




Preparing for Your Spine Surgery



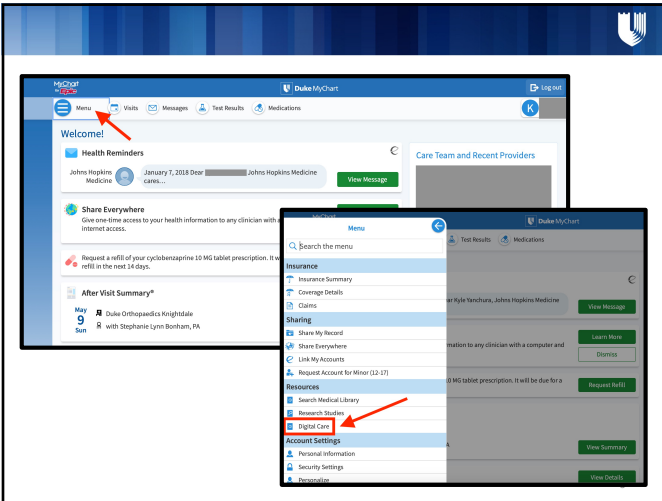
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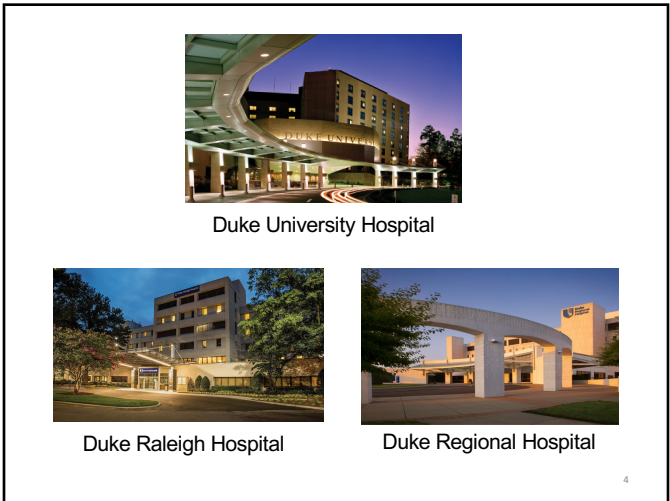
Patient Education Webinar Disclaimer

- Today's webinar is for your education. It will not provide clinical advice. The class is a summary of information related to today's topic. It may not cover all possible information.
- Your questions are important. We will answer questions related to the class topic.
- We encourage you to talk with your health provider for your individual healthcare needs

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Duke University Hospital

Duke Raleigh Hospital

Duke Regional Hospital

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Duke Ambulatory Surgery Center Arrington




Davis Ambulatory Surgical Center Duke Ambulatory Surgery Center

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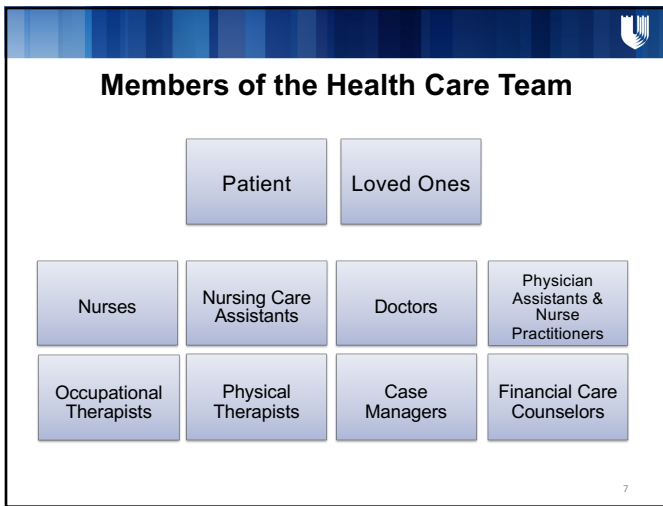


Goals of the Spine Pre-Surgery Class

After this class you will be able to:

- Understand how to prepare for surgery
- Discuss goals for your surgery & hospital stay
- Understand how your pain will be addressed
- Discuss how to promote recovery and safety after spine surgery
- Understand what to expect after you leave the hospital


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Before Your Surgery

- Make plans to have a friend or family member available to help you at home after surgery
 - Depending on what surgery you have, you may need someone to stay with you for up to two weeks
- Prepare your home
 - Remove rugs, cords, and things that could make you trip
 - Put items that you will need at waist level
 - Pet & child care
- If you are having same day surgery, a friend or family member will need to stay in the building during your procedure, and drive you home



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Before Your Surgery

Read your pre-surgery instructions carefully

- For most patients - **DO NOT EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE YOUR SURGERY**
- Some doctors may allow you to drink water and a special drink the morning of surgery – ask your doctor if you have questions
- Shower the night before or the morning of your surgery
 - Some doctors will give you a special soap or wipes to use before surgery - ask your doctor if you have questions

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Medicines


Make sure your surgeon knows all the medicines that you take. You might need to stop taking them before or after your surgery. Some examples are:

- Blood thinners such as warfarin (Coumadin), apixaban (Eliquis), rivaroxaban (Xarelto), & dabigatran (Pradaxa)
- Other examples of medicines than can increase risk of bleeding:
 - Aspirin (baby aspirin, Goody's, BC), clopidogrel (Plavix), prasugrel (Effient), ticagrelor (Brilinta)
 - Ibuprofen (Advil, Motrin), naproxen (Aleve), meloxicam (Mobic), celecoxib (Celebrex), & other non-steroidal anti-inflammatory drugs
 - Supplements such as diet pills, feverfew, fish oil (omega-3 fatty acid), ginkgo biloba, glucosamine, St. John's Wort, & more
- Blood pressure medicines

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List of Things to Bring on Day of Surgery

- A photo ID
- A current list of your medicines, including over the counter medicine and herbal supplements
- Your Living Will or Healthcare Power of Attorney
- Supportive non-skid shoes (no slip-ons)
- Loose fitting clothes for when you go home*
- Personal care products (such as lotions, deodorant, etc.)*
- Cell phone and charger if desired*



*If you are spending the night

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More Things to Bring on Day of Surgery

- Your CPAP (breathing machine) if you have one
- Devices such as glasses, hearing aids, & dentures
- Mobility devices that you use at home such as cane, walker, or wheelchair
- Your brace, if your doctor gave you one

Please leave valuables at home. Duke is not responsible for lost items.


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Visitor policies vary. Please be sure to check dukehealth.org prior to making plans.

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Goal of Your Hospital Stay

- We will help you do as much as you can on your own!
 - This is the best way to get you home and healthy



- This means being able to:
 - Use the bathroom
 - Wash and dress yourself
 - Walk safely
 - Go up and down stairs (if needed at home)

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How long will I be in the hospital?

<p style="text-align: center;">You may go home the same day or the next day if you have a “shorter stay surgery”</p> <p style="font-size: small;">Examples: discectomies, laminectomies, anterior cervical fusions, cervical disc replacements, single level fusions, spinal stimulators</p>	<p style="text-align: center;">You may stay in the hospital 2 to 7 days if you have a “longer stay surgery”</p> <p style="font-size: small;">Examples: multi level fusions, scoliosis surgeries, revision surgeries</p>
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* Your doctor can give you a better idea about this

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After Surgery (Post Op)



- After surgery you will be transferred to the recovery area
- Some patients with “shorter stay surgery” go home straight from the surgery area
- Other patients will be transferred to a hospital room

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Your room will look something like this...

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Typical Day in the Hospital

- Your nursing team will get instructions from your surgeon about how often to take your vital signs and do examinations
- Someone from the lab may draw your blood
- You may have x-rays taken (usually only once)
- Most patients are seen by a Physical Therapist and an Occupational Therapist (your surgeon’s team will decide if this is needed)
- Some patients are seen by a Case Manager



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Eating & Drinking

- Most people can start with liquids and get back to their regular diet the same day or next day.
 - If you have surgery on your abdomen, getting back to liquids and your regular diet will take longer
- Let your nurse know if you have nausea. This is not uncommon and we can give you medicine for this.
- Unless you are on a special diet at home, you should eat low calorie, high protein meals to help with healing. Make sure to include foods with fiber.
- Drink 6-8 glasses of water or low sugar drinks every day



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Bladder & Bowels

- When you return from surgery, you may have a tube in your bladder. If so, this tube will likely be removed the day of surgery or the next morning.
- Constipation can occur, especially while taking certain pain medicine (opioids)
 - All patients will be given a stool softener and gentle laxative
 - Let your nurse know if you feel full, bloated, or constipated – you may need a stronger medicine or enema



The best way to prevent bladder and bowel problems is to get moving right after surgery!

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Deep Breathing & Coughing

- Your nurse will talk to you about deep breathing and coughing. This will help clear your lungs and lower your risk of getting pneumonia or needing oxygen.
- Most patients will be given an incentive spirometer to help expand the lungs. Your nurse will teach you how to use it.



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Preventing Blood Clots

- Surgery patients are at risk for blood clots forming in the legs or lungs. These can be very serious. Some patients are at higher risk.
- To prevent blood clots, you will have one or both of the following:
 - SCDs (Sequential Compression Device) - Special sleeves that wrap around the legs which inflate and deflate, moving the blood in the legs
 - Medicine – Your surgeon may order blood thinners that you get by mouth or through a shot



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Braces

- Your surgeon may order a brace for you to wear. There are several different kinds of braces that spine surgeons use:
 - Hard cervical collar to keep your neck straight
 - Soft collar to provide support and make you more comfortable
 - Braces that go on your mid-back or low back are less common



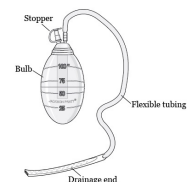
- If a brace is ordered, we will help you learn when and how to wear it and how to care for it.

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Drains

- You may have a drain near your wound when you come out of the operating room
- Your surgeon's team will decide when to remove this



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Pain

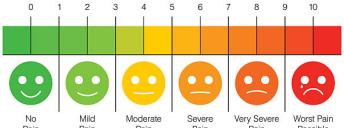
- Pain after surgery is **common** and is to be **expected**.
- Pain medicine will **not** take away all of your pain. Our goal is to make you comfortable enough to do the things that are needed for recovery, such as eating, drinking, sleeping, and getting moving!
- We will work with you to set a realistic pain relief goal and ways to achieve this goal.

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Pain Assessment

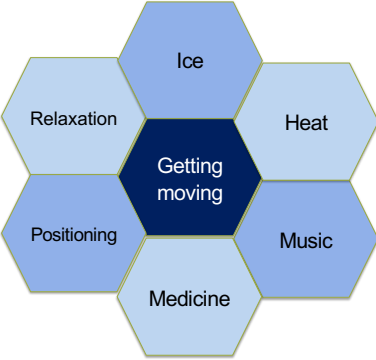
- Your nurse will ask you:
 - Where does it hurt?
 - How would you describe the pain (aching, shooting, burning, pressure, etc.)?
 - On a scale of 0 to 10, how would you rate your pain?
 - 0 = no pain
 - 10 = **the worst pain you can think of (such as placing your hand in a fire)**



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Pain Interventions



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Pain Medicine


- Your surgeon's team will choose from several types of medicines to control your pain
 - Medicines that reduce soreness (anti-inflammatory)
 - Medicines that reduce tight muscles (muscle relaxants)
 - Medicines that help with nerve pain
 - Pain patches (never put these directly on your wound)
 - Many patients will have stronger pain medication (opioids) available *as needed*
- Our team will work with you to balance your safety with your comfort and will monitor you for side effects (nausea, sleepiness, confusion, itching, constipation, etc.)

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Rehab Team

- Physical Therapy (PT) Goals
 - Assess and support mobility (movement) such as getting in and out of bed, walking, and stair training, if needed
 - Teach exercises and precautions
 - Decide about equipment that might be needed
 - Make recommendations for post-hospital care




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Rehab Team

- Occupational Therapy (OT) Goals
 - Assess and support self care such as bathing, dressing, eating, etc.
 - Teach exercises and precautions
 - Decide about equipment that might be needed
 - Make recommendations for post-hospital care




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Mobility (Movement)

- **Our goal is for you to get out of bed within 4 hours of surgery!** We will tell you when it is safe and will help you until you are ready to do it on your own.
 - You should always call for help while in the hospital
- Your therapists will assess what kind of help and equipment you might need
- Working with the therapists and walking several times a day are important for your recovery



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Mobility Recommendations

- During the day time, alternate between lying down, sitting, and walking
 - Eat all meals in a chair
 - Change positions at least every hour (take a break every hour if you are riding in a car)
 - Avoid lying in bed during the day time if possible
- Progressive walking program
 - Walk in the hallway with therapy, nursing, friend, or family at least three times daily. Your nurse or therapist will help you set distance goals.
 - After you go home, increase how often and how far you walk

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Precautions After Neck Surgery

- **Limit as many neck movements as possible:**
 - Turn your whole body as a single unit rather than looking over your shoulder.
 - Place items within easy reach and raise things you need to read to eye level.
 - If you will be wearing a neck brace, please follow your surgeon's instructions until your follow up appointment. You will receive care and cleaning instructions for the brace.
 - Limit moving your head and neck while wearing the brace. If your surgeon did not give you a neck brace, you can move your neck as tolerated.
- **Avoid reaching over your head.** Keep items you use frequently at waist level. Squat to reach low shelves, surfaces and drawers. Bend from your waist and knees. Use long handled devices to avoid straining.
- **Do not lift more than 5 pounds.** This includes children, pets, laundry, groceries, and large purses or bags. A gallon of milk weighs 8 pounds - you should buy half gallons.

Ask your surgery team if these apply to you!


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Precautions After Back Surgery

No B L T

- **No Bending:** Squat or bend from your knees, but not from your waist. This puts too much strain on your lower back. Use long handled devices to avoid too much straining.
- **No Lifting more than 5 pounds:** This includes children, pets, laundry, groceries, and large purses or bags. A gallon of milk weighs 8 pounds - you should buy half gallons.
- **No Twisting:** Be sure to turn your whole body as a single unit.



Ask your surgery team if these apply to you!



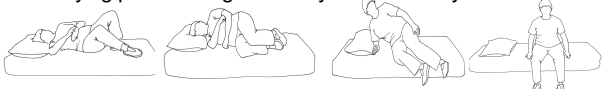
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Precautions After Back Surgery – Log Roll

- 1) Bend your knees.
- 2) Roll toward the side of the bed from which you want to get out.
- 3) Drop your legs over the side of the bed.
- 4) Use your elbow, your arm, and then your hand to push yourself up into a sitting position.
- 5) Use your arms to help you and do not twist your back.


To return to bed, you reverse the order by leaning down on your elbow and forearm. Lift your legs up onto the bed while staying in the side lying position. Log roll from your side onto your back.



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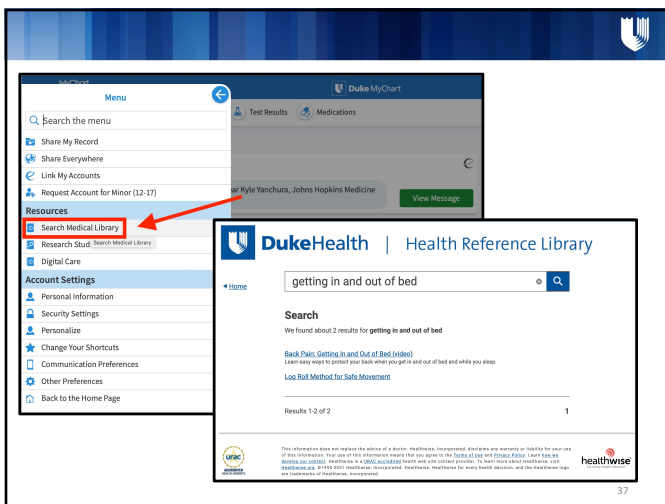
Back Pain: Getting In and Out of Bed



<https://hwi.se/r/Fwpg5iycyz5sc>

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Daily Activities

- Spine precautions may affect your normal daily activities such as:
 - Putting on pants, shoes, and socks
 - Meal preparation
 - Getting in and out of the shower
 - Using the toilet
 - Household chores

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Adaptive Equipment

You may need adaptive equipment to help with daily activities. Some examples:

Rolling Walker

Shower Chair

Reachers & Lower Body Dressing Tools

Bedside

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Daily Activity Reminders

- Use a reacher to pick up objects from the floor
- Sit on a high chair when working at the counter
- Always sit to get dressed, especially when putting on pants
- Reach back for the hand rails of a chair or commode when sitting
- Push up from the hand rails of a chair or commode when standing
- Attach a basket or bag to your walker so you can use both hands

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Discharge Planning

- Discharge planning starts before you even come to the hospital!
- Where you go following your hospital stay depends on what services you will need, your surgery, mobility, and any other medical problems you may have
- Possible discharge plans:
 - Home
 - Home with home health services
 - Skilled nursing facility, under certain circumstances
 - Acute rehabilitation, under certain circumstances

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Discharge Planning

- Recommendations are made by the Physical and Occupational Therapists, who will inform the rest of the team, including the Case Manager
- The Case Manager will assist with any necessary equipment, transportation, and facility placement

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Discharge Planning

1. If it is determined that you need to go to a facility, your Case Manager will provide you with a list of choices
2. Once you and your loved ones have selected your top choices, your Case Manager will send your medical information to the facility to check bed availability
3. If your requested facility does accept, the Case Manager will arrange a bed at the facility and obtain insurance authorization, if needed
4. If your requested facility does not accept, then the process will be repeated for another facility

Your insurance, your ability to participate in therapy, & bed availability all affect your facility options

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Visit www.medicare.gov to view a list of facilities in your area



You do not need to have Medicare coverage to use this site

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If you are going home...

- If possible, have the friend or family member that will be staying with you at home visit you in the hospital on the day you are going home*
 - The nurse will go over instructions for how you should take care of yourself at home
 - The nurse may show your friend or family member ways to help you, such as how to put on and take off your brace, or how to take care of your wound

** If this is not feasible, we can include your friend or family member in a phone call or video chat*

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Frequently Asked Questions

What do I need to know about taking care of my wound (incision)?

- Your nurse should give you instructions about how to take care of your wound, including when it is ok to shower
- Wash your wound with gentle soap and water every day. Do not allow the water to hit the wound directly. After showering, lightly dab dry.
- Do not take a tub bath or go swimming until your surgeon tells you it is ok
- Please keep your incision clean and dry
- If you are worried about your wound healing, contact your surgeon's office



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Frequently Asked Questions

What do I need to know about taking pain medicine at home?

- Some patients will leave the hospital with a prescription for opioid pain medicine. **There is a law in North Carolina that limits a post-surgery prescription to 7 days** (STOP Act).
- In order to make sure you are comfortable, we recommend that you call your doctor's office or send a message via MyChart a few days after discharge to give an update on your recovery and to discuss the need for refills
- Opioid prescriptions can now be sent electronically
- If you were seeing a pain management specialist prior to surgery, we recommend that you set up an appointment within 2 weeks following surgery

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Frequently Asked Questions

What else do I need to know about taking pain medicine?

- Continue your non-opioid pain medicine such as Tylenol and muscle relaxers until your doctor tells you to stop
- You should only take your opioid medicine *as needed for pain*. If you are not having pain, you should not be taking **any** opioids
- You should decrease your opioid use as your body heals and your pain level decreases. Depending on what surgery you had, you should aim to be off opioids within 1 to 3 weeks.
- Your opioid pain medicine should **never** be taken more often than what is written on the bottle. If your pain increases, call your surgeon's office.



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Frequently Asked Questions

Can I ride home in a car?

- If you are cleared to return home, you can ride in the car with your friend or family member
- If you live more than one hour from the hospital, you should stop every hour. Get out of the car, stand, and try to walk a short distance to manage stiffness in your back and reduce risk for blood clots.
- Your doctor will tell you when it is safe for you to return to driving
 - Do not drive while you are taking opioids
 - Do not drive if you are required to wear a neck brace

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Frequently Asked Questions

Will I need outpatient therapy?

- If you need to regain strength and function, but do not need to go to a rehab facility, your doctor may order outpatient therapy
- Your doctor might want you to heal first

How long will rehabilitation take?

- All programs are individualized based on your level of function and personal goals

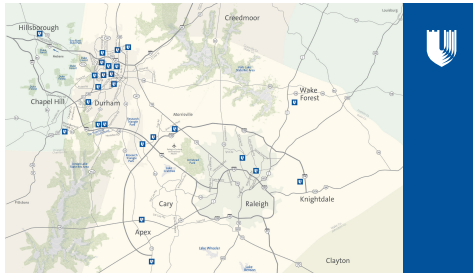
How many visits will my insurance approve?

- Insurance plans are all different. Please speak with one of our Financial Care Counselors for further details about your specific plan.



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Duke Physical Therapy, Occupational Therapy, and Speech Pathology and Audiology

Your rehab needs, our treatment solutions – in a location close to you.
 Duke's expert rehabilitation therapists provide collaborative, cost-effective outpatient rehabilitation options for people of all ages with musculoskeletal, cardiovascular, neurologic, women's health, or developmental conditions. For more information, visit DukeHealth.org/PhysicalTherapy or DukeHealth.org/SpeechPathology. To schedule a physical therapy or occupational therapy appointment, call 866-996-PTOT. To schedule a speech pathology and audiology appointment, call 919-684-3859.

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Thank you for coming!



We aim to make your stay as positive as possible. Your feedback is an important aspect of this process. Please complete any surveys you receive. We make improvements based on your feedback.

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