

Pre-operative Spine Education

Healthy Driven[™]
Edward-Elmhurst
HEALTH

Objectives for Today

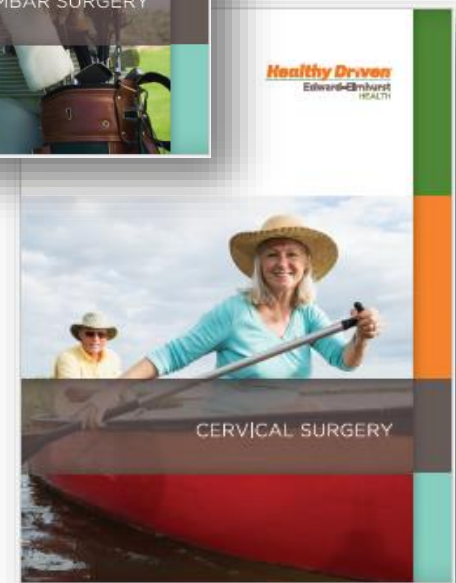
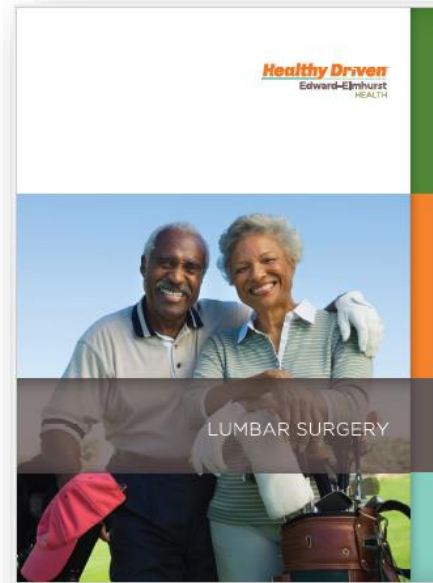
- Understanding your procedure
- What to expect during the hospital stay
- Physical and Occupational therapy
- Pain management
- Discharge planning
- Caring for yourself at home
- Role of the caregiver

PLEASE NOTE: This is general information that applies to many different spine surgeries. Always follow the information/instructions provided by your Surgeon or Physician Assistant.

Preparing for Surgery

The Guidebook includes information about...

- Frequently Asked Questions (FAQs)
- Pre-op Process
- Hospital Stay
- Post-op Care
- Role of the Caregiver
- Caring for Yourself at Home
- Body Mechanics



Understanding the Procedure

Spine surgery may be recommended **if** non-surgical treatment such as medications and physical therapy fails to relieve symptoms.

The goal of surgery is to lessen pain and restore function.

Spine surgery is done to achieve one or more of the following: to take pressure off the nerve(s), realign the spine, or stabilize the spine.

The following procedures are done alone or in combination.

- Laminectomy
- Discectomy
- Fusion - instrumentation
- Bone Grafts

Terminology

- Bone Graft: donor bone or your own bone
- Fusion: creating a bridge between 2 or more vertebrae
- Hardware: titanium rods, plates, screws, or cages (spacer)

Procedures

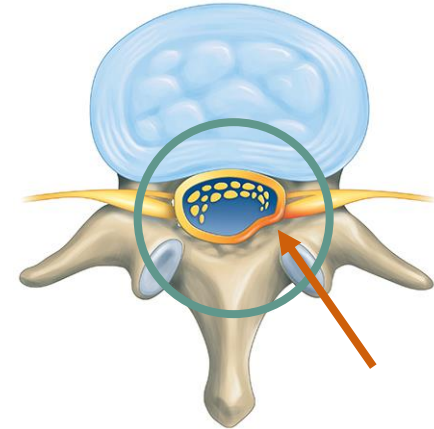
Lamina:

- A thin plate or layer of bone

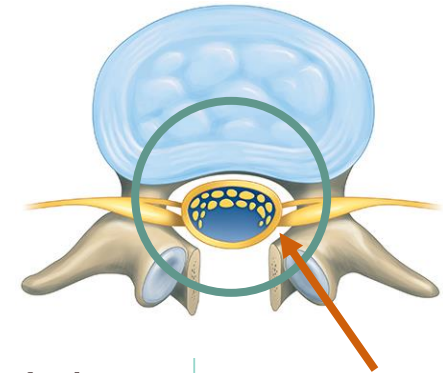
Laminectomy:

- Removal of a piece of the lamina to take pressure off the nerve

Before- bony overgrowth is putting pressure on the nerve



After- surgeon has removed bony overgrowth, relieving the pressure on the nerve



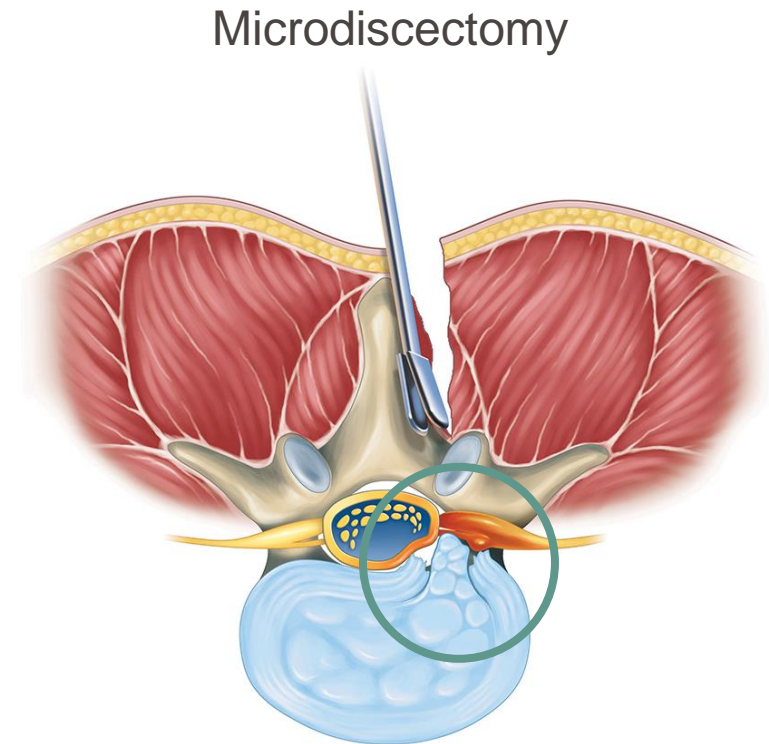
Procedures

Disc:

- Provides cushion between bony vertebrae
- Assists in mobility of spine
- Can bulge or rupture and cause pressure on the nerve

Discectomy:

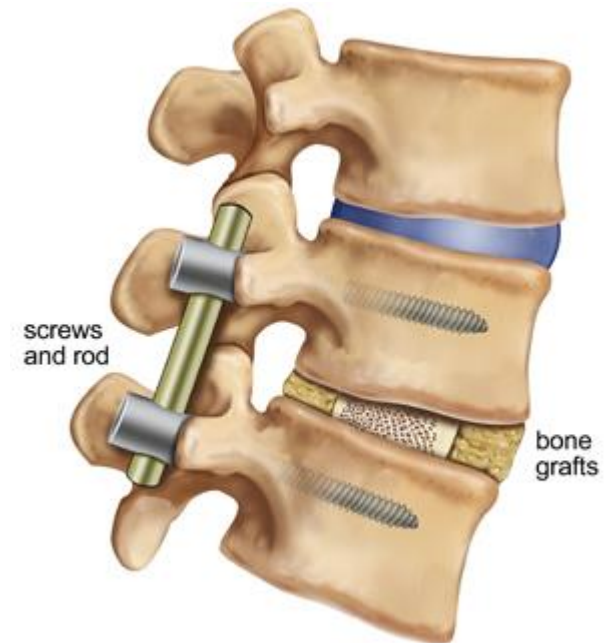
- Removal of ruptured or bulging disc material
- Relieves pressure on the nerve



Procedures

Fusion:

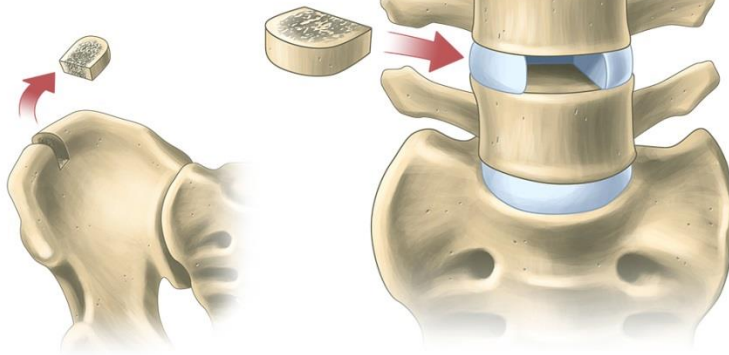
- Fusion is a surgical technique in which one or more of the vertebrae of the spine are united together (“fused”) so that motion no longer occurs between them
- The vertebrae fuse over time as the bone grows together
- Bone or bone growth substances are used to assist in bone growth
- In the meantime, metal constructs keep the spine stable and aligned
- Surgeons use many approaches (front, side, back)
- Approach is determined by location of problem



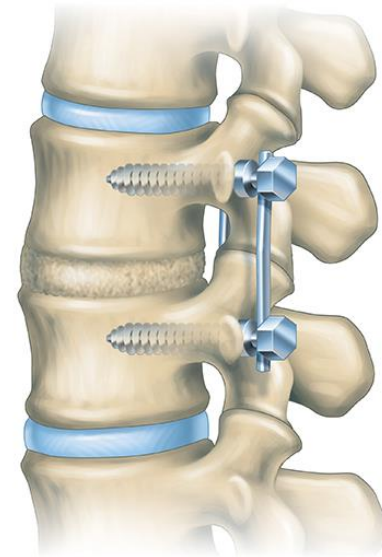
Procedures

Bone Graft

Bone graft –
Cadaver allograft
or bone harvested
from patient's hip



Instrumented Fusion



Procedures

Lumbar



Cervical



Medical Clearance

- Appointment with your primary care doctor
- Instructions to stop or change any medications
- Lab work
- EKG, Chest X-ray
- Type and Screen for blood products if appropriate
- Additional Consults



Phone Calls from Pre-Admission Team

- Insurance
- Health History
- Medication History
- Advance Directives
- Any preparation:
 - Antimicrobial baths
 - Medications
 - Over the counter supplements



Evening Before Surgery

- The Pre-Admission Testing office will call you with instructions in the afternoon the day before surgery (or the Friday before if your surgery is on a Monday)
- Medication Review
- Follow instructions on:
 - When to stop eating and drinking
 - Medications to take/stop
 - When to arrive, where to park and enter building

Day of Surgery

- Report to Prep-op/Recovery area
- Check in at the Surgery desk
- 1-2 people may accompany you to the pre-op room where you will be prepared for surgery
- Surgeon will speak with a person you designate once surgery is completed

Pre-operative

- Hospital gown
- Start your IV(s)
- Review Health History and Medications
- Additional lab work as needed
- Antibiotic
- Site marking
- Infection prevention—cleanse skin, clip hair
- Meet the team
- General Anesthesia
 - IV Sedation
 - Mild Sore Throat
 - Discuss Pain Management Concerns



Operating Room

- People in room
 - RNs
 - Surgeon, Assistant
 - Anesthesia
 - Radiology
 - Neuro Monitoring
- You will fall asleep on cart
- Staff will transfer and position you on surgical table
- Wake up in your hospital bed



Recovery Room...PACU

- 1-2 Hour Stay
- Stabilize Vital Signs
- Neuromuscular Assessment
- Pain and symptom management
- Comfort Measures
- Cold therapy
- Brace or Collar in place – as prescribed by surgeon

Preventing Post-op Complications

Your surgeon and the hospital staff will do everything they can to prevent complications, but you play an important role...

■ Blood Clots

- Sequential Compression Device
- Walking
- Compression Stockings (per MD order)
- Ankle Pump Exercises

■ Pneumonia

- Incentive Spirometer
- Coughing & Deep Breathing
- Walking



Preventing Complications

- **Nausea and Vomiting**

- Medications
- Advancing Diet

- **Infection**

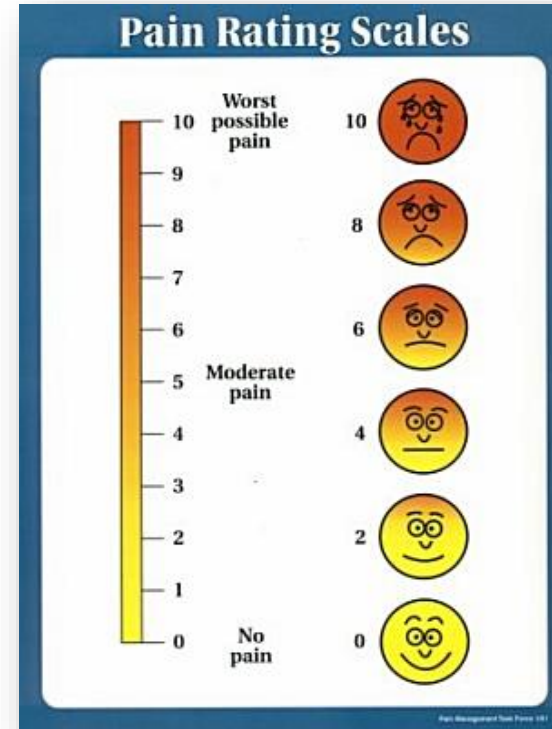
- Vital Signs
- Inspect Incision
- Review lab work
- Antibiotics

- **Abdominal Distention**

- IV Fluids
- Walking
- Stool Softeners

Pain Scale

- 0 No Pain
- 1-3 Mild Pain
- 4-7 Moderate Pain
- 8-10 Severe Pain



It is important to control your pain so you are comfortable, can move and participate in therapy, and can heal.

Remember...

- Goals of pain management:
 - Manage the pain so that you can eat, sleep and move around
 - Be able to actively participate in your recovery
- “Nerve pain” can persist immediately after surgery or be slightly worse due to manipulation of the nerve during surgery

Patient Controlled Analgesia “PCA”

You may have a PCA or your nurse may administer your IV pain medications.

- Intermittent doses of medication delivered into your IV
- Patient controls administration
- Machine is programmed to allow administration of medication only at prescribed intervals.
- Push the button when you need it.
- Additional medications may be available if pain persists



The Next Day...

- Transition to Oral Pain Medication
- Variety of medications used
 - Narcotics, anti-inflammatory, anti-spasm drugs
 - May be given on a schedule and/or as needed
- Available approximately every 4 hours
- Constipation
 - Common side effect of narcotics
 - Minimize with medication, activity, fluids

Types of Pain

Incisional

- Soreness, Pressure
- Treat with pain medications

vs.

Muscle Spasm

- Tight, grabbing sensation
- Treat with muscle relaxant

vs.

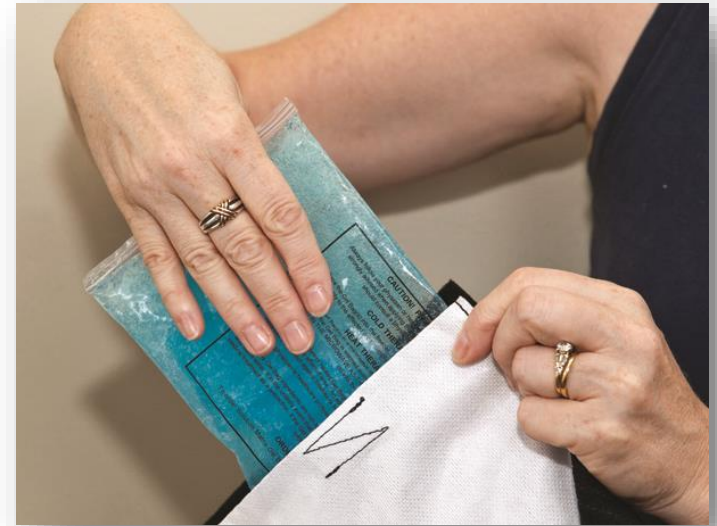
Nerve Pain

- Numbness and tingling
- Shooting, burning pain
- Treat with medications



Additional Comfort Measures

- Cold therapy
 - Polar Care
 - Ice packs
- Positioning
- Sometimes heat at area of spasm only – not on incision



Managing Pain is a Partnership

We will do all we can to ensure your comfort and safety, but we need your help:

- **Intercept** the pain; ask for medication when the pain starts to increase – do not wait
- **Take** your pain medication on a regular basis
- **Tell** the nurse if the medication is not effective
- **Ask** questions; be sure you understand the pain management efforts that are in place

Spine Care Unit

- Patient-directed visiting
- Staff knowledgeable in care of spine patients
- Healing environment
- Education folder to guide you through your stay



Coaches are Important

A “coach” is a family member or friend who can help you during your hospital stay by...

- Providing comfort & motivation
- Observing therapy sessions
- Helping you gain confidence
- Listening to information about how to care for yourself
- Preparing for transition home



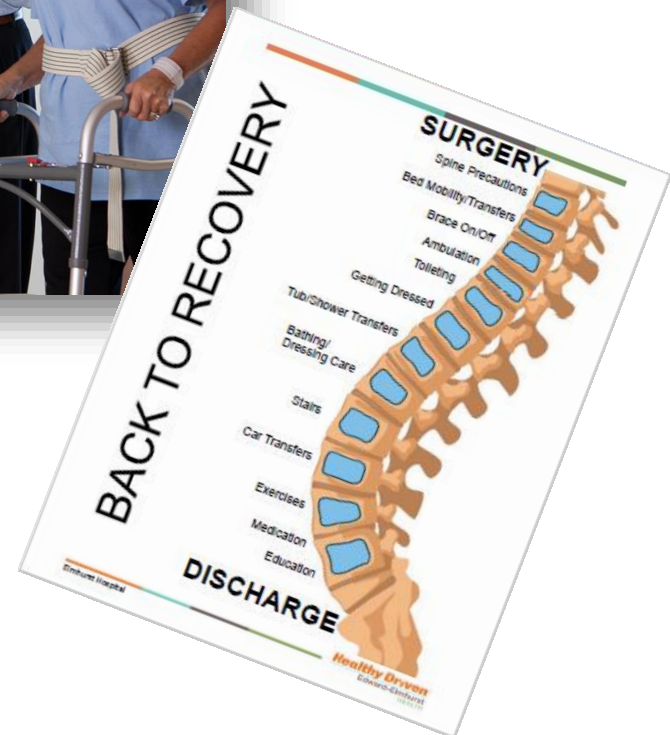
Day of Surgery

What to expect:

- Sleepy, but awake
- Progression of diet (Room Service)
- Possible catheter for urine (removed as soon as possible)
- Dressing, wound drain
- Pain Management

Activity:

- Turn side to side
- Sit on side of bed
- Out of bed to chair
- Walk to bathroom



Physical Therapy

Usually begins the day of surgery

Then, twice a day

- Getting in/out of bed
- Getting in/out of a chair
- Walking distances
- Stairs
- Car Transfers

Spine Precautions—No **BLT**

Usually for Spinal
Fusion Surgery

NO **B**ending

NO **L**ifting

NO **T**wisting



Occupational Therapy

Usually one visit during your hospital stay.

- Bathing
- Dressing
- Hygiene



Adaptive Devices

- If needed

Post-op Braces



Need for brace is determined by your surgeon based on the surgical procedure.

- The brace helps protect the fusion by limiting your ability to move
- Follow your surgeon's instructions regarding when you should wear your brace

Once You are Home...

- For the weeks follow surgery, the focus will be on walking

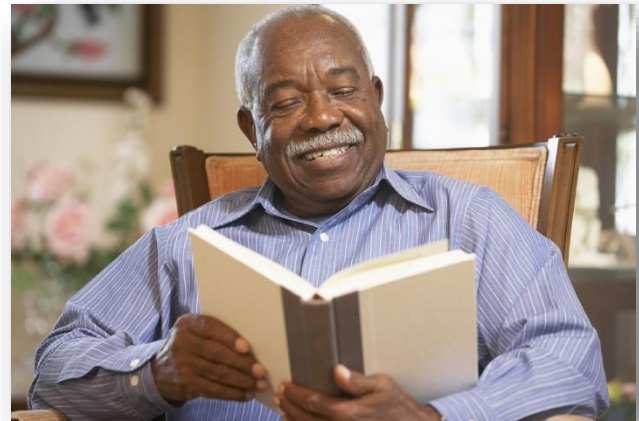
Your surgeon *may* recommend
Outpatient Therapy:

- Core stabilization
- Typically begins 4-6 weeks post-op

Preparing your Home

Think about what you will need after surgery and prepare your home *before* surgery...

- Chair with arm rests
- Recliner chairs OK
- Special bed not necessary
- Remove throw rugs
- Stock up on pre-made meals
- Arrange for someone to care for pets
- Rearrange closets, dressers, kitchen, bathroom so that most frequently used items are within easy reach



What to Bring to the Hospital

- Loose-fitting clothes (shorts, T-shirts)
- MRI (films or CD) if not done at Elmhurst
- Any shoe/leg orthotics or walker you currently use
- Your back or neck brace (if given to you before surgery)
- ID bracelet
- Copy of Advance Directives

- *Please leave valuables, cash and medications at home*

Transition to Home

Making the discharge plan:

With input of:

- Patient
- Family
- Surgeon
- Primary Nurse
- Physical Therapist
- Case Management



Transition to Home

Discharge planning options:

- Home
- Home with Home Health
- Sub-acute Rehab Facility

- Equipment that may be needed

- *Insurance plans and authorizations*

Role of the Caregiver or “Coach” after Discharge

- Assist with mobility
- Evaluate incision
- Dressing changes
- Observe patient
- Assist with shopping and errands
- Transportation to follow-up appointments



Dressing Change Procedure

- Various dressings
- Specific care instructions provided at discharge
- Notify doctor of:
 - Fever
 - Redness
 - Drainage
 - Odor of incision/drainage
 - Increased pain at incision




Caring for Yourself at Home

- Change position hourly
- Wear your brace as instructed
- Fusion patients - apply spine precautions to all activities
- Walk daily and steadily; increase your distance
- Limit stair use to 2x day for the first week at home



The Road to Recovery...



- Pick one day each week to measure progress...write it down!
 - Resist the urge to hurry back to your usual activities
 - Protect your investment - follow your surgeon's instructions and spine precautions to promote optimum healing
- 

DO NOT SMOKE

Medications

- Take pain medication regularly exactly as prescribed
- Speak to your surgeon about when to decrease or discontinue pain meds
- Take stool softeners
- **Avoid** Motrin, Advil, Aspirin-type meds for 3 months **if you have had a fusion**



Discharge to Home

- Front seat of your own vehicle
- Tip for easy in/out: use a plastic garbage bag on the seat
- Stop along the way if your ride is more than 2 hours or you become uncomfortable



Good Luck with Your Surgery!

Thank you for coming!