BACK IN MOTION
SPINE SURGERY PATIENT HANDBOOK
SPINE CONNECTED

Penrose-St. Francis Total Joint & Spine Center
Centura Health.
penrosetrFrancis.org/spine
Dear Valued Patient:

Welcome and thank you for choosing Penrose-St. Francis Health Services for your spine surgery. At the Penrose-St. Francis Total Joint & Spine Center our goal is to work with you as a team to reduce your pain, increase your motion and improve your quality of life so that you may resume activities of work and play with family and friends.

True to our mission and values, our physicians and clinical team are committed to providing the highest quality care possible, abiding by the highest ethical standards as proven by the following awards and designations:

- Named one of America’s 50 Best Hospitals for 2008-2013, by HealthGrades, the only recipient in Colorado and in the top 1 percent in the nation
- Designated as a Spine Center of Excellence by Blue Cross Blue Shield 2011
- Spine Quality Designation 2013
- Received Three Star Designation as a UnitedHealth Premium Surgical Spine Specialty Center
- Awarded Aetna Institutes of Quality® Orthopedic Care Spine Surgery

Being well informed about your surgery can actually improve your recovery and outcome. It is our goal to prepare you for surgery and assist you on the road to recovery. We feel that sharing the information in this handbook is the first step of the journey. Please take time to review this handbook and bring any questions to the class or to your physician. The patient handbook is intended to work as a companion to the spine class and your stay within our hospital, so please remember to bring this handbook with you.

Listed below are some websites you may wish to access to learn more about your surgery:

- www.back.com
- www.orthogate.org
- www.spine-health.com
- www.spineuniverse.com
- http://understandspinesurgery.com
- www.penrosestfrancis.org/spine

If you have additional questions or concerns you may contact our Spine Program Coordinator at 719-776-6042.

Sincerely,
Penrose-St. Francis Spine Care Team

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**Before Surgery**

**Spine Care Class**

Prior to surgery we recommend that you take one of our spine care classes which will inform you of your upcoming surgery. For class dates, times and to register, call 776-2225 or visit www.penrosestfrancis.org/wellness.

**Medical Clearance**

For your safety, before surgery you may need to visit your primary care physician (PCP). During this time, your physician will conduct a thorough medical and physical examination, review your medications and order lab tests. The purpose of this visit is to make sure that you are ready to have surgery. Your PCP will review and forward all information to your surgeon. Together, they will decide if you are ready to have your surgery. Please notify your surgeon if you have any change in medical condition or medications since your last visit.

**Medications and Herbal Supplements**

Please bring all of your medications, in the original container with you to your doctor visit. Medications include all prescription medications, over-the-counter medications and vitamin or herbal supplements. There are some medications such as aspirin, ibuprofen and herbal supplements that can cause increased bleeding during surgery and prevent your fusion from healing properly. You should stop taking these forms of medication and all herbal supplements for two weeks prior to surgery. If you are taking Coumadin, Warfarin or Plavix please talk with your physician about when you should discontinue use and restart this medication. Make sure your surgeon is also aware that you are on blood thinners.

**Pre-Admit Visit**

Your surgeon’s office will provide you with instructions to make an appointment at the hospital for your preadmission visit. Please be sure that your appointment is one to two weeks before your day of surgery. Please bring all of your medications, in the original container, with you for this visit. Your medications include any prescription, over-the-counter medications and vitamin or herbal medications. The nurse will go over your medications and tell you which ones you can take the morning of surgery. Expect to have your lab work and any other tests required completed during this visit if you have not already had them done at your primary care or surgeon’s office. This visit should last about one hour.

**Blood Management**

Some spine surgeries may require you to get a blood transfusion. Our blood is screened and tested to prevent transmission of any disease. You will be asked to sign a consent form for blood transfusion. Before giving your consent, please make sure all your questions have been answered.
Back Brace

Your surgeon may require you to wear a brace after surgery to support your spine. You will be taught how to put on and take off your brace.

Spine Precautions

You will be instructed to follow spine precautions after your surgery to ensure proper functioning of your spine. Please review the spine precautions section of this handbook located on page 14 before your surgery so that you are familiar with them. A video demonstration is available at penrosestfrancis.org/spinehandbook.

Smoking

Smoking produces mucus and makes it harder for your lungs to work. This increases your chance of complications after surgery. Another consequence of smoking and use of nicotine is the affect it has on the healing of tissue and bones. Nicotine in cigarettes and chewing tobacco constricts blood vessels and can clog arteries that feed oxygen to new bone growth. It is strongly encouraged that you quit using tobacco. Please discuss any concerns with your physician prior to admission to the hospital if you feel this may be an issue for you. Additionally, please note medical marijuana use is not permitted for patients being treated at any Penrose-St. Francis Health Services facility. All Penrose-St. Francis facilities are tobacco and smoke free. Please refer to the following resources for smoking cessation information.

Quitline: 1-800-QUIT-NOW www.quitline.org
Quitnet: www.quitnet.com
American Lung Association: 1-800-LUNG-USA
American Heart Association: 1-800-AHA-USA-1
American Cancer Society: 1-800-ACS-2345

Insurance and Financial Counseling

Most people have reviewed their insurance and financial situation before planning surgery. There are health benefit advisors available to contact if you have any further concerns or questions.

Spiritual Care

Caring for your spiritual needs during a surgery or illness is very important. There are hospital chaplains available and of course your pastor, bishop or rabbi is welcome to visit as well. Chaplains are available to assist you with questions regarding Advanced Medical Directives. If you have an Advance Directive please bring a copy with you.

Preparing Your Home

We suggest that you take a few steps to prepare your home prior to your surgery. Preparing early will help make things easier for you upon your return from the hospital.

~ Prepare meals in advance and freeze them. This will make meal time much easier when you return home.
~ Be sure there is plenty of food, supplies and medications.
~ Store your important items at waist level so you do not have to bend over to reach them.
~ Remove rugs, tape down electrical cords and arrange furniture to allow easy access for walking.
~ Make sure your stairs have a sturdy hand rail.
~ Wear sturdy walking shoes when at home. Avoid sandals or slippers.
~ Place a non-slip mat on the floor of your tub/shower. We suggest use of a shower caddy to store items such as soap and shampoo.
~ Your pets are important. Please arrange for pet care both while you are in the hospital and when you return home.
~ Arrange for your transportation to home, follow-up appointments and any errands.

A Few Days Before Surgery

~ Eat nutritious foods and drink plenty of fluids.
~ Be sure that you have a bowel movement 1 day or less before your surgery. Get a jump start by adding fiber in your diet (fruits, vegetables, whole grains or over-the-counter supplements) and drink plenty of fluids.
~ Be sure you understand your physician’s instructions regarding any medication you should take on the day of surgery.

The Night Before Surgery

~ Your stomach needs to be empty so do not eat or drink anything after midnight unless otherwise directed by your surgeon.
~ Hibiclens shower– as directed by nurse during preadmission testing

Day Of Surgery

~ Hibiclens shower– same as above
~ Follow the direction of your surgeon if you are required to take your medications the day of surgery. Please take only small sips of water.

For your comfort we suggest you bring some personal items from home. What you should bring:
~ Dentures, glasses, hearing aids and their cases.
~ If you have been diagnosed with sleep apnea and currently use a CPAP machine to help you sleep, please bring it to the hospital with you. Our respiratory team can assist you if needed after surgery. (continued on page 6)
Surgery Suite
The spine surgical suite will have bright lights, a lot of equipment and many nurses, technicians and other staff members to assist in caring for you. The room may seem cool but don’t worry, they have nice warm blankets for you.

After Surgery

Post Anesthesia Care Unit (PACU)
After surgery is finished, the surgeon will go to the waiting area to let your family know the procedure is completed. You will be transferred to the Post Anesthesia Care Unit (PACU) where you will wake-up after anesthesia.

Your family is not allowed in the PACU, but can see you as soon as you get to your room. The average stay in the PACU is around 60 minutes, but time could be longer for several reasons: additional monitoring, giving medications, your ability to wake up, if you have a history of sleep apnea or obstructive sleep apnea or waiting for a room assignment.

While you are in the PACU, your nurse will:
~ Closely monitor your vital signs
~ Work with you on managing your pain
~ Monitor your wound, dressing and drain (if present)
~ Manage any nausea

We want to partner with our patients to provide the optimal pain management program.

It is important for you to let the nurse know how you are feeling. Let them know if you are feeling nauseated and how well your pain is controlled. Our pain scale is from 0-10. You will be asked to rate your pain from 0 = No Pain to 10= worst pain ever.

What to Expect After Surgery
~ Your nurse will check your vital signs frequently. The nurse will also test the strength in your arms and legs and will ask you if you have any numbness or tingling.
~ You will have fluids given to you through an IV to keep you hydrated.
~ You may have a drain to remove fluid from your surgery site.
~ You will have a urinary catheter to drain your bladder.  
(continued on page 8)
You will have oxygen given through little prongs under your nose.
You will have wraps around your lower legs to help prevent blood clots.
Your nurse will instruct you on the regular exercise of moving ankles up and down and wiggling your toes while you recover. This will start the day of surgery.
Your nurse will help you change positions (logroll) every two hours.
It is important to start moving even when you still have discomfort from the surgery.
Sometimes you will be able to sit up at the side of your bed or even start to walk in your room the day of surgery. Your surgeon will decide and it will only be allowed with help of our hospital staff.
Your nurse will let you know when you are allowed to drink or chew ice.
You will be instructed to cough and breathe deeply to prevent breathing problems after surgery.
You will be taught how to use an incentive spirometer. This is a small plastic piece of equipment that helps you expand your lungs. You will need to use this piece of equipment about ten times an hour while awake.

Pain Management
At Penrose-St. Francis, we are partners in your pain management. We treat each patient as an individual with pain management needs specific to them. Pain management is approached in a variety of ways. You may receive your pain medications by IV and/or by patient controlled analgesia (PCA), and later by mouth in pill form.

Additional methods of pain relief will be encouraged and may include: ice, repositioning, music therapy and relaxation. Simple exercises such as slow deep breathing to relax your muscles and reduce tension will also help to control your pain. It is better to use medication routinely than to let the pain get unbearable and try to control it at that point. Keep your nurse informed on your level of pain control.

Your Passport To Discharge

You are an important member of your health care team!

We need you to take part in your own healing so that you can achieve the level of health and function required to safely go home. Listed below are daily guidelines you may expect for each day. This is only a guide to your stay. Some patients will move through the guidelines more quickly and others more slowly. Each spine surgery is different. Your surgeon can give you more specifics to your personal surgery and recovery. Goals which will need to be accomplished before discharge:

- Medically stable (no fever, uncontrolled blood sugars, blood pressure, etc.)
- Walk in hall 250 ft. or greater
- Get in and out of bed independently
- Complete grooming/dressing independently
- Eat and drink without nausea
- Urinate without problems
- Have a bowel movement
- Manage pain with oral pain medications
POST-OP Checklist

**DAY OF SURGERY or Post-op DAY 1**
*(please make a check in the box as each section is completed)*

- Goal: At a minimum, be able to walk to your room door with physical therapist or staff member and back to the bed or chair.
- Your therapist and nurse will teach you the proper way to roll, get in and out of bed and how to promote good posture to protect your back.
- Chew Gum: If you are not drowsy, chewing gum may help wake up your stomach and bowels to work normally. Make sure you are awake and the head of the bed is up.
- Up walking with assistance only. You may or may not have a brace to use during this activity.
- You may put your brace on or take it off while sitting or standing.
- You may be allowed to have ice chips. This must be approved by your surgeon.
- Use your incentive spirometer every hour you are awake to exercise your lungs.
- Change your position in bed every two hours (logrolling) with assistance of hospital staff.
- Pain medication is given through your IV and PCA pump. Tell your nurse if your pain is not under control. We want you to be as comfortable as possible. Your nurse will instruct you that only you can push your pain button, not family or friends.
- You may have an epidural catheter in place for pain control.
- You may have catheter in place to empty your bladder. This will be removed as soon as possible.

**Post-op DAY 1 OR 2**
*(please make a check in the box as each section is completed)*

- Goal: At a minimum, be able to walk a total of 100 ft in hall.
- Out of bed walking two times per day with assistance of hospital staff in addition to your therapy sessions.
- Therapy will continue until you are independent and safely walking on your own. They will make sure you can safely go up and down stairs.
- You will also see an occupational therapist to go over any needs you have at home to help with daily functions such as dressing, bathing, hygiene, and taking care of yourself at home.
- You are encouraged to sit up in the chair for meals for a maximum of 30-45 minutes or as tolerated. Do not exceed a tolerable comfort level. You could try sitting up more often and for shorter periods of time. If you want to stay up longer take a standing rest with nursing staff.
- Your diet may be advanced to clear liquids if your bowel sounds are present (this must be approved by your surgeon). When you are able to eat and drink your IV fluids will be stopped.
- The catheter emptying your bladder will also be removed.
- If you are taking liquids, start taking a stool softener. Constipation is often an issue with patients after surgery.
- Continue using your spirometer. Don’t wait for the nurse to remind you.
- Your nurse case manager (discharge nurse) will continue planning for your discharge. He or she will assess your needs and will communicate with all team members working with you to verify your safety at home before discharge.
POST-OP Checklist

Post-op DAY 2 OR 3
(please make a check in the box as each section is completed)

- Goal: At a minimum, be able to walk in hall a total of 250 ft or more. Stair training if not yet initiated.
- Put on brace independently (if ordered by your surgeon). Your family may help you if you need assistance.
- Continue advancing to regular diet if not done yet.
- Removal of pain pumps/IV’s and all other tubes if eating and drinking well (if not done by this time).
- Catheter emptying bladder will also be removed if still in place.
- Shower before discharge.
- If no bowel movement yet, please discuss with your nurse today.
- Continue with therapy as instructed. Our physical therapist and occupational therapist will continue to prepare you for your return to home. Try to be out of bed and independent as much as possible, BUT never compromise your safety. Always call for assistance when getting out of bed.
- Discharge plans are finalized.
- You will have the opportunity to complete a satisfaction questionnaire before discharge. You may also get a call at home after discharge to express your opinion of your care while at Penrose-St Francis Health Services. Your opinion is valuable to us as we strive to give excellent care for our spine patients.

POST-OP Checklist

Post-op DAY 3 OR DAY OF DISCHARGE
(please make a check in the box as each section is completed)

Safety is our concern. You will need to meet the following criteria in order to be able to go home:

- You will need to be able to safely walk and get in and out of bed and a chair.
- You are able to eat and drink without any problem.
- You can urinate without a catheter.
- You have had a bowel movement.
- Your pain is managed well with oral pain medications or other alternatives.
- Ensure you have needed equipment or aid for walking prior to discharge.

Prior to leaving, the nurse will review any discharge instructions such as medications and incision care.

THINGS TO DO WHEN YOU ARE AT HOME:

- Inspect your incision every day for redness, swelling or drainage.
- Follow your physician’s instructions for care of incision when showering.
- Do not take a bath, use a hot tub or swim until cleared by your physician.
- Remember to use your spine precautions at all times.
- Take deep breaths and cough throughout the day.
- Take rest breaks throughout the day.
- Eat three meals a day with plenty of fruits and vegetables. Drink plenty of water.
- We suggest taking stool softeners while you are taking your prescription pain medications.
- Maintain walking routine at least 4-6 times a week.
Performing Daily Activities

Sitting Down/Standing Up

- Sit in a firm sturdy chair with armrests, if possible.
- Avoid sitting in a low chair. You can place a pillow or blanket in the chair for additional height and comfort.
- Keep your back straight while sitting. Do not slouch.
- Use lumbar support or pillow when needed.
- When standing and sitting, bend forward at the hips, while keeping your back straight.

Getting into/out of a car:

- You will need to sit in the front passenger seat.
- The driver should position the front seat as far back as possible.
- Back up to the seat until the back of your legs touch the seat.
- To sit down, have your back to the seat and slowly lower yourself to the seat, holding on to a stable surface (back of the seat, dashboard or car frame).
- Bring your legs into the vehicle one at a time. As you turn, keep your shoulders, hips and knees in line to avoid twisting.
- You may be more comfortable with the seat slightly reclined.
- Reverse the procedure to get out of the car.
- On long trips, get out of the car and walk around at least every hour.
- Change your seat position every 15-30 minutes (reclined, partially reclined, upright).

Grooming/Eating:

- Do not bend at the waist to look in the mirror or to use the sink.
- Bring items such as plates, cups and a wash cloth to your face to avoid bending forward.
- If your back is tired, you may need to sit in a chair to brush your teeth, wash your face, or shave.
Dressing:
~ You will receive instruction from an Occupational Therapist on dressing techniques. These approaches are designed to follow spine precautions, which help protect your back during the healing process.
~ You may need to put your pants, shoes and socks on while sitting in a chair with back support.
~ Your Occupational Therapist may recommend equipment for home use. You need to use the equipment until your doctor discontinues your spine precautions.

Toileting:
~ You may need a raised toilet seat to avoid bending.
~ Bend your knees and use grab bars (if needed) to slowly lower yourself to the toilet.
~ Be sure to avoid twisting when reaching for the toilet paper or cleaning yourself after toileting.

Showering/Bathing:
~ You may want to have someone close by until you feel safe showering.
~ If you have a brace, it may be removed for showering.
~ Use a step in shower or stand next to the bathtub and step in sideways.
~ Install grab bars if you have balance problems or have trouble getting in and out of the shower/tub.
~ Do not sit in the bottom of the tub. A shower chair or bath bench may be used for bathing or showering.
~ Long-handled sponges and reachers can help with washing your back and feet.
~ Rubber mats on the shower floor or tub will help you from slipping.
~ Use body wash or soap on a string to prevent dropping your soap.
Glossary of Terms

Advanced Directive
An Advance Directive is a legal document that allows you to convey your decisions about end of life care ahead of time. It provides a way for you to communicate your wishes to family, friends and health care professionals.

Anesthesia
Condition of having sensation (including the feeling of pain) blocked for the short term.

Anesthesiologist
Physician responsible for administering and monitoring anesthesia.

Epidural
A form of regional anesthesia involving injection of drugs through a catheter placed into the spine. The injection can cause both a loss of sensation and a loss of pain.

Incentive spirometer
Breathing device used to help your lungs expand.

Intravenous (IV) catheter
A small plastic tube inserted in your vein to allow fluids and medicine to be delivered through your blood stream.

Occupational Therapist
Trained professional who will assist you in regaining independence with activities of daily living (ADL’s) such as dressing, grooming, bathing and toileting. They may make recommendations for equipment needs.

Obstructive sleep apnea (OSA)
Condition in which a person has episodes of blocked breathing during sleep.

PCA
Patient controlled analgesia is a method of pain medication delivery through an IV and is controlled by the patient.

Physical Therapist
A trained professional who will assist you in regaining the ability to get in and out of bed, walk and go up and down stairs. You may receive instruction in postural alignment and exercise to relieve pain and regain your strength. He/she may make recommendations for equipment needs.

Primary Care Physician (PCP)
A medical doctor who provides both the first contact for a person with any health concerns as well as continuing care of any other medical conditions.

Surgical drain
The drain collects blood from your surgery and is placed near your incision. It will be removed in one to two days.

Urinary catheter
Tube used to drain urine from the bladder. The tube is usually placed during surgery preparation and will be removed by the nurse once the patient is getting up and moving around.

Vital signs
Temperature, heart rate, respirations, blood pressure and oxygen level are basic to assessing a patient’s general medical condition.

Maps & Directions

DIRECTIONS to the Pre-Op Clinic
From the main entrance, walk past the information desk, up the ramp, through the doors. The Pre Op Clinic will be on your right.

DIRECTIONS to Surgery the Day of Your Surgery
From the main entrance, walk past the information desk to Registration. Once registration is complete, you will be directed to the Surgical Waiting Area on the second floor. At the Coffee Stand, turn left and take the elevators to the 2nd floor. On the 2nd floor, turn right and follow the signs to Surgery Waiting Area (see map below).
Our Mission
We extend the healing ministry of Christ by caring for those who are ill and by nurturing the health of the people in our communities.