscosity. Your surgeon will want your blood thinner than usual to reduce the chance for a DVT to develop. There are two basic types of medicines used to do this: oral and injections. Your surgeon will prescribe which one he/she thinks is best.
• **Oral Anti-Coagulants/Blood Thinners**
  - Taken orally
  - Duration of therapy is determined by your physician
  - You may need to have your blood drawn periodically until off of it
  - You will need to restrict your intake of foods high in Vitamin K (it reverses the effects of Coumadin)

• **Injectable Anti-Coagulants/Blood Thinners**
  - Self administered injection to the abdomen
  - Duration of therapy is determined by your physician
  - Do NOT have to have your blood drawn
  - Do NOT have to restrict your diet
  - Patient or family member will have to administer this injection at home (insurance will NOT pay for a nurse to come to your home and administer this medicine).

3. **Signs/Symptoms/Prevention**

   **Blood Clots in Legs**
   Surgery may cause the blood to slow and coagulate in the veins of your legs, creating a blood clot. Notify your surgeon as soon as possible if you have any signs of a blood clot in your leg.

   **Signs of Blood Clots in Legs**
   - Swelling in thigh, calf or ankle that does not go down with elevation
   - Pain, tenderness in calf; NOTE: blood clots can form in either leg
   - Redness

   **Pulmonary Embolus**
   An unrecognized blood clot could break off a vein and go to the lungs. This is an emergency and you should **CALL 911** if you have the following:
   - Sudden chest pain
   - Difficult and/or rapid breathing
   - Shortness of breath
   - Sweating
   - Confusion
   *Go to your nearest Emergency Department.

   **Signs of Infection**
   - Increased swelling, redness at incision site
   - Change in color, amount, odor or drainage
   - Increased pain
   - Fever greater than 101° F
   - Notify your surgeon if you notice any of these symptoms

   **Prevention of Blood Clots**
   - Foot and ankle pump exercises
   - Walking
   - If you are considered at risk of having blood clots, your surgeon may prescribe and anticoagulant such as Coumadin, Lovenox or aspirin
Medications for Your Stay at the Arizona Spine and Joint Hospital

What medications should I bring?

- **ALL** your current prescriptions in labeled containers from your pharmacy, with **CURRENT DIRECTIONS**. This should include eye drops, inhalers, insulins, etc. If you choose, you may bring in enough to cover the doses for your hospital stay.
- Please do not combine medications/strengths in the same container.
- Please check the expiration date on the containers, especially medications such as insulin (vials and pens), inhalers, creams, ointments, etc. Do NOT bring any expired products with you. Any medication that is expired cannot be used during your hospital stay.
- You do not need to bring in any medications that you are not scheduled to take during the time you are in the hospital (e.g. monthly medication)
- You do not need to bring in any seasonal medication that you are not currently taking.
- Since your stay here will be relatively short, if there are any medications or supplements that you regularly take (e.g. glucosamine/chondroitin, fish oil, co-q10, etc.) and you feel that you can do without them while you are here, please do not bring them with you. If you do want to bring them with you, please bring them in a brand new, sealed bottle.

What will happen to my medications?

- The pharmacist will verify and identify the medication.
- Your doctor will order or prescribe these medications as indicated.
- Our nursing staff will administer them as your physicianprescribes them.
- At discharge your medications will be returned to you or an authorized family member.

Are there any medications I should not bring?

- Please do not bring any supplements UNLESS they are in the original sealed container, or medications from Mexico or Canada (unless they are in the original container).
  
  *Why? Because these medications cannot be identified by the pharmacy; therefore may not be administered by our nurses.*

- Please do not bring any controlled substances that you take on an as needed basis, such as:
  - Pain Medications (e.g. Morphine, Demerol, Dilaudid)
  - Sleeping medications (e.g. Ambien, Restoril, Dalmane)
  - Anxiety medications or Tranquilizers (e.g. Xanax, Valium, Klonopin)

  *However, IF you use any of these types of medications on a set schedule (e.g. Duragesic Patches, Kadian, etc.) please bring those with you since the pharmacy does not stock all of these types of medications.*

- Your physician will order pain medications for you as well as medications for anxiety or sleep if necessary. Our nursing staff will administer the medication from our pharmacy.

If I bring a medication that will not be administered, what will happen to it?

- The pharmacy will identify it and return it to the nursing staff that will in turn return it to a family member to take home.

What if I am not sure whether or not to bring a medication?

- Call the pharmacy at 480-824-1260. If there is no answer, leave a message with your name and number and they will call you back.
What if I have medication related questions before my stay?
  • Please call the pharmacy at the above number.

What if I have medication related questions during my stay?
  • Please ask your nurse to have the pharmacist visit you.

Medication purpose and side effects
  • Your nurse will describe the purpose of a medication and the possible effects prior to you taking them.
  • If you do not understand the purpose or side effect, please ask for the description to be repeated. The nurse may ask you to repeat back the information to ensure you understand.
  • You will be sent home with a list of all medications that you received in the hospital and their side effects when discharged.
PAIN

We use the faces pain scale at the Arizona Spine and Joint Hospital. Everyone’s pain is different and by using this scale, we can evaluate how effectively we are managing your pain. We will ask you to rate your pain on a scale of zero (0) to ten (10). Zero (0) is no pain and ten (10) is the worst pain imaginable.

PAIN MEASUREMENT SCALE

Pain is a natural response that your body has to an outside stressor. You will experience pain after your joint replacement. Our goal while you are here is to control your pain. We will teach you to learn to control your pain and to keep it at an even level. There are several methods we use to assist in your control of your pain: medicines, ice/heat, position changes, distraction, exercises, etc. This will not eliminate your pain, but all of the measures should alleviate most of it.

Remember that the pain you have before surgery and the pain you have after surgery are two different types of pain. After surgery, you will experience pain from being operated on. You will also, experience pain in different places than before. This is due to the fact that you are now using parts of your body that you haven’t used in many years (because you have been compensating by walking a different way to avoid the pain you previously had in that joint).

We do not want to “drug” you while you are in the hospital, but we will encourage you to take something for pain every 4-6 hours around the clock (please ask your nurse for pain medicine every 4-6 hours). If you treat and manage your pain like this, you will have better control of it and will be better able to participate in your physical therapy sessions. Physical therapy is the most important part of your recovery from this surgery. We do not want to you to miss one of your sessions due to uncontrolled pain.

Non-medicine methods for treating pain:

- Ice packs (in varying forms) will be used during your stay in the hospital. This helps with the swelling and tenderness at the operative site.

- Position changes. Sometimes just changing your position will alleviate your pain. Things such as getting back into bed (if you’ve been in the chair for some time) or getting out of bed to sit in the chair. Turning onto your non-operative side in bed. There are several different ways to achieve this. If you are uncomfortable, please ask your nurse and we will find a way to help you.

- Relaxation Techniques: deep breathing, meditation, prayer, listening to music, visualization, watching TV, reading, etc.
Increasing your comfort level during your hospital stay:

Our goal is to achieve comfort not complete pain relief. Pain is a healthy human response following surgery. Pain will be elevated in the first week post surgery. The goal is to reduce that pain but being pain free is not realistic. We will use medication as well as position changes, cold therapy and environmental changes to promote comfort.

Staff will round frequently so communicate your comfort level at every opportunity. We will not automatically bring pain medication every 3-4 hours. You have to ask for it, this includes during the night.
Going Home

Things to remember once you are discharged:

- Drink plenty of fluids, with water being the most desirable.

- Increase your fiber intake.

- Monitor your bowel movements and continue to take stool softeners and/or laxatives to prevent constipation.

- Control your pain. Be sure to monitor your pain level and continue taking your pain medication as instructed by the hospital. You may even want to write down when you took your pain pills and how many. This will help you to keep track of your pain medication usage and avoid any confusion you may have of when you last took a dose.

- Keep using your TED hose as instructed by your doctor.

- Care for your incision as instructed by the discharge nurse and by your surgeon. Be sure to watch for signs and symptoms of infection (as instructed by your discharge nurse). Keep the wound area clean and dry.

- Be sure to wash your hands thoroughly with soap and water before handling your incision. This will help prevent infection.

- Call your surgeon’s office to obtain a follow-up appointment. This visit is usually 10-14 days after your surgery.

- Remember that you will need to inform every doctor and dentist that you see, that you’ve had spine surgery on your body. You will need to be given a prophylactic antibiotic before any invasive procedure (this includes routine dental cleanings).
Preparing Your Home

There are several things you can do to get your home ready for your return from your hospital stay. Things you may want to consider doing are:

- Getting a bag or bicycle basket to attach to your walker. It can hold all of things you may want to be with you (e.g., phone, Kleenex, TV remote, etc.)
- Pick up all throw rugs, and cords. Make sure any loose edges between carpet and tile/linoleum are secured to the floor.
- Cover any slippery surfaces with non-skid surfaces.
- Be sure to have good night lighting (for when you have to get up in the middle of the night—so you won’t trip with your walker).
- Put all items you’ll need in the kitchen and bathroom at waist height (to prevent you from reaching too high and stooping too low).
- Stock up on paper products (plates, cups). You should not stand for prolonged periods of time, and doing dishes and/or laundry is not recommended.
- Install a moveable shower head. It will be dangerous for you to try and turn around in the shower with a leg that’s been operated on coupled with the fact that you are wet and soapy. It would be much safer for you to stand in one place and use a moveable shower head.
- Shower chair/plastic resin chair for your shower. It will be much safer for you sit in the shower for the first couple of times due to the above mentioned items.
- Complete any yard care that cannot wait 4-6 weeks.
- Complete any house cleaning that cannot wait 4-6 weeks.
- Do you need a grab bar installed next to your toilet to help you on and off of it (it needs to be drilled/secured into the wall studs, not the drywall). Or do you have a sturdy countertop that you can use to assist you? You may NOT use the toilet paper holder, towel bar, or cabinet to assist you.

Adaptive Equipment

After surgery, you may potentially need additional equipment such as a raised toilet seat or a shower chair/bench. These items are usually not covered by insurance. Check to see if you can borrow these items from friends, loan closets in retirement communities, or loan closets in local organizations. These items may also be purchased at:

- Pharmacy stores (Walgreen’s, CVS)
- Lowe’s, Home Depot, or Burlington Coat Factory
- Home Care Supply Stores
  - Laguna Medical, Inc. (480) 894-0360
    325 E. Southern Avenue Suite 104
    Tempe, AZ 85282
    Items are deliverable as needed
  - Mediquip (480) 800-8712
    319 S. Power Road
    Mesa, AZ 85206
  - Medical Super Center (480)-924-5914
    6704 E. Broadway Road
    Ste. D4
    Mesa, AZ 85206
- Thrift Stores (Goodwill, Savers, Salvation Army)
- Amazon.com
Home Assistance

It is very likely that you may need some assistance at home with meal preparation, housekeeping, and errands for the first week you are home. This is especially important if you live alone. We recommend you make arrangements several weeks before your surgery date. Possible resources are:

- **Family** – If you have family coming in from out of town, they need to have flexible travel arrangements in case your doctor recommends further therapy at an Extended Care Facility (ECF). An ECF would delay your return home by about one week.
- **Friends or Neighbors** – If you have several people they can spread out the tasks to keep from overwhelming one person.
- **Church** – Many churches have church groups that are available to provide assistance.
- **Non-Medical Home Assistance** – People you can hire to assist you for a set period of time (see below).

<table>
<thead>
<tr>
<th>Service</th>
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<tbody>
<tr>
<td>Arizona Home Referral</td>
<td>480-990-8988</td>
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<tr>
<td>Arizona Lullaby Guild</td>
<td>602-852-0459</td>
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<tr>
<td>Assistance for Independent Living</td>
<td>480-966-9704</td>
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<tr>
<td>Caring Corps</td>
<td>480-962-5612</td>
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<td>Companion Care</td>
<td>480-987-3131</td>
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<td>Concepts In Care</td>
<td>480-610-5867</td>
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<td>Creative Networks</td>
<td>480-491-1140</td>
</tr>
<tr>
<td>Friendly House-Person Care Homemaker</td>
<td>602-257-1928</td>
</tr>
<tr>
<td>Geriatric Services</td>
<td>1-800-316-7009 or 480-423-0262</td>
</tr>
<tr>
<td>Health Exchange</td>
<td>480-265-9606</td>
</tr>
<tr>
<td>Home Instead Senior Care</td>
<td>480-827-4343</td>
</tr>
<tr>
<td>Independent Living Service</td>
<td>480-951-1968</td>
</tr>
<tr>
<td>Lifestyle Options</td>
<td>602-631-9550</td>
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<tr>
<td>Maricopa Attendant Care Program</td>
<td>602-306-1168</td>
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<tr>
<td>Personal Touch</td>
<td>480-983-0713</td>
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<tr>
<td>Plus 50-Mesa Senior Center</td>
<td>480-962-5612</td>
</tr>
<tr>
<td>Referral Fro Senior Adult Assistance (RSAA)</td>
<td>480-835-7679</td>
</tr>
<tr>
<td>Senior Adult Independent Living (SAIL)</td>
<td>602-264-4357</td>
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<tr>
<td>Senior’s Choice</td>
<td>480-946-4414</td>
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<tr>
<td>Staff Builders</td>
<td>480-854-9200</td>
</tr>
<tr>
<td>Your Problems Solved of Arizona</td>
<td>480-644-8898</td>
</tr>
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Appendix C

Extended Care Facilities (ECFs)/ Skilled Nursing Facility (SNF)

A current, comprehensive list of providers for your geographical area is available from the hospital case manager. You may choose any provider you want. If you do not have a preference, the hospital case manager will choose one from a list that your doctor prefers.

This is a list of commonly used facilities that are located near our hospital. This list does not contain all the extended care facilities (ECFs) in the surrounding area. The Arizona Spine and Joint Hospital has no affiliation with these ECFs. Therefore, the staff cannot provide any information as to service availability, space availability, or quality of care provided by the facilities.

We suggest you call several of the ECFs close to your home and ask to take a tour of the facility and speak with one of the administrators. While speaking with the administrator you may want to ask the following questions:

- Is your organization Medicare-certified, state licensed, and/or JCAHO (Joint Commission for the Accreditation of Healthcare Organizations) accredited?
- What services does your organization offer?
- Are your caregivers carefully selected? If so, how?
- Do you obtain a criminal background check of your caregivers?
- Are your caregivers bonded and insured?
- Can you provide references?
- Do you provide Physical Therapy twice a day? On Saturday and Sunday?

Advanced Health Care of Scottsdale
9846 North 95th Street
Scottsdale, AZ  85258
480-214-4200

Advanced Health Care of Mesa
5755 East Main Street
Mesa, AZ  85205
480-214-2400

Advanced Health Care of Glendale
16825 North 63rd Ave.
Glendale, AZ 85306
602-732-3400

Santé of Chandler
825 S. 94th St.
Chandler, AZ 85224
480-361-6636

Santé of Mesa
5358 E. Baseline Rd.
Mesa, AZ 85206
480-699-9624

Santé of North Scottsdale
17490 N. 93rd Street
Scottsdale, AZ  85255
480-588-5386

Santé of Surprise
14775 W. Yorkshire Dr.
Surprise, AZ 85374
623-594-5050

The Center at Val Vista
3744 South Rome St
Gilbert, AZ  85297
480-224-9500
### Transportation Options

#### WHEELCHAIR/STRETCHER VANS

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<tr>
<td>DMTS</td>
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#### AMBULANCE

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<td>Southwest Ambulance Service</td>
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<tr>
<td>PMT</td>
<td>602-277-7828</td>
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<td>AMR</td>
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#### TAXI CABS

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<tbody>
<tr>
<td>Quality</td>
<td>602-371-1000</td>
</tr>
</tbody>
</table>

#### DIAL-A-RIDE

480-497-4500  
***Only for seniors and handicapped citizens of Mesa and Chandler. Must have a Regional Transit Card that can be purchased at one of the Mesa Senior Centers.***

#### AIRPORT

Super Shuttle (to and from the airport) 602-244-9000

#### VALLEY METRO

602-253-5000
Appendix E

Meal Preparation Options

- Prior to your surgery, prepare and freeze approximately 1-2 weeks of meals that can be reheated or microwaved.
- You should plan to eat your meals at home for the first two weeks. You might want to stock up on your favorite foods before surgery.
- Rearrange your refrigerator and pantry by placing the most frequently used items waist high. This will prevent you from bending or stooping over.
- Try to arrange delivery of your groceries from the local supermarket. Contact “Meals-on-Wheels” or “Meals While You Heal” to deliver meals to your home while you are recovering.

Mesa Meals On Wheels
- 480-964-9564
- Meals are prepared at Mikes’ Family Restaurant
- Boundaries: East to West: Val Vista to Dobson
  North to South: McKellips to Baseline
- Cost: $3.75 a meal
- Weekend meals are delivered frozen on Fridays for $2.50 each and do not include salad and milk
- Eligibility: None
- No Special Diets

Mesa Senior Center-Meals While You Heal Program
- 480-962-5612
- Frozen Meals
- No weekend delivery
- You can be in the program for one month
- Boundaries: All of Mesa, West of Meridian
- Suggested donation: $1.50 (subsidized)
- Eligibility: Apply through Maricopa County Area Agency on Aging (SAIL) Central Intake (602-681-8733) or the Mesa Senior Center. Must be homebound, includes physically disabled persons under 60 years.
- Special Diets: Yes - diabetic and low sodium with doctor’s order

Mesa Senior Center
- 480-962-5612
- Private Pay
- Cost: $4.00 a meal
- 2-3 week wait
- Special Diet: Yes - diabetic and low sodium with doctor’s order
- Frozen Meals
- No Weekend Deliveries
Appendix F

Home Health (Medical) Providers

A current, comprehensive list of providers for your geographical area is available from the hospital case manager. You may choose any provider you want.

If you do not have a preference, the hospital case manager will choose one from a list that your doctor prefers.
Appendix G

Frequently Asked Questions

- Can I sleep on my side?
  Yes you may. The staff will assist you in doing this. Please do not do this on your own.

- Can I move my legs?
  Yes, although pain will be a limiting factor.

- Where will I go after I’m discharged from the hospital?
  You will be discharged directly to your home if you are stable and can:
  - Sit to Stand by yourself
  - Get in and out of bed by yourself
  - Ambulate a safe and comfortable distance (usually 100 feet).
  You will be offered the option of being transferred to an Extended Care Facility if you are unable to meet the above requirements, and your doctor orders it.

- It may require two (2) physician signatures to discharge you home. One from your surgeon and one from the hospitalist who attends to you during your stay. Please be patient with us during this process. It may take up to 4 hours to complete the discharge process.

- Will I need help at home?
  You will need help with meal preparation, laundry, house cleaning, and bathing. When you are discharged you will be able to get yourself in and out of bed as well as the chair or couch. We do not expect or want anyone to help you to do these things once you are home.

- Will I be hospitalized?
  Yes. The usual stay is one to three days. Several factors can affect the length of time you are hospitalized, such as the type of surgery performed, your health and your age. If there are complications, you may be in the hospital longer.
  - Some spine surgeries like a cervical or lumbar laminectomy/microdiscectomy are considered outpatient surgeries and you may be discharged from the outpatient area with no hospital stay.

- Could complications arise because of the surgery?
  With any surgical procedure, there is a potential for complications. Such complications could include uncontrollable bleeding, wound infection, blood clots, pulmonary embolism, abdominal problems, loss of bowel or bladder control, impotence, ejaculation problems, heart attack, paralysis or even death. Nerve root damage can also occur, resulting in numbness and/or weakness in the leg. The possibility for any of these complications is very low.

- How long is the surgery?
  It may be two to eight hours depending on the type of back surgery being done.

- How do I care for my incision?
  Your nurse will show you. You will also be given written instructions to take home. It is very important to keep the wound clean and inspect the incision daily. You need to contact your doctor for the following:
  - Any drainage from the wound
• Fever if it exceeds 101°F
• Increased pain, swelling, heat or redness

• How long will my sutures/staples stay in place?
Most sutures are underneath the skin and will dissolve on their own. If your sutures or staples are visible, they are usually removed in 10-14 days. If steri-strips are used, they usually fall off in about 5-7 days. If Dermabond (a topical skin adhesive that holds the incision together) is used, the film will usually remain in place for 6-10 days, and then will naturally fall off.

• Will my pain improve?
Most patients get marked relief of the pain early postoperatively. Sometimes, during the first two months, you may have episodes of pain similar to what you experienced prior to surgery due to inflammation around the nerve. This will pass in time as the tissues heal.

• When can I walk?
We will have you up and walking two to three hours after the surgery.

• Will I be able to walk up stairs?
Yes

• Will I require the use of a walking aid?
This will depend on you and how well your strength and balance are prior to being discharged from the hospital.

• What is the approximate time it will take for me to recuperate?
Approximately two months. Two to four weeks at home and six weeks without any strenuous activity. For fusion patients this may be longer.

• How long before I can return to work?
This varies from person to person and of course will depend on the type of surgery and type of work you were doing prior to surgery. Your surgeon will discuss with you a plan to safely return to work.

• How long before I can drive?
Usually in two to four weeks or when released by the surgeon. It will also depend on your pain medication use. For patients having cervical fusion it may be six weeks before driving is permitted.

• What will my limitations be after my surgery?
Limitations will vary. You will be given written instructions to take home with you. Generally, you should avoid lifting more than 8 to 10 pounds (approximately a gallon of milk). Avoid twisting and repetitive bending. You should not be sitting more than 30 minutes to an hour if you have low back surgery unless your surgeon indicates otherwise. During the first several weeks you should avoid travel that takes longer than one hour.

• Will I be able to have sex after surgery?
Yes, however we request you wait until approximately two to four weeks after surgery and use a dependent position.
• How long before I can fly in a plane?
  You will not be able to fly for at least two weeks after surgery. Your surgeon will give you more specific information for your particular situation.

• Can I eat right after surgery?
  Depending on the type of surgery, particularly posterior and anterior fusion, you will probably get ice chips and sips of water until your bowel sounds return and you are passing gas. Once this happens then your diet will be slowly advanced. Walking will help stimulate the bowels.

• Do I need to be on a stool softener?
  It may be a good idea as sometimes constipation can develop while in the hospital, or if you have problems with constipation prior to surgery. Another factor to consider is narcotic pain medications can promote constipation.

• Will I be wearing a brace?
  It depends on the extent of the surgery. You may be wearing a brace whenever you are out of bed. For patients having cervical fusion, you may need to wear your brace at all times.
Appendix H

Hotels/Motels

Super 8 Motel
1550 S. Gilbert Rd.
Mesa, AZ 852040
480-545-0888

Best Western Superstition Springs Inn
1342 S. Power Rd.
Mesa, AZ 85206
480-641-1164

Country Inn & Suites by Carlson Mesa
6650 E. Superstition Springs Blvd.
Mesa, AZ 85206
480-641-8000

Hampton Inn
1563 S. Gilbert Rd.
Mesa, AZ 85204
480-926-3600

La Quinta
6530 E. Superstition Springs Blvd.
Mesa, AZ 85206
480-654-1970

Sleep Inn
6347 E. Southern Ave.
Mesa, AZ 85206
480-807-7760

Residence Inn – Gilbert
3021 E. Banner Gateway Dr.
Gilbert, AZ 85234
480-699-4450
Appendix I

Important Telephone Numbers

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitting Office/Information Desk</td>
<td>480-824-1221</td>
</tr>
<tr>
<td>Case manager</td>
<td>480-824-1306</td>
</tr>
<tr>
<td>Inpatient Nurses’ Station</td>
<td>480-824-1233</td>
</tr>
<tr>
<td>Joint Replacement Class</td>
<td>480-824-1229 or 1233</td>
</tr>
<tr>
<td>Medical Records</td>
<td>480-824-1284</td>
</tr>
<tr>
<td>Patient Billing</td>
<td>480-824-1232</td>
</tr>
</tbody>
</table>
Glossary of Terms

Case Managers: case managers will assist you and your family with discharge planning, such as arranging for home care and necessary equipment

Compression Device: this plastic inflatable sleeve wraps around your feet and may be used to improve blood flow in your legs

Foley/Indwelling Catheter: this tube is used to eliminate urine from the bladder before and shortly after surgery

Hemovac Drain: a drain that is placed near the surgical site and used to collect blood

Incentive Spirometer (IS): this breathing exercise device is designed to improve your ability to expand your lungs after surgery

Intravenous (IV) Catheter: the IV allows fluids and medications to be delivered through your blood stream

Physical Therapist (PT): your physical therapist will assist you in regaining mobility and function following your surgery

Pulse Oximeter: this clip is attached to one of your fingers to monitor the oxygen content in your blood