Understanding Your Spine Surgery
Your name

Surgery date

Your follow-up appointment with your surgeon is:

Date

Time

Surgeon

Phone number

Please bring this book to:

- all appointments
- your pre-surgery education class
- the hospital on the day of surgery.
Understanding Your Spine Surgery

Fifth edition

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The publisher believes that information in this manual was accurate at the time the manual was published. However, because of the rapidly changing state of scientific and medical knowledge, some of the facts and recommendations in the manual may be out-of-date by the time you read it. Your health care provider is the best source for current information and medical advice in your particular situation.

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Disclaimer
This publication is for general information only and is not intended to provide specific advice or recommendations for any individual. The information it contains cannot be used to diagnose medical conditions or prescribe treatment. The information provided is designed to support, not replace, the relationship that exists between a patient and his/her existing physician. For specific information about your health condition, please contact your health care provider.
Before Your Surgery

Checklist

- Contact your surgeon’s office if you are planning to visit the dentist within 1 month before your surgery.
- Schedule your health history and physical exam. You can read more about this on page 21.
- Schedule your pre-surgery education class or watch the pre-surgery video if your hospital does not offer the class. You can read more about this on page 21.
- Review the care map on pages 59 to 62.
- Review and complete any paperwork you received.
- Make a list of your current medicines. You can use “My Medicine List” on page 125 to do this.
- Fill out the insurance coverage worksheet on page 24. Call your insurance provider if you have questions.
- Select a member of your care circle (family, friends and others close to you) to be your personal support coach. This person will provide support and encourage you to meet milestones during your recovery. You can find more information about your personal support coach on page 22.
- Talk with your care circle about your needs after surgery. You can find more information about planning for leaving the hospital on pages 66 to 67.
- Contact your surgeon’s office if you have any health changes (sore throat, cold, fever, dental problem, urinating problem) or skin changes (rash, cuts).

Did You Know?

Your care circle is your family, friends and others close to you. This term will be used throughout this book.
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Chapter 1: Welcome

In This Chapter:
- Welcome
Chapter 1: Welcome

Tip

Please bring this education book to the hospital with you.

Did You Know?

Each member of your health care team at the hospital will wear a different color, depending on his or her role. Turn to page 124 to learn how to identify which color represents each type of care.

How do you make your surgery a positive and meaningful experience? Many patients and their care circles (family, friends and others close to you) find it helpful to learn as much as they can before surgery.

This book was created to help you prepare for surgery and guide you through your recovery. The information is not meant to replace advice you receive from your health care team.

Please try to read the entire book before your surgery. Read it at your own pace and write your questions in the margins.

Bring this book with you when you come to the hospital for your surgery. Your health care team will work with you and your care circle to create a recovery plan that is right for you. They will be available to answer any questions you have.

Your health care team looks forward to caring for you!
Chapter 2: Understanding Your Back

In This Chapter:
- The Normal Spine
- Spine Disorders and Conditions
- Spine Surgeries
Chapter 2: Understanding Your Back

The Normal Spine

Your back is made up of a spinal column, discs, spinal cord, spinal nerves, ligaments and muscles. A back injury, spine disorder or disease may affect one or more of these parts.

**Spinal column (vertebrae)**

Your spinal column is an S-shaped chain of vertebrae (bones). Your spinal column serves three basic roles:

- protects your spinal cord and nerve branches
- supports your body
- lets your body move (twist, bend, run or jump).

The flexible vertebrae start at the base of your skull and end at your hips (pelvis). These spine bones are linked together and protect the spinal cord and nerves, which run through the center of your spinal column.

They have bony knobs on each side and connect to other vertebrae or muscles and ligaments. When stacked, they form your spinal column.
There are 24 individual vertebrae from your neck to your low back that move:

- **cervical**: Located in your neck, these seven are the lightest and smallest of your vertebrae. They support the weight of your head and give your neck the ability to move. Your cervical vertebrae have a slight inward curve (called lordosis). They are numbered C1 to C7.

- **thoracic**: Located in your midback, these 12 vertebrae are larger than the cervical vertebrae. They support the weight of your chest and upper body. Your ribs connect to your thoracic vertebrae. Your thoracic vertebrae have a slight outward curve (called kyphosis). They are numbered T1 to T12.

- **lumbar**: Located in your low back, these five are the largest of your vertebrae. They support most of your body weight and the stress of your spinal column. Your lumbar vertebrae also have a slight inward curve (lordosis). They are numbered L1 to L5.

There are nine joined (fused) vertebrae that do not move:

- **sacrum**: These five fused bones are located between your hips.

- **coccyx**: These four fused bones are located at the end of your spinal column. They form your tailbone.

The vertebrae are connected by facet joints. These are located on both sides and on the top and bottom of each vertebra. They allow the vertebrae to move. A special fluid (synovial) helps lubricate the facet joints so they move with ease.

**Discs**

Discs are thick pads of soft tissue (cartilage) between the bones that let the bones move and provide “shock absorption” when you move.

**Spinal cord and nerves**

Your spinal cord contains nerve bundles that carry messages to and from your brain. You also have 31 pairs of nerves that branch out from your spinal cord. The roots of those nerves leave your spinal column through vertebral holes (foramen) and branch out to your body. These nerves provide sensation and functional ability to your spine’s discs, muscles and joints.
Ligaments and muscles

Ligaments are stretchy bands of tissue that support your spine by keeping the vertebrae from slipping out of place and protecting your discs. By supporting your spine, ligaments help keep your back in a natural alignment.

Muscles help keep your back strong. By exercising your back and abdominal muscles, you will be able to move and keep your spine in its natural alignment.

Spine Disorders and Conditions

Many different spine disorders can lead to surgery. Your health care provider will explain your specific condition to you. Some of the spine disorders include:

- **scoliosis**: This is an abnormal side-to-side curve of the spine. When looking at the back, the spine should look like an “S” or “C” shape. There can also be an abnormal curve to the lower back (lordosis). Scoliosis is usually easy to spot, either by the curve or by uneven shoulders.

- **fractured (broken) vertebrae**: This may happen from a fall or other accident. A fracture to a vertebra may be treated with a brace or surgery.

- **herniated (ruptured) discs**: The spine’s shock absorbers have a hard outer layer and a soft inner layer. When the outer layer is damaged (torn or broken), some of the soft inner layer may spread into the opening for the nerves (spinal canal) or toward a nerve root. This causes pain and pressure on the spinal cord and nerves. A disc can tear or break (rupture) anywhere along the spine due to injury or aging.
- **spinal stenosis**: This occurs when your spinal canal becomes more narrow due to injury, aging or arthritis. These changes narrow the spinal canal. This results in pressure on the spinal cord and nerves. This can lead to pain, numbness, tingling or weakness in your legs.

- **spondylolisthesis [spon-dee-low-lis-thesis]**: This occurs when one vertebra slips forward or backward on another. It may cause back or leg pain.

- **spondylosis (spinal osteoarthritis)**: This is a disorder that causes a breakdown of the spinal cartilage in the neck, midback, low back or all of these areas. How quickly this occurs varies from person to person. Age is usually the main cause.

- **ankylosing spondylitis**: This is a form of arthritis, mostly affecting the spine.

- **cauda equina syndrome**: This is a serious condition that requires medical attention right away and in most cases, surgery. In cauda equina syndrome, the bundle of nerve roots at the end of the spinal cord (cauda equina) is squeezed. This syndrome may be associated with bowel and bladder problems as well as tingling or a loss of sensation and feeling to the lower pelvic area and the legs.

- **disc degeneration**: The aging process may cause the discs to break down. The discs can also bulge (or become herniated). If arthritis is affecting the spine, tiny bone growths (spurs) may form on the vertebra. These disorders can occur on any part of the spine and put pressure on the spinal cord.
Spine Surgeries

Your health care provider will explain your specific surgery to you. Some of the most common spine surgeries include:

- **decompression**: This surgery eases pressure on the nerves by removing discs, bone or both. A spinal fusion may be done after decompression to keep the spine stable.

- **discetomy**: This surgery is done to remove the bulging (herniated) part of the disc that is pressing on a nerve.

- **endoscopic**: This surgery is done with ½-inch tubes inserted into the spinal area. A tiny camera and magnifying lens on the end of the tubes let the surgeon watch the surgery on a screen. Instruments can be passed through the tubes to do the surgery. This type of surgery may also be referred to as a “minimally invasive surgery” (MIS) or “micro” surgery.

- **foraminotomy**: This surgery is done to relieve the pressure on nerves that are being compressed in the spine.

- **laminectomy**: This surgery is done to remove a piece of bone from the back of one or more vertebrae to release pressure around the spinal cord.

- **microdiscectomy**: This surgery uses a smaller incision to remove the disc.

- **spinal fusion**: This surgery is done to stabilize the spine by fusing two or more vertebrae. This is done with a bone graft, a metal implant or a combination of the two. It can be done from the front (anterior), the back (posterior) or both.

- **spinal implants (instrumentation)**: Implants are used during surgery to help stabilize the spine to keep it from moving while fusion occurs. Types of implants include rods, plates, hooks, screws or cages. Some implants are attached to the spine while others are placed between the vertebrae.

- **thoracoplasty**: This surgery is done at the chest level on your side, to shorten or remove a part of the ribs to prevent a rib hump from forming. This is done in some scoliosis surgeries to correct a curve, especially in the upper back.
Chapter 3: Before Surgery

In This Chapter:
- Your Health History and Physical Exam
- Pre-surgery Education Class
- Personal Support Coach
- Preparing Your Mind and Body for Surgery
- Insurance Coverage
- Determining Your Health Insurance Coverage
- Hospital Pre-registration
- Advance Care Planning
- Medicine Use Before Surgery
- Diabetes
- Blood Levels Before Surgery
- Quit Tobacco For Your Surgery
Chapter 3: Before Surgery

Your Health History and Physical Exam

Important

Your health history and physical exam needs to be done within 30 days of your surgery.

It is recommended to have the exam done 2 to 4 weeks before surgery.

Before your surgery, your primary care provider should do a health history and physical exam. Call your primary care provider to schedule your appointment.

During the exam, your primary care provider will:

- assess your current health status
- review and perform any tests needed before surgery
- make sure you are ready for surgery.

If you currently take any medicines, make sure your health care provider gives you directions for:

- taking your medicines the morning of surgery
- stopping any prescription medicines before surgery
- stopping any over-the-counter medicines before surgery, including herbal medicines.

See page 26 for more information about medicine use before surgery.

Reminder

Tell your primary care provider if you are getting up frequently at night to empty your bladder or if you are having trouble urinating.

Pre-surgery Education Class

A pre-surgery education class for spine surgery may be offered to you, depending on the hospital at which you are having your surgery. Talk to your surgeon about options available to you for pre-surgery education. If your hospital does not offer the class, you will be able to watch a video about the surgery.

Staff specialized in the care of the spine will be at the pre-surgery education class to answer your questions and help guide you through your surgery.

It is strongly recommended that you bring a member of your care circle to this class. This person should also be available to act as a “coach” during your hospital stay and recovery.

At the pre-surgery education class, you will learn:

- how to get ready for surgery
- what to expect during your hospital stay
- how to go home safely after surgery.
Personal Support Coach

You are encouraged to select a member of your care circle to be your personal support coach. He or she will support and encourage you to meet milestones during your recovery.

**Recommended qualities in a coach**

- **C** – Caring and compassionate cheerleader
- **O** – Offer comfort and support during your recovery
- **A** – Available to actively participate and help with your rehabilitation
- **C** – Communicate with you and your health care team
- **H** – Help, listen and encourage your return to normal activity

**Coach’s responsibilities**

- Go to the pre-surgery education class with you.
- Be available during your hospital stay.
- Help you in your recovery when you leave the hospital.

Preparing Your Mind and Body for Surgery

Studies have shown that if your mind and body are ready for surgery you may sleep better and have less anxiety and pain. Your hospital stay may also be shorter.

**The Penny George™ Institute for Health and Healing**

The Penny George™ Institute for Health and Healing offers services to help you as you prepare for and recover from surgery. Call 612-863-3333 or visit allinahealth.org/pennygeorge for more information, or ask your health care team which services are offered at your hospital.

Tip

Call 612-863-3333 or visit allinahealth.org/pennygeorge for more information about the Penny George Institute.
Insurance Coverage

Health care benefits change and differ from plan to plan and provider to provider. It is important for you to understand your health care benefits before your surgery.

Now is a good time to call your insurance provider to find out exactly what is and is not covered under your plan, and how much you have to pay yourself. You can use the worksheet on the next page to help you.
Determining Your Health Insurance Coverage

Questions to ask your insurance provider before your hospital stay

Insurance coverage for spine surgery is different from plan to plan. You need to know what your health plan covers. To learn about your specific coverage, call your insurance provider at least 2 weeks before your surgery. Look for the telephone number on your membership card. Use this worksheet as a guide to help you get a clear idea of your coverage.

Insurance provider phone number: __________________________________________________________
Policy number: __________________________________________________________________________
Date/time of call: ___________________________ Person spoken to: ___________________________

1. I am scheduled for the following spine surgery: ______________________________________________

2. How long is the typical hospital stay for my surgery? _________________________________________

3. Does my hospital stay need to be pre-approved? □ yes □ no
   If yes, who should pre-approve my hospital stay? ___________________________________________
   What do I need to do to receive the pre-approval? ___________________________________________

3. Will more hospital days be covered if there are problems (complications)? □ yes □ no
   If yes, how many extra days are covered and at what rate of coverage (percentage)? __________

Using the table below, review the possible needs and financial concerns with your insurance provider. Ask specific questions to help you get a clear idea of your coverage. Be prepared to share this information with your health care team.

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Number of days or hours covered</th>
<th>Preferred vendors/facilities</th>
<th>Amount insurance pays</th>
<th>Amount I pay</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term rehab*</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Home health care</td>
<td></td>
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<tr>
<td>Occupational and physical therapy</td>
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<tr>
<td>Medical equipment</td>
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<tr>
<td>Back or neck brace</td>
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<tr>
<td>Transportation** (Medi-Van, stretcher)</td>
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<tr>
<td>Other</td>
<td></td>
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</tr>
</tbody>
</table>

*Short-term rehab is also referred to as transitional care. It takes place in a skilled nursing facility such as a transitional care center or transitional care unit (TCU).

**Transportation services are usually not covered by insurance companies. Plan ahead and arrange for a member of your care circle to drive you home in a comfortable vehicle after you leave the hospital.
Hospital Pre-registration

After your surgery has been scheduled, you may be contacted by the hospital 1 to 2 days before your surgery for pre-registration information. Please have the following information ready when you are contacted:

- full legal name
- home address (including county)
- phone number
- date of birth
- marital status
- Social Security number
- name of insurance policyholder, his or her address, phone number, work address and work phone number (if insurance is through an employer)
- name of your insurance company, mailing address, policy and group numbers, and copy of insurance card (Note to Medicare beneficiaries: Medicare requires an additional series of questions.)
- your employer, address, phone number and your job title
- name, address and phone number of the nearest relative or spouse if applicable
- name and phone number of someone to notify in case of an emergency (can be the same as nearest relative).

Advance Care Planning

How to Get Started

Allina Health offers three ways to help you get started:

1. Sign up for a free advance care planning class. Call 612-262-2224 or 1-855-839-0005 to register.

2. Fill out a free, secure health care directive online. Go to account.allinahealth.org to create an account.

3. Print out a health care directive at allinahealth.org/acp.

Planning for your future health care

Advance care planning is the process of giving information to others about your health care choices in case illness or injury prevents you from telling them yourself.

Talk with members of your care circle about your health care choices. This is a time for you to share:

- what kind of care and treatment you do or do not want
- your wishes, goals and values and how they relate to your health care choices for the future.

You can put your health care choices in writing by creating a health care directive. Members of your care circle and your health care providers will use this document to interpret and understand your wishes, goals and values for your future health care needs.
**Medicine Use Before Surgery**

**Important**

Do not take aspirin or medicines that contain aspirin before surgery. If you take aspirin on a regular basis, talk with your health care provider about when to stop taking it.

Certain medicines can cause problems (complications) with your surgery unless you stop taking them before surgery.

Talk with your health care provider about all of the medicines you take (including prescriptions, over-the-counter medicines, herbals, vitamins or other supplements) at least 10 days before surgery. Ask your health care provider for directions.

**Important:** It may be important to take certain medicines the morning of surgery. Be sure to follow any directions your health care provider gives you.

**Diabetes**

If you have diabetes, it is important to have good blood glucose levels before and after surgery. This will help you heal better after surgery and lower your risk of infection.

Talk with your health care provider who manages your diabetes about having good blood glucose levels before your surgery. It is recommended for you to have an A1c level lower than 8 percent within 3 months before your surgery.

The stress of surgery can sometimes increase your blood glucose level after surgery. While you are in the hospital, you may be given insulin to control your blood glucose. If you take diabetes pills, you will usually start taking them again when you leave the hospital. Be sure to follow any directions your health care provider who manages your diabetes gives you.

**Blood Levels Before Surgery**

It is important to have normal blood (hemoglobin) levels before your surgery. This will help you handle surgery better and lower your risk of needing a blood transfusion while you are in the hospital.

Before your surgery, talk with your primary care provider about your blood levels. If they are low before surgery, your surgery may need to be rescheduled. This will give your primary care provider time to find out why they are low and give you any treatments needed to get your blood levels back to normal.

After surgery, your blood levels may be low. This is common. It may take a few months for your blood levels to go back to normal. You and your health care team will work together to find the best way to make sure your blood levels return to normal after surgery.

**Did You Know?**

Hemoglobin is the most important part of a red blood cell. The protein carries oxygen from your lungs to your tissues. Hemoglobin also takes carbon dioxide from the tissues to the lungs. You breathe out the carbon dioxide when you exhale.
Quit Tobacco For Your Surgery

Did You Know?

Tobacco products contain more than 7,000 chemicals. More than 70 are known to cause cancer.

Tobacco and surgery risks

Tobacco products include cigarettes, electronic nicotine delivery systems (ENDS, includes e-cigarettes and JUUL®), smokeless tobacco (dip or chew), cigars, hookahs and pipes.

Using tobacco increases your risk of the following during and after surgery:

- heart problems
- lung problems (complications) such as pneumonia
- infections such as infections of your surgery site (incision)
- blood clots
- slower healing of your surgery site
- higher levels of pain and more problems with pain control.

Tobacco use keeps oxygen from reaching your surgery site and it can increase your recovery time.

Benefits of quitting

- Research shows that quitting 4 weeks before surgery can reduce any problems after surgery up to 30 percent.
- People who quit smoking report having better pain control.
- Your body responds quickly to quitting:
  - 8 hours: the carbon monoxide level in your blood drops to normal. The oxygen level in your blood increases to normal.
  - 48 hours: Nerve endings start to grow again.
  - 2 weeks: Your circulation improves and your lung function increases. (Source: World Health Organization)

When you should quit

Ideally, you should quit as soon as possible. Research shows that:

- the harmful effects from cigarettes begin to go down about 12 hours after your last cigarette smoked
- at least 8 weeks without cigarettes is the best way to reduce problems almost as low as people who do not smoke.

The American College of Surgeons recommends at least 4 weeks without cigarettes.

Important

Secondhand smoke causes as much damage to healing as if you were smoking.

If you live with someone who smokes, ask him or her to smoke outside for at least the time of your recovery.

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The American College of Surgeons recommends at least 4 weeks without cigarettes.
Did You Know?
Using your surgery as a motivator to quit tobacco increases your success rate of quitting for good.

You should not use tobacco the day of surgery up to 1 week after your surgery. Your doctor may tell you when to quit before your surgery.

If you quit for surgery, you double the chance of staying off cigarettes for good. Many people report they have no cravings while in the hospital.

Not ready to quit? Consider taking a break!
If quitting tobacco makes you feel nervous and seems overwhelming, consider taking a break or a vacation from tobacco use.

- You will get the physical benefits for the period of time that you are not using tobacco.
- You will reduce your risk of problems during surgery and still increase your chances of a smooth recovery after surgery.

If you can, set a goal to stop using tobacco for 1 month after your surgery. This will allow your body to heal the best after your surgery.

Ways to quit or take a break
- abrupt stop (cold turkey)
- nicotine replacement therapy* (gum, lozenge, patch or inhaler)
- medicines (Chantix® and Zyban®)
- behavioral strategies (such as calling a friend or going for a walk)
- aromatherapy (black pepper oil)
- take a break (vacation) from tobacco.

Any step you take without tobacco is going to help you. Small steps are better than nothing!

*Nicotine replacement therapy (NRT) can nearly double your chances of successfully staying off cigarettes. It works best if you use it with the help of a doctor or counselor. Ask your doctor about using NRT around the time of surgery. Go to quitforsurgery.com to learn more.
Resources

- Tobacco Intervention Program at Abbott Northwestern Hospital
  — 612-863-1648
- Tobacco Intervention Program at Mercy Hospital
  — 763-236-8008
- Penny George™ Institute for Health and Healing (LiveWell Center) tobacco intervention coaching
  — 612-863-5178
- Tobacco Intervention Program at River Falls Area Hospital:
  — 715-307-6075
- Allina Health United Lung and Sleep Clinic Tobacco Cessation Program
  — 651-726-6200
- QUITPLAN® (Minnesota)
  — 1-888-354-PLAN (7526) or quitplan.com
- Quit Smoking Hotline (all other states)
  — 1-800-QUIT-NOW
- online tobacco cessation support
  — smokefree.gov
- American Lung Association
  — 651-227-8014 or freedomfromsmoking.org
- Mayo Clinic Nicotine Dependence Center’s Residential Treatment Program
  — 1-800-344-5984 or 1-507-266-1930
- Chantix® GetQuit Support plan
  — 1-877-CHANTIX (242-6849) or get-quit.com
- financial aid for Chantix® or Nicotrol® inhaler
  — 1-866-706-2400 or pfizerhelpfulanswers.com
- To buy aromatherapy
  — Plant Extracts 1-877-999-4236
Chapter 4: Preparing for Surgery

In This Chapter:

- Strengthening Program Before Surgery
- Before Surgery Exercise Program
- Walking
- Breathing Exercises (Respiratory Exercises)
- Progressive Muscle Relaxation
- Affirmations for Surgery
- Preparing Your Home for Your Needs After Surgery
- Arrange for Help with Household Tasks
- What to Bring for Your Hospital Stay
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- Food and Liquid Directions Before Surgery
- The Morning of Surgery
You may have discovered you have been less active because of your spine discomfort. When muscles are not used, they become weak and do not perform well in supporting and moving your body.

Having your spine surgery can help to correct the problem, but you will need a regular exercise program to strengthen your muscles and properly support your body.

Beginning an exercise program before surgery can greatly help your recovery.

The following pages list several exercises for you to work on before your surgery. Because everyone responds to exercise differently, you need to be the judge of how much exercise you can do each day. *If an exercise causes an increase in discomfort, stop doing that exercise.*

You should try to exercise 1 to 2 times a day, every day, before surgery. Do 5 repetitions of each exercise.

If you are comfortable with the exercise, increase the repetitions by five each week until you reach 20 repetitions (week one: 5 to 10 repetitions, week two: 10 to 15 repetitions and week three: 15 to 20 repetitions).

For the most comfort, do the exercises lying down. Your bed is an excellent place to do your exercises.
Exercises — before surgery

☐ Ankle pumps

Pump your feet up and down by pulling your feet up toward you, then pushing your feet down away from you.

☐ Thigh squeezes (quadriceps sets)

Tighten the muscles on the top of your thigh by pushing the back of your knee down into the bed. Hold for 5 seconds and relax.

☐ Buttocks squeezes (gluteal sets)

Tighten your buttocks muscles by squeezing the muscles together. Hold for 5 seconds and relax.

☐ Abdominal sets

Tighten your stomach muscles by pulling your belly button in toward your spine. Do not move your spine. Hold for 5 seconds.

☐ Chair pushups

Sit on a sturdy chair with arms. Hold the arms of the chair. Push down on the chair arms, straightening your elbows so you raise your buttocks off the seat of the chair. Lower yourself slowly back into the chair. If your arms are weak, use your legs to help raise your buttocks off the seat of the chair.
- **Straight leg raises**
  Bend your leg with your foot flat on the bed. Raise your leg up about 12 inches, keeping your knee straight. Hold for 5 seconds. Slowly lower your leg down and relax. Repeat with the other leg.

- **Mini squats**
  Stand facing a counter. Place your hands lightly on the edge of the counter to help you keep your balance. Bend your knees slightly. Hold for 5 seconds. Straighten your knees to stand up and relax.

---

**Walking**

**Tip**
See chapter 6 for information about starting a walking program.

Walking before and after surgery can help you have a successful recovery. Regular exercise can also help to:
- prevent constipation
- make you feel better
- manage your weight
- improve muscle tone
- keep your joints flexible
- promote blood flow (circulation)
- improve healing
- promote sleep.

Try adding walking before or after your exercises, or you can set a time of day such as morning or evening to add a walk.
Before surgery exercise program
Check the box under the appropriate day and week after you perform the exercises selected for you. If you feel comfortable doing 10 repetitions of each exercise, increase the repetitions by 5 each week until you get to 20 repetitions.

<table>
<thead>
<tr>
<th>Exercise</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
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<td>Ankle pumps</td>
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<td>Thigh squeezes</td>
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<td>Buttocks squeezes</td>
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<td>Abdominal sets</td>
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<tr>
<td>Chair pushups</td>
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<tr>
<td>Straight leg raises</td>
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<tr>
<td>Mini squats</td>
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</tr>
<tr>
<td>Walking</td>
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</tbody>
</table>
Breathing Exercises (Respiratory Exercises)

Performing respiratory exercises will help you prevent respiratory system complications. Deep breathing, coughing, and incentive spirometer exercises may speed your recovery and lower your risk of lung problems such as pneumonia. Learn the following exercises and practice them every day before your surgery.

Deep breathing
To deep breathe correctly, you must use your abdominal muscles, as well as your chest muscles.

- Breathe in through your nose as deeply as possible.
- Hold your breath for 5 to 10 seconds.
- Let your breath out through your mouth, slowly and completely. As you breathe with pursed lips (like blowing out a candle), your stomach should be going in. Exhale twice as long as you inhale.
- Rest and then repeat these steps with 10 repetitions.

Coughing
To help you cough:

- Take a slow deep breath. Breathe in through your nose and concentrate on fully expanding your chest.
- Breathe out through your mouth and concentrate on feeling your chest sink downward and inward.
- Take a second breath in the same manner.
- Take a third breath. This time hold your breath for a moment, then cough vigorously. As you cough, concentrate on forcing all the air out of your chest.
- Repeat this exercise two more times.

Tip
An incentive spirometer is a hand-held breathing exercise device to help you inflate your lungs after surgery. This will help keep your lungs healthy after surgery.
You can read about how to use an incentive spirometer in chapter 5.
Progressive Muscle Relaxation

Progressive muscle relaxation is a short and easy exercise to help you relax and relieve some of your pain.

Getting started
Find a relaxing position. You may sit down or lie on your back in bed. Be sure your legs and hands are not crossed.

You may close your eyes. If you prefer, you can keep your eyes open but focus on one spot in front of you.

Bring your attention to your breathing. Think about where your breath comes in and out of your nose or mouth. Think about how your chest moves up and down with each breath.

Imagine a gentle, safe wave of relaxation that will slowly and warmly flow through your body. The wave can help you find those places that need to relax and give them permission to relax.

You can also imagine this wave in any way you find most comfortable. You may see it as light, water or just a feeling.

If your mind wanders, gently bring it back to your breathing.
Relax from your head to your feet

- Bring your attention to the top of your head and begin to imagine a wave.
- With your next breath out, feel it flow through your head. Feel your jaw soften and relax.
- Breathe in.
- With your next breath out, focus on the back of your neck. Let it soften and relax.
- Breathe in.
- With your next breath out, imagine the wave moving through each arm all the way to your hands. Feel your hands become slightly heavier where they are lying.
- Breathe in.
- With your next breath out, imagine the wave of relaxation roll gently and safely down your spine. Let all of your back muscles relax and soften.
- Continue to breathe. Feel the wave flow as you breathe out.
- Let the wave flow through your pelvic area and hips into your upper legs and thighs.
- Breathe in.
- With your next breath out, allow the wave to find those areas in your legs and knees that need to relax. Give them permission to relax.
- Breathe in.
- With your next breath out, feel the wave move into your calves, then your feet. Feel your feet become a little heavier.
- Take two deep breaths. Imagine any remaining stress gently flowing out the bottoms of your feet.

Take a moment to observe the still place you created.
With practice, relaxation will become easier.
Affirmations for Surgery

Affirmations are positive statements. They can help change negative situations into ones that are positive. Affirmations can help you feel in control and help you get ready for your surgery.

Examples of affirmations

- I am relaxed and calm as I get ready for this surgery.
- I will wake up easily and feel refreshed after surgery.
- My surgery will be successful.
- My body will work quickly to heal after my surgery.
- When I wake up after surgery my pain will be at a realistic goal.
- I am strong and will gracefully adapt to the lessons my body may be teaching me through this process.
- I trust in my body’s ability to welcome in and use what is helpful and healing to me. I also trust my body to reject what is unhealthy and not needed in my healing journey.
- My blood loss will be minimal and my body will quickly replace any blood or fluids.
- I trust my health care providers to use their skills for my good and to promote healing.

My affirmations

Create three to five of your own affirmations or choose from the examples above. Write them down below.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Read them out loud to yourself every day until your surgery. Take a slow, deep breath before you read each one. Use your affirmations before surgery and during your recovery.
Preparing Your Home for Your Needs After Surgery

To help prepare your home for your recovery, use the following guidelines. Check each item box as you complete that item.

Outside your home
- Move items you use a lot in the garage or workshop to tabletop-height surfaces or to middle shelves.
- Check stair railings to make sure they are secure. It is best if all stairs have railings.
- Be aware of uneven ground around your home and in your yard.
- Be sure your driveway and walking paths are uncluttered.

Inside your home
- Have clear pathways and remove clutter around your home.
- Make a path that an assistive walking device such as a walker (if needed) will fit through.
- Pick up all throw rugs in your walking or standing path. Consider using double-sided tape to secure carpet edges.
- Check stair railings to make sure they are secure. It is best if all stairs have railings.
- Make your phone accessible to your main sitting area and bed. Cordless phones or cell phones are helpful. Carry a cordless phone or cell phone when you are home alone in case of an emergency.

Living room
- Move low-height tables away from the couch and chairs.
- Pick out a chair to sit in when you come home.
  - A good chair is firm with arms.
  - The seat height of your chair should be at the level of the back of your knee or higher.
  - Do not sit in overstuffed chairs and sofas, or chairs with wheels or gliders. A firm chair with a straight backrest is best.

Kitchen
- Move items you use a lot in the kitchen to tabletop-height surfaces or to middle shelves.
- Prepare and freeze a few meals before your surgery.
Bedroom

☐ Move items you use a lot in the bedroom to tabletop-height surfaces or to middle shelves.

Bathroom

☐ Move items you use a lot in the bathroom to tabletop-height surfaces or to middle shelves.

☐ Consider putting grab bars in the bathtub, shower or both. Also consider other key areas for grab bars such as by the toilet. (Grab bars should be installed into wall studs to ensure they are secure. Using a towel bar or rack for a grab bar is not a safe option.)

☐ Apply adhesive slip strips or a bath mat to the tub or shower floor.

☐ Consider a hand-held shower head.

☐ Consider using a soap dispenser with liquid soap in the bathtub or shower rather than using hand-held soap. Otherwise, place a bar of soap in a nylon stocking and tie it onto a soap dish.

Arrange for Help with Household Tasks

You will have spine precautions for several weeks or longer. Make plans to have someone help with the following household tasks. Check off each box once you have arranged for help with that task.

☐ Find someone to do your yard work and snow removal.

☐ Have your paper and mail delivered to your door instead of curbside.

☐ Have someone drive you to the grocery store (or ask him or her to do your shopping for you), community events, family activities and appointments.

☐ Find someone to help care for your children or pets if needed.

☐ Find someone to do your house cleaning, vacuuming and bed changing.
What to Bring for Your Hospital Stay

**Important**

Please do not bring any of the following:

- valuables
- medicines (pills, inhalers)
- large amounts of money
- jewelry (wedding ring)
- electrical items (battery-operated items are OK).

**Reminder**

Please have a member of your care circle bring your belongings into the hospital after your surgery is done and you have been assigned a room number.

**Did You Know?**

You can ask your health care provider about getting a temporary disability sticker for parking.

Please bring the following to the hospital.

- this education book
- a current list of your medicines
  (The “My Medicine List” is on page 125 for you to fill out.)
- a copy of your health care directive (if you have one)
- driver’s license or photo ID
- your insurance information (insurance card, Medicare card, work compensation information or all three)
- your brace (if you have one)
- personal care items such as a toothbrush, toothpaste, denture cleaner, comb, skin care products, deodorant, make-up and shaving kit
- clothing you intend to wear, including loose-fitting pants (sweat pants, pajama pants, shorts or lounge pants)
  - If you will be wearing a brace, choose lower body clothing that will fit over the brace and a fitted shirt for under the brace.
  - If you will be staying more than 1 night in the hospital, please bring two to three sets of clothing.
- flat shoes or athletic shoes (comfortable, supportive with nonslip soles)
- glasses or contacts (if you wear them) and storage containers
- hearing aids (if you wear them), storage container and extra batteries
- CPAP machine (if you use one)
- reading materials (All rooms have a television and telephone.)
- phone numbers of family and friends
- a rolling walker with front wheels (if you have one) so it can be correctly fitted to you (Be sure to label the walker with your name.)
- blank check or credit card. Ask a member of your care circle to bring this to you if you need to purchase any equipment to take home.

**Important**

Please do not bring any of the following:

- valuables
- medicines (pills, inhalers)
- large amounts of money
- jewelry (wedding ring)
- electrical items (battery-operated items are OK).

**Reminder**

Please have a member of your care circle bring your belongings into the hospital after your surgery is done and you have been assigned a room number.

**Did You Know?**

You can ask your health care provider about getting a temporary disability sticker for parking.
Preparing for Surgery

You will receive information from your surgeon’s office, which will include the date and time of your surgery and the time you need to arrive at the hospital.

You will be asked to come to the hospital at least 2 hours before your scheduled surgery. This will give the health care team enough time to prepare you for surgery.

It is important to arrive on time. Your time of surgery could start earlier than expected. If you are late, your surgery may be delayed or it may need to be canceled and scheduled at a later date. Please call your surgeon’s office if you have any questions.

The Day Before Surgery

- Tell a member of your health care team if you have any changes in your health (sore throat, cold, fever, dental problem, urinating problem) or skin condition (rash, abrasions). You may need to schedule your surgery at a later date.
- If you take diabetes medicine, ask the health care provider who is managing your diabetes if you should take your medicine before surgery.
- Remove artificial nails and nail polish if you have your fingernails or toenails painted.
- Bathe or shower using the “Cleansing Your Skin for Your Surgery” directions on the next pages or as directed by your surgeon.
Cleansing Your Skin for Your Surgery

Important
If you did not receive Sage® skin cleansing cloths from a pre-surgery education class or your health care provider’s office, please contact your surgeon.

Before surgery, you have an important role in reducing your risk of infection at the surgery site. You can reduce the number of germs on your skin by gently cleansing your skin with the Sage® 2% Chlorhexidine Gluconate Cloths. **Do not use these cloths if you have an allergy to chlorhexidine gluconate.**

**Important:** Do not shave your body below your neck 7 days before your surgery.

The night before surgery, take a bath or shower. Wait 1 to 2 hours. Wipe your skin well with the Sage cloths. They have a special antiseptic solution. Use both of the cloths in each of the three packages.

Please **do not** follow the instructions on the Sage packages when cleansing your skin. Follow the instructions below.

**Night before surgery**
(at least 1 to 2 hours after taking a bath or shower)

- Gather your supplies: three packages of Sage 2% Chlorhexidine Gluconate Cloths, scissors, and clean clothes or sleepwear.
- Open all three packages. Remove the cellophane wrapper and throw it away. Use scissors to cut open the packages. Cut straight across the top of each package.
- Reach into one of the three open packages. Take out two cloths at one time with the foam holder and put them on a clean surface. Repeat for the second and third packages.
- **After you start using the cloths, do not touch your eyes, ears or mouth.**
- Follow the skin cleansing steps on page 47.
  - Gently cleanse your skin using a back-and-forth motion.
  - Be sure to completely cover each area. You may need help wiping some areas of your body.

After you gently cleanse each area, let your skin air dry for 1 to 3 minutes. It is normal for your skin to feel tacky or sticky for several minutes after you apply the solution.

- **Do not rinse or rub off the solution.**
- **Do not apply deodorant, perfume, lotions, moisturizers, gels, powders or make-up after cleansing your skin.**

**Tip**
If you cannot wash the surgery area yourself, have a member of your care circle help you.
- Throw away the used cloths. Do not flush them down the toilet.
- Wash your hands with warm water and soap.
- Put on clean clothes or sleepwear.
- Put clean sheets on your bed. Make sure pets stay off of your bed to keep it clean.
Chlorhexidine wipes warning

Do not use chlorhexidine wipes or liquid if you:

■ are sensitive to surgery skin preps
■ know you have an allergy to chlorhexidine.

If you notice your skin is irritated while using the chlorhexidine wipes or liquid, remove it gently with a wet washcloth. Tell your pre-surgery nurse you had a reaction so he or she can make a note of your allergy history and tell others on your health care team.

There are rare cases of this product causing a serious allergic reaction. This can occur within minutes of use. **Call 911 if you have any of these:**

■ wheezing or difficulty breathing
■ swelling of the face
■ hives
■ severe rash
■ shock.

Skin cleansing steps

1. Using the first cloth, **wipe your neck and chest.**

2. Using the second cloth, **wipe both arms.** Start at your shoulder and end at the fingertips. Be sure to wipe well under each arm and in the armpit areas.

3. Using the third cloth, **wipe your right and left hip, then your groin.** Be sure to wipe any folds in the stomach and groin areas.

4. Using the fourth cloth, **wipe both legs.** Start at the thigh and end at the toes. Be sure to wipe the front and back of each leg.

5. Using the fifth cloth, **wipe your back.** Start at the base of your neck and end at the buttocks.

6. Using the sixth (last) cloth, **rewipe the surgery area.**

The numbered areas in the illustration show where to cleanse your body using each of the cleansing cloths. The numbers in the text above give you more details on how to cleanse your body.
Food and Liquid Directions Before Surgery

The following are based on your arrival time to the hospital, not your scheduled surgery time.

**Smoking, vaping or chewing tobacco: 24 hours**
- Do not smoke, vape, use chewing tobacco or use any other tobacco products up to 24 hours before your scheduled arrival time. This will reduce the risk of complications (problems).
- If you do use tobacco products within 8 hours of your scheduled arrival time, your surgery may be delayed or canceled.

**Alcohol: 24 hours**
- Do not drink alcohol up to 24 hours before your scheduled arrival time.

**Solid food: 8 hours**
- You may eat your regular foods up to 8 hours before your scheduled arrival time.

**Solid food: 6 hours**
- You may eat a light meal up to 6 hours before your scheduled arrival time. A light meal is:
  - one of these:
    - 2 pieces of toast with a light topping
    - 1 granola or protein bar
    - 1 cup (8 oz.) oatmeal or other hot cereal
  - and one of these:
    - 16 ounces of milk, coffee (with or without cream), juice (with or without pulp) or a sports drink.
Clear liquids: 2 hours
- Drink clear liquids up to 2 hours before your scheduled arrival time. Clear liquids are only these:
  - water
  - fruit juice without pulp
  - sports drinks
  - soda
  - black coffee without cream or creamer
  - tea without cream or creamer.
- Drink 12 to 20 ounces of electrolyte sports drink (Gatorade® or Powerade®) 2 hours before your scheduled arrival time.

Hard candy and gum: 2 hours
- You may have hard candy (such as a lemon drop or throat lozenge) or chew gum up to 2 hours before your scheduled arrival time.
- You may use gums and lozenges for tobacco cravings up to 2 hours before your scheduled arrival time.

Medicines
- Take your medicines as directed with a small sip of water.

The Morning of Surgery
- If you were given instructions by your health care provider to take medicines the morning of your surgery, take them as directed with a small sip of water.
- Do not take a bath or shower the morning of your surgery.
- Put on clean, comfortable clothes to wear to the hospital.
- Arrive at the hospital 2 hours before your surgery. Allow extra time for walking, bad weather and traffic.
Chapter 5:
Surgery, Hospital Stay and Beyond

In This Chapter:
- What to Expect the Day of Surgery
- Anesthesia: What You Need to Know
- How to Manage Your Pain After Surgery
- Walking in the Hospital
- Patient Care Plan
- Preventing Problems (Complications)
- How to Use an Incentive Spirometer
- Ten Tips to Prevent Falls While You Are in the Hospital
- Discharge Planning
- Questions for My Health Care Team Before Discharge
Chapter 5: Surgery, Hospital Stay and Beyond

What to Expect the Day of Surgery

When you arrive at the hospital

■ Go to the surgery registration area.
■ After you check in, you will be directed to the pre-surgery care area.

Pre-surgery care area

■ Go to the waiting room.
■ You will be brought back to a pre-surgery care suite.
■ A member of your health care team will meet with you to complete your care plan.
■ After you are settled, the person with you on the day of surgery will be invited back to join you.
■ A member of your health care team will review what you can expect before and after your surgery.
■ Your anesthesiologist will also meet with you. Your anesthesiologist and surgeon will work with you to choose the right type of anesthesia for your surgery.
■ Your surgeon will visit with you. He or she will mark the surgery site on your body and answer any questions you may have.
■ You will be asked to sign a consent form.

Information for your care circle

■ While you are in surgery and recovery, your care circle can wait in the surgery waiting room.
■ Your surgery time will vary depending on the type of surgery you are having. Your surgeon will talk with your care circle when your surgery is over.
Anesthesia: What You Need to Know

Anesthesia is medicine that blocks the feelings of pain and sensation during surgery.

An anesthesiologist (doctor) or a certified registered nurse anesthetist (CRNA) is usually responsible for giving you the anesthesia. This person evaluates your medical status and talks with you to decide which anesthesia is best for you.

General anesthesia will be used, which puts you to sleep during surgery. It is given to you by shot (injection). A breathing tube helps you breathe oxygen while you are under anesthesia. Side effects of anesthesia include sore throat, headache, hoarseness, upset stomach (nausea), drowsiness and dry mouth.

Post Anesthesia Care Unit (PACU)

- After surgery, you will be taken to the recovery room or Post Anesthesia Care Unit (PACU).
- Most people stay about 1 to 3 hours in the PACU. Your time in the PACU will depend on your surgery and how fast you recover from the anesthesia.
- A member of your health care team will monitor your vital signs and help if you have any side effects from the anesthesia.
- You may have some discomfort and pain when you wake up. Everyone reacts to pain differently. A member of your health care team will work with you to make you as comfortable as possible.
- You may have a back or neck brace for extra support and protection.
- An X-ray may be taken of your back or neck in the PACU.

Post-surgery care area

- You will be taken to a post-surgery care area when:
  - you are fully awake
  - your medical status is stable
  - your room is ready for you
  - your nursing staff is ready for you.
- When you are in the post-surgery care area, it is important to:
  - do ankle pumps, buttocks squeezes and thigh squeezes. These will help to prevent blood clots from forming in your legs.
  - use your incentive spirometer and do deep breathing exercises. See page 64 for instructions for how to use your incentive spirometer.
How to Manage Your Pain After Surgery

Types of pain

Pain can last less than 3 to 6 months (acute), last a long time (chronic) or be severe and intense (breakthrough). Pain can be constant or it can come and go with injury, illness or surgery.

Important

Having no pain while in the hospital is not realistic, but pain can be controlled.

Your health care team will work closely with you to help manage your pain during your hospital stay and when you return home.

You and your health care team will establish a “pain goal” – the amount of acceptable pain you can handle during your hospital stay.

You will have pain. Your pain goal will be to have a pain level that balances pain control with your ability to do physical therapy and daily activities.

Your right to pain management

You have the right to have your pain managed. Proper treatment of pain is necessary for you to achieve the best results during your recovery.

If you do not think that your pain is being treated well, please tell a member of your health care team. He or she will talk with you about your pain and your pain management needs.

Pain scale

Using a number scale (0 to 10) to rate your pain will help the health care team members know how severe your pain is and help them make decisions about how to treat it.

Allina Health Pain Assessment Scale

<table>
<thead>
<tr>
<th>10</th>
<th>Worst Pain You Can Imagine</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Severe Pain</td>
</tr>
<tr>
<td></td>
<td>Pain keeps you from doing your regular activities.</td>
</tr>
<tr>
<td></td>
<td>① Pain is so bad that you can’t do any of your regular activities, including talking or sleeping.</td>
</tr>
<tr>
<td></td>
<td>② Pain is so intense that you have trouble talking.</td>
</tr>
<tr>
<td></td>
<td>⑦ Pain distracts you and limits your ability to sleep.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7-9</th>
<th>Moderate Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pain may interfere with your regular activities.</td>
</tr>
<tr>
<td></td>
<td>⑥ Pain makes it hard to concentrate.</td>
</tr>
<tr>
<td></td>
<td>⑥ You can’t ignore the pain but you can still work through some activities.</td>
</tr>
<tr>
<td></td>
<td>④ You can ignore the pain at times.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4-6</th>
<th>Mild Pain</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Pain doesn’t interfere with your regular activities.</td>
</tr>
<tr>
<td></td>
<td>③ You may notice the pain but you can tolerate it.</td>
</tr>
<tr>
<td></td>
<td>② You may feel some twinges of pain.</td>
</tr>
<tr>
<td></td>
<td>① You may barely notice the pain.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>1-3</th>
<th>No Pain</th>
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Adapted with permission by Dr. Atul M. Singh, 2013.
Your role in managing pain

After surgery, it is common to have pain. A member of your health care team will monitor your pain level often and help you manage the pain.

Since you are the only one who knows where and how severe your pain is, you have a key role in managing your pain. Tell a member of your health care team if you have pain.

All of the following information will help your health care team prescribe the right medicine and therapy for your pain, and prevent serious side effects (complications). Tell a member of your health care team:

- where you feel pain and how much pain you have  
  (Use words to describe how the pain feels.)
- what makes your pain better or worse
- what methods of pain control have worked or have not worked well in the past
- if your pain starts to get worse or you have new pain
- if you take pain medicine(s) on a regular basis
- if you have allergies or reactions to pain medicine(s)
- your goals for managing your pain
- what vitamins, herbal and natural products you are taking
- if you smoke
- if you drink more than two alcoholic drinks each day
- if you take illegal (street) drugs
- if you are in a methadone maintenance program.

Treatments to manage pain

Keeping your pain managed is more than taking prescription (opioid) pain medicine. Your health care team will work with you to manage your pain. Your options may include:

- medicines
- physical therapy
- cold (ice packs)
- integrative therapies: acupuncture, relaxation techniques, massage therapy or music.

Quitting smoking may also help to decrease pain.
Tip
Take pain medicine when pain first begins. If you know your pain may get worse with activity, take your pain medicine before the activity.

Do not wait for pain to get worse before taking medicine. Tablets or pills may take up to 30 minutes to begin working. Timing of when to take medicines is important.

Talk to a member of your health care team about how to time your pain medicines before therapy or activity.

Pain medicine side effects
All medicines have possible side effects, but not everyone gets them. When side effects occur, it is usually within a few hours after taking the medicine. Most side effects can be managed and go away in time.

Tell a member of your health care team right away if you have:
- constipation
- sleepiness
- dizziness
- itching, a rash or both
- upset stomach (nausea) or throwing up (vomiting)
- slowed breathing
- confusion.

Ways to give pain medicine
There are many ways to give medicine for pain. Your health care team will help you decide which way might be best for you:
- tablets or pills
- into a vein (intravenous)
- patient controlled analgesia (PCA) pump
- through the skin (transdermal)
- shot (injection)
- shot or infusion in the spinal canal.

Pain control can help you
The right pain control can help:
- you be more comfortable
- you get back to your normal routine
- you participate more completely in your exercises and therapy
- promote healing.
Before you go home

A member of your health care team will give you directions for managing your pain at home. Be sure to have written instructions with a health care provider’s name and number who will manage your pain after you go home.

It is important you follow any directions you receive for taking pain medicine. Ask a member of your health care team if you need help.

Call your surgeon or primary care provider if you have concerns or side effects from pain medicine.

Walking in the Hospital

Did You Know?

Your physical therapist may give you instructions and tips about:
- when to use your walker
- how to develop your home walking program.

While in the hospital, your goal will be to walk at least four times a day. Your health care team will:
- help you follow your patient care plan
- encourage you to go for walks (with help from staff, a member of your care circle or on your own when you are ready)
- remind you to maintain good posture during your walks
- help you track how many times you go walking each day.

Remember to maintain good posture during your walks.
It is important that you:
- keep your head up
- wear shoes with good support (no heels)
- relax your shoulders
- do not lean forward.

Patient Care Plan

A smooth and speedy recovery depends on your help and cooperation. Your participation is essential in reaching your goal to return home and prevent complications.

Many people wonder how long they will need to stay in the hospital after surgery. Your health care team will work with you to determine your discharge and home care needs.

The care map on the following pages will tell you what to expect during your hospital stay.
In general, this Care Map is what you can expect during your hospital stay of 2 to 3 days. Your health care team will make changes unique to your recovery. You will be discharged by __________. You and your nurse will fill this out as you work on discharge planning together.

### Lumbar Spinal Fusion Surgery (Lumbar Fusion)

#### Day of Surgery
- **Date:** _______________

<table>
<thead>
<tr>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Use the logroll technique at least every 2 hours and when you get in and out of bed.</td>
</tr>
<tr>
<td>- If you were fitted with a back brace, the nurse will help you put it on. Wear it as directed.</td>
</tr>
<tr>
<td>- Wear leg compression wraps to prevent blood clots.</td>
</tr>
<tr>
<td>- Your activity goals are to:</td>
</tr>
<tr>
<td>- Sit on the edge of your bed.</td>
</tr>
<tr>
<td>- Stand and take a few steps.</td>
</tr>
<tr>
<td>- Take a short walk if you are able with help from your nurse.</td>
</tr>
<tr>
<td>- You will learn how to do ankle pumps while in bed. Do 10 of them every hour when you are awake.</td>
</tr>
<tr>
<td>- Follow your precautions. Avoid forward or side bending, twisting, pushing, pulling, lifting and reaching. Do not lift more than 5 pounds or as instructed by your surgeon.</td>
</tr>
</tbody>
</table>

#### First Day After Surgery
- **Date:** _______________

<table>
<thead>
<tr>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>- You may see a physical therapist (PT), occupational therapist (OT) or both.</td>
</tr>
<tr>
<td>- Use the logroll technique at least every 2 hours and when you get in and out of bed.</td>
</tr>
<tr>
<td>- You may be fitted for a brace. Wear it as directed.</td>
</tr>
<tr>
<td>- Your activity goals are to:</td>
</tr>
<tr>
<td>- Eat meals sitting in your chair.</td>
</tr>
<tr>
<td>- Walk around your room and then progress to the hallway with walker or assistive device, if needed, 4 times a day.</td>
</tr>
<tr>
<td>- Follow your precautions.</td>
</tr>
<tr>
<td>- Wear leg compression wraps to prevent blood clots.</td>
</tr>
<tr>
<td>- Do 10 ankle pumps every hour while you are awake.</td>
</tr>
</tbody>
</table>

#### Second and Third Days After Surgery
- **Date:** _______________

<table>
<thead>
<tr>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>- You may see a physical therapist (PT), occupational therapist (OT) or both.</td>
</tr>
<tr>
<td>- Use the logroll technique at least every 2 hours and when you get in and out of bed.</td>
</tr>
<tr>
<td>- Follow your precautions.</td>
</tr>
<tr>
<td>- If you have a brace, wear it as directed.</td>
</tr>
<tr>
<td>- Your activity goals are to:</td>
</tr>
<tr>
<td>- Eat meals sitting in your chair.</td>
</tr>
<tr>
<td>- Walk in the hallway 4 to 5 times.</td>
</tr>
<tr>
<td>- Wear your leg compression wraps to prevent blood clots.</td>
</tr>
<tr>
<td>- Do 10 ankle pumps every hour while you are awake.</td>
</tr>
<tr>
<td>- You may take a shower if your surgeon says it’s OK.</td>
</tr>
</tbody>
</table>
### Day of Surgery

**Date:** _______________

### First Day After Surgery

**Date:** _______________

### Second and Third Days After Surgery

**Date:** _______________

---

**Food**

- After surgery, you may have small sips of water.
- After surgery, you may have
  - 6 to 8 glasses of water
  - 6 to 8 glasses of water

- If you can keep fluids down, drink 6 to 8 glasses of water.
- If you can keep fluids down, drink 6 to 8 glasses of water.
- If you can keep fluids down, drink 6 to 8 glasses of water.
- If you can keep fluids down, drink 6 to 8 glasses of water.

- You will receive pain medicine.
- You will receive pain medicine.
- You will receive pain medicine.
- You will receive pain medicine.

---

**Comfort**

- You will receive pain medicine.
- You will receive pain medicine.
- You will receive pain medicine.
- You will receive pain medicine.

- You may eat foods if you have active bowel sounds, are passing gas, and do not have an upset stomach.
- You may eat foods if you have active bowel sounds, are passing gas, and do not have an upset stomach.
- You may eat foods if you have active bowel sounds, are passing gas, and do not have an upset stomach.
- You may eat foods if you have active bowel sounds, are passing gas, and do not have an upset stomach.

- Medicine is available to treat nausea (upset stomach), if needed.
- Medicine is available to treat nausea (upset stomach), if needed.
- Medicine is available to treat nausea (upset stomach), if needed.
- Medicine is available to treat nausea (upset stomach), if needed.

- Ask your nurse about non-medicine ways to treat pain and nausea.
- Ask your nurse about non-medicine ways to treat pain and nausea.
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- Ask your nurse about non-medicine ways to treat pain and nausea.

- Use cold packs on your surgery site for comfort.
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- Use cold packs on your surgery site for comfort.
- Use cold packs on your surgery site for comfort.

- Place cold packs on your surgery site for comfort.
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- When the bed is flat, use 1 pillow under your knees.
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- When the bed is flat, use 1 pillow under your knees.

- When lying flat, use 1 pillow under your knees.
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---

**Pain and nausea**

- If you can keep liquids down, drink 6 to 8 glasses of water.
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- If you can keep liquids down, drink 6 to 8 glasses of water.

- You will have an IV (intravenous) line in your arm or hand to give you fluids.
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**Tell your nurse if your pain is getting worse or if your pain medicine isn’t giving you relief.**

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**Tell your nurse about non-medicine ways to treat pain and nausea.**

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**When the bed is flat, use 1 pillow under your knees.**

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<table>
<thead>
<tr>
<th>Condition</th>
<th>Day of Surgery</th>
<th>First Day After Surgery</th>
<th>Second and Third Days After Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bladder/ Bowel</strong></td>
<td>☐ You may have a catheter in your bladder. If not, you will be helped to the bathroom or bedside commode.</td>
<td>☐ Your nurse may remove your bladder catheter. He or she will also help you to the bathroom or bedside commode.</td>
<td>☐ If you still have a bladder catheter, it will be removed.</td>
</tr>
<tr>
<td></td>
<td>☐ Your bladder catheter will be taken out once you are walking.</td>
<td>☐ Your nurse will make sure you are emptying your bladder by doing a bladder ultrasound.</td>
<td>☐ Your nurse will make sure you are emptying your bladder by doing a bladder ultrasound.</td>
</tr>
<tr>
<td></td>
<td>☐ If you do not have a catheter in your bladder, your nurse will want to make sure you’re emptying your bladder by doing an ultrasound.</td>
<td>☐ Tell your nurse if you have problems passing urine.</td>
<td>☐ Tell your nurse if you have problems passing urine.</td>
</tr>
<tr>
<td></td>
<td>☐ You will have medicine to help prevent constipation.</td>
<td>☐ You will have medicine to help prevent constipation.</td>
<td>☐ You will have medicine to help prevent constipation.</td>
</tr>
<tr>
<td></td>
<td>☐ Tell your nurse if you had any problems with your bladder or bowels before surgery.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Breathing</strong></td>
<td>☐ Use the incentive spirometer every hour while you are awake.</td>
<td>☐ Use the incentive spirometer every hour while you are awake.</td>
<td>☐ Use the incentive spirometer every hour while you are awake.</td>
</tr>
<tr>
<td></td>
<td>☐ Take deep breaths and cough often.</td>
<td>☐ Take deep breaths and cough often.</td>
<td>☐ Take deep breaths and cough often.</td>
</tr>
<tr>
<td></td>
<td>☐ You may receive extra oxygen.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Tests, Labs and Procedures</strong></td>
<td>☐ A dressing will cover your incision.</td>
<td>☐ You may have blood tests.</td>
<td>☐ You may have blood tests.</td>
</tr>
<tr>
<td></td>
<td>☐ You may have a drain placed near the surgery area to remove extra fluid.</td>
<td>☐ If you had a drain placed near the surgery area, it may be removed today.</td>
<td>☐ If you had a drain placed near the surgery area, it will be removed today.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Your dressing may be changed or removed.</td>
<td>☐ Your dressing may be changed or removed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ You may have an X-ray.</td>
</tr>
</tbody>
</table>
Day of Surgery
Date: _______________

First Day After Surgery
Date: _______________

Second and Third Days After Surgery
Date: _______________

Planning for Discharge (Leaving the Hospital)

Talk with members of your health care team about your discharge plan.

Make plans for who will pick you up from the hospital at discharge.

After your hospital stay you may go:
- home
- home with home care
- to a short-term rehab facility.

Talk with members of your health care team about your equipment needs after discharge.

Make plans for who will pick you up from the hospital at discharge.

Review your discharge plan and equipment needs with your health care team.

Did You Receive:
- Patient education book and materials
- After Visit Summary
- Prescriptions
- Your pain medicines
- Your equipment, brace or both

Education Before You Leave the Hospital (Discharge)

- Activity and precautions to follow
- How to wear your brace
- How to care for your incision
- How to take your medicines

Education Before You Leave the Hospital (Discharge)

- Date: _______________

Discharge Plan

Who will help you at home:
___________________________________________________________

What are your needs at home:
___________________________________________________________

Who is taking you home:
___________________________________________________________

Other:
___________________________________________________________

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Preventing Problems (Complications)

Your health care team will do many things to reduce your chance of a developing a complication after surgery.

- Your blood pressure, temperature and pulse will be taken often after surgery.
- You will do thigh squeezes, buttock squeezes and ankle pumps to improve circulation and strength.
- You will do deep breathing exercises and use an incentive spirometer to help protect your respiratory system.
- Your dressing may be changed or removed during your hospital stay.
- You may have a small tube that is connected to a wound drain or collection container. It will draw out excess blood and fluid from the area around your incision. This small tube will be removed 1 to 2 days after surgery.
- You may have an intravenous (IV) line for 1 to 2 days. It is important to drink 6 to 8 glasses of liquid each day.
- Your inactivity and pain medicine combined can cause constipation. To help prevent this:
  - Drink plenty of liquids.
  - Eat foods with plenty of fiber including whole-grain bread, bran cereals, fresh fruit and vegetables.
  - Increase your activity as you are able.
    - Talk to a member of your health care team about a bowel program if you are uncomfortable and the actions above are not working. You may receive a stool softener or laxative medicine to help prevent constipation.

Ask a member of your health care team if you have questions about these care activities.
How to Use an Incentive Spirometer

**Incentive spirometer**

After surgery, it may be difficult to breathe as you normally do. You may notice your breathing changes to small, shallow breaths. This can cause fluid and mucus to build up in your lungs, increasing your risk for respiratory system complications.

An incentive spirometer is a hand-held breathing exercise device to help you breathe deeply. Taking deep breaths allows air to inflate your lungs, opening your airways to prevent fluid and mucus buildup.

Using an incentive spirometer may speed your recovery and lower your risk of lung problems such as pneumonia.

**How to use the incentive spirometer**

1. Sit upright in a chair with your feet flat on the floor. (If you are not able to sit up in a chair, sit as upright as possible.)

2. Place the spirometer on your bedside table or hold it in an upright position.

3. Place the mouthpiece in your mouth. Seal your lips tightly around the mouthpiece.

4. Inhale as slowly and deeply as possible through the mouthpiece. Your health care provider will work with you to set a breathing goal, which will be marked with small arrows on the incentive spirometer. As you inhale, the small square should stay between the arrows.

5. Hold your breath for 3 to 5 seconds. Then exhale slowly through pursed lips. (Pursed lips are in the shape of blowing out a candle.)

6. Repeat 10 times, resting between each time.

7. It is important to cough to clear any secretions. Coughing (clearing your airway) will make breathing easier. It will also strengthen your muscles after each use.

**How often you need to use the incentive spirometer**

- **At the hospital**: You will need to use the incentive spirometer 10 times every hour you are awake after surgery.

- **At home**: You will need to use the incentive spirometer 10 times every 2 hours for your first 7 days at home.
Ten Tips to Prevent Falls While You Are in the Hospital

Remember: Certain medicines, general weakness and new surroundings during your hospital stay can increase your risk of falling.

Tips to prevent falls

1. Use the call light when you need help.
2. Ask a member of your health care team for help to and from the bathroom. This is very important if you are unsteady. The call light in the bathroom may be located on the wall.
3. For your safety, a member of your health care team may stay with you in the bathroom.
4. If you take medicines that cause you to go to the bathroom often, ask for help when you need to get up. Consider using a commode or urinal.
5. Some medicines may cause you to feel dizzy or sleepy. Take your time getting out of the bed or chair. Sit at the edge of the bed for a few seconds before you get up.
6. Wear nonslip footwear or slippers when you are up.
7. Wear your eyeglasses, hearing aid(s) or both when you are awake.
8. Walkers and canes can provide support. Other items do not. Do not lean on the bedside table, furniture, IV pole or other items to steady yourself.
9. Ask a member of your health care team to place the call light, phone and personal items within your reach before he or she leaves the room.
10. Tell a member of your health care team if you have any concerns about your safety.

Tip

See chapter 10 for more information about special equipment you may need after your surgery.
Discharge Planning

Planning for leaving the hospital

Making plans for when you leave the hospital is a very important part of your recovery. Your health care team will work with you and your care circle to help develop your discharge plan. By using this plan, you and your care circle can make most arrangements for leaving the hospital before your surgery.

A discharge plan is one of the following:

Home

You can return to your home if you can do the following at the time of discharge:

- You can get in and out of bed and a chair with little help.
- You can walk independently or with your walker.
- You can walk the distance from your bedroom to your bathroom and kitchen.
- You can go up and down stairs safely if needed.

You also need to have help from your care circle on a regular basis until you regain your independence and self-confidence in walking and daily living activities.

Home with home care

Most people can return home at discharge. Your care circle will need to provide the majority of your care after you leave the hospital. Home care providers are available to make home visits but are not responsible for caring for your day-to-day needs.

The home care providers can be physical or occupational therapists, home health aides or nurses. You can schedule a time for them to come into your home to help you with special care such as walking, strengthening exercises, safety and monitoring your medical condition.

A social worker will talk to you while you are in the hospital to see if you qualify for visits from home health providers.

Did You Know?

A discharge plan is something that you, your care circle and health care team can begin working on even before your surgery.
Tip

Talk with your social worker or care coordinator to find out if you qualify for a stay at a transitional care unit (TCU) or short-term rehabilitation center.

Transitional care unit (TCU) or short-term rehabilitation center

Some people need more help and services than what can be reasonably provided at home. Such services can include daily skilled nursing care, additional rehabilitative therapy or both.

In a transitional care unit (TCU) or short-term rehabilitation center, you can continue your rehabilitation program and have your medical needs monitored until you can safely return home. Therapy sessions focus on building strength, endurance and self-care skills. You will be cared for by a team of health care providers who will work with you and your care circle so you can return home as soon as possible.

Your health care team can help you identify a facility with the extended care services you may need after your hospital stay.

To prepare for your stay at a TCU or short-term rehabilitation center, there are a few things you can do before your surgery. Choose more than one facility where you would be comfortable, that have the rehab services you require after surgery and are approved by your insurance company. If possible, you may visit or call each of these facilities before your surgery.
Questions for My Health Care Team Before Discharge

1. If you have a brace:
   - When should I wear my brace?
   - Is it OK to take the brace off to shower?

2. When will I be able to resume all of my regular medicines?

3. If you were asked to stop taking your blood-thinning medicines, supplements or both before surgery:
   - Ask your surgeon when you can resume taking them.

4. How many pounds can I safely lift? How long do I need to be careful with how much I lift?

5. Is the outside of my incision covered with: □ Steri-Strips® □ Dermabond® □ sutures □ staples
   - If you have sutures or staples: When do they need to be removed?
   - Do I wear a bandage at home?
   - When can I shower and get my incision wet?

6. When will I follow up with my surgeon?
7. When will I follow up with my primary care provider (if needed)? Any other follow-ups needed?

8. How long should I continue to use the incentive spirometer (breathing device)?

9. When can I resume my regular activity?

10. I have a trip planned for ____ (date). Will I be able to travel?
    Ask your health care team to offer some suggestions to make your trip more comfortable and safe.

11. Do I have all the equipment I will need for at home? Do I need more information?

12. When can I drive?
Chapter 6: Home Exercise and Walking Program

In This Chapter:
- After Surgery Home Exercise Program
- How to Start a Walking Program
- Walking Program Chart
- Returning to Daily Activities After Surgery
Chapter 6: Home Exercise and Walking Program

Once you return home, it is important to follow your home exercise and walking program. Regular physical activity can help to:

- prevent constipation
- promote circulation
- improve healing
- promote sleep
- prevent complications
- make you feel better about yourself
- manage your weight
- improve muscle tone
- keep your joints flexible
- increase your activity level to what it was before surgery.

Your muscles probably feel weak because you did not use them much before surgery. Your home exercise program will help you strengthen your muscles and increase your flexibility.

Your success with rehabilitation largely depends on your commitment to follow the home exercise program (on the following pages) developed by your therapists.

Ideally, you should do your exercises two times a day, every day, after surgery. Do 10 repetitions of each of your exercises.

If you are comfortable with the exercises, increase the repetitions by five each week until you reach 20 repetitions (week one: 10 repetitions, week two: 15 repetitions and week three: 20 repetitions).

For the most comfort, do your exercises lying down. Your bed is an excellent place to do your exercises.
Exercises — after surgery

☐ Ankle pumps

Pump your feet up and down by pulling your feet up toward you, then pushing your feet down away from you.

© Allina Health System

☐ Thigh squeezes (quadriceps sets)

Tighten the muscles on the top of your thigh by pushing the back of your knee down into the bed. Hold for 5 seconds and relax.

© Allina Health System

☐ Buttocks squeezes (gluteal sets)

Tighten your buttocks muscles by squeezing the muscles together. Hold for 5 seconds and relax.

© Allina Health System

☐ Abdominal sets

Tighten your stomach muscles by pulling your belly button in toward your spine. Do not move your spine. Hold for 5 seconds.

© Allina Health System

☐ Sitting nerve floss

Sit on a sturdy chair. Straighten your knee as much as you can without pain. Bend your ankle, pulling your toes toward you. Then bend your ankle down, pointing your toes away from you. Repeat with the opposite leg.

Important: This exercise should only be done if instructed by your surgeon. It should not be painful. If you feel pain or a pulling sensation, do not straighten your knee as much. Work toward straightening your knee more each time you do the exercise.
After surgery home exercise program
Check the box under the appropriate day and week after you perform the exercises selected for you. If you feel comfortable doing 10 repetitions of each exercise, increase the repetitions by 5 each week until you get to 20 repetitions.

<table>
<thead>
<tr>
<th>Exercise</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
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How to Start a Walking Program

Besides your exercise program, you must leave time for walking. Walking can keep your back healthy and strong, and build your strength and endurance. Walk around your home at least four times each day. (Trips to the bathroom or kitchen are not enough.)

Work toward walking outside and around your community.

Once you are able to walk comfortably, your goal is to increase your walking each day.

Walking program guidelines

- Buy comfortable walking shoes that provide good support.
- Wear your brace if you are given one.
- If your symptoms return when you walk or stand for a long time, stop and correct your posture. Do not continue the activity if it causes you pain or discomfort.
- Do not walk outdoors in hot or cold weather or when the ground is icy. Instead, go to a shopping center or mall, community center or school to walk.
- Try to walk on level surfaces.
- If you are having trouble at any point, slow your pace and remain at that pace until you can do more with ease.
- Plan to walk daily. Work it into your schedule as a permanent walking program.
- If you are planning to walk for more than 15 minutes, warm up and cool down by walking at a leisurely pace.
- Use the chart on the next page to keep track of your walking.
## Walking Program Chart

<table>
<thead>
<tr>
<th>Date</th>
<th>Time/Distance Walked</th>
<th>Number of Walks/Day</th>
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Returning to Daily Activities After Surgery

Tip
It takes time to recover from surgery. Expect to feel tired and to have some trouble concentrating. It is OK to ask for help with your daily activities during your recovery.

Important
Do not do any bending, lifting or twisting activities.

More Information
Visit recoversex.com for more information about resuming sexual activity after surgery.

Your daily activities are important in your recovery. The rate at which you increase your activities after surgery is unique to you. It may take a few months before you can resume your previous activity level.

Start with small tasks first. Move slowly and carefully to keep from bending, lifting and twisting. See chapter 8 for information about proper body mechanics.

Ask your care circle for help when you need it. Some people need home care assistance for bathing needs and light housekeeping. Others may need more help than their care circle can provide and will stay at a transitional care unit (TCU) or short-term rehabilitation center for 1 to 2 weeks until they are more independent.

Sexual activity
- You can resume sexual activity when you are ready.
- Right after surgery, it may be necessary to take pain medicine before having sex.
- A firm mattress is recommended.
- Wear your back or neck brace during sexual activity.
- Be the passive partner for the first 6 weeks after surgery.
- Use the missionary or less-dominant position.
Chapter 7:
Care After Surgery

In This Chapter:
- What to Expect During Your Recovery
- Commonly Asked Questions
- Questions to Ask at My Follow-up Appointment
- Pain Relief
- Pain Medicine: What You Need to Know
- Nutrition: What You Need to Know
Chapter 7: Care After Surgery

After your surgery, there is a variety of things you need to know for your safety, recovery and comfort.

This chapter includes information about what to expect during your recovery, a list of commonly asked questions, a list of questions to ask at your follow-up appointment, and information about pain relief, pain medicines and nutrition.

Ask your health care team if you have any questions. They want your recovery to be as smooth as possible.

What to Expect During Your Recovery

After surgery, it may take a while before you feel like your normal self. Recovery is different for each person. The following are a few things you may have after surgery and some ways to manage them.

- You may have discomfort for the first several weeks or months after your surgery. To help manage discomfort or pain after your surgery:
  - take your pain medicine as directed by your health care provider
  - rest between activities as needed.
  - put a cold pack to your incision several times each day. Place a clean, dry towel on your skin before you place the cold pack. Leave the cold pack on for 15 to 20 minutes at a time.
  - lie down to raise (elevate) your legs several times during the day.

- You may have trouble sleeping. To help get a better night’s sleep after surgery:
  - try not to sleep or nap too much during the day
  - sleep on your back or your side (not on your stomach)

  • When lying on your back, a pillow should be placed under your knees. Keep your toes pointed straight up or slightly outward. Place a thin pillow along each side, just under your shoulders down to your hips. This will lessen the pressure on your incision.

  • When lying on your side, place one to two pillows between your legs. The pillows hold your body in proper alignment.

Tip

See the section “Pain Medicine: What You Need to Know” in this chapter for more information about taking pain medicine.
— make your bedroom (or where you sleep) comfortable
  • Make sure your mattress provides good support.
  • Keep the room temperature comfortable.
  • Wear loose-fitting pajamas or night clothes.
  • Make sure your room is quiet. You may need to close the door, wear ear plugs, play soft music or listen to a relaxation tape.
— try to create a routine of going to bed and waking up at the same time each day
— try not to drink too many liquids right before going to bed
— avoid stress before bed.

Tip
If you cannot fall asleep or get back to sleep, do not stay in bed. Go to another room and do a quiet activity such as reading for a while until you get sleepy. Then go back to bed.

— Your energy level will be low for at least the first month after surgery. To help manage your energy level after surgery:
  — try to take your pain medicine at the same time each day
  — rest between activities
  — try to get up and move around each hour you are awake.

— You may not have much of an appetite.
  — Your desire for food will slowly return.
  — Be sure to drink plenty of liquids to stay hydrated.
    Try to drink six to eight 8-ounce glasses of liquids each day.

— You may have constipation. This can be caused by taking pain medicine. For more information on how to manage constipation after surgery, see pages 85 to 86.

Important
Talk with your health care provider if you have trouble:
■ falling asleep
■ staying asleep
■ staying awake during the day.

Tip
If you cannot fall asleep or get back to sleep, do not stay in bed. Go to another room and do a quiet activity such as reading for a while until you get sleepy. Then go back to bed.

— Your energy level will be low for at least the first month after surgery. To help manage your energy level after surgery:
  — try to take your pain medicine at the same time each day
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— You may have constipation. This can be caused by taking pain medicine. For more information on how to manage constipation after surgery, see pages 85 to 86.
Commonly Asked Questions

Important

Call 911 right away if you have:
- sharp chest pain that may get worse with deep breathing or coughing
- shortness of breath
- confusion
- sweating.

When should you call your surgeon or primary care provider?

Call your surgeon if you have:
- a temperature of 101.6 F or higher
- problems or signs of infection at your incision site such as:
  - pain
  - swelling
  - redness
  - odor
  - warmth
  - green or yellow discharge
- any change in your ability to move such as new weakness, or not being able to move your arm or leg
- any change in sensation such as new numbness or tingling
- severe pain not relieved by medicine, rest or ice
- any problems, questions or concerns related to your surgery.

Call your primary care provider if you have:
- any unusual bruising or bleeding
- feelings of being dizzy or lightheaded
- an upset stomach (nausea) and throwing up (vomiting) that will not stop
- any bowel problems such as constipation or bloody stools
- any problems urinating such as burning, urgency or frequency
- any other problems, questions or concerns.

Call 911 or have someone take you to the nearest hospital Emergency Department if you have any chest pain, trouble breathing, shortness of breath, confusion or sweating.
What are signs and symptoms of an infection?
Signs and symptoms may include:
- increased redness, swelling or warmth at the incision site
- change in color, amount, odor of drainage
- increased pain
- temperature higher than 101.6 F.

Call your health care provider if you have any of the above signs or symptoms.

What are signs and symptoms of a blood clot?
Signs and symptoms may include:
- swelling in one or both legs
- pain or tenderness in one or both legs
- warmth of the skin in the affected leg
- redness or discolored skin in the affected leg
- leg fatigue.

Call your health care provider if you have any of the above signs or symptoms.

What are signs and symptoms of a pulmonary embolism?
Signs and symptoms may include:
- shortness of breath
- sharp chest pain that may get worse with deep breathing or coughing
- confusion
- sweating
- signs of shock.

Call 911 right away if you have any of the above signs or symptoms.
**Important**

Please read your discharge instructions for more information about incision care.

**Tip**

It is important to wash your hands before starting the dressing change and again after you are finished.

---

**How do you take care of your incision and change the dressing?**

- You should look at your incision every day and keep it clean while it heals.
- Do not put any creams, salves or ointments on the area.
- If thin paper strips (Steri-Strips®) were used on the incision, they will fall off as the incision heals. They do not need to be replaced.
- If staples were used, they will be removed at your follow-up appointment 10 to 14 days after surgery.
- If a special glue was used on the incision, the glue will loosen from your skin on its own as the incision heals.
- Your dressing will likely be removed before you leave the hospital. If you are sent home with a dressing, change it as directed by your surgeon.
- Do not take a tub bath until your surgeon says it is OK. (This also includes swimming in pools or lakes and using hot tubs.)

**How do you manage constipation after surgery?**

Constipation is common after surgery, especially while you are taking pain medicine and your daily activity level is decreased.

Signs of constipation include:

- fewer number of bowel movements
- small, hard stools that are difficult to pass
- feeling bloated and uncomfortable
- gas
- abdominal cramping.

**How to prevent constipation**

- Drink six to eight 8-ounce glasses of liquids each day. Liquids add moisture to stool, making them easier to pass. Water is your best choice. Caffeine or alcohol can make constipation worse.
- Eat foods with plenty of fiber including whole-grain bread, bran cereals, fresh fruit and vegetables.
- Be as active as you can each day. Walking around your house or apartment will help. Follow your health care provider’s directions for exercise.
- Try to have a bowel movement when you feel the urge. Do not ignore the urge. Try to set aside some time after breakfast or dinner to sit on the toilet.
- Take less pain medicine if possible. Follow your health care provider’s directions for taking pain medicine.
Use of constipation medicines

You may need to take a laxative to prevent constipation as long as you are taking prescription pain medicine. Common products include:

- **stimulant laxatives.** These cause the colon to have a bowel movement. This is the best choice when your constipation is caused by a prescription pain medicine. Examples include senna (Senokot®) and bisacodyl (Dulcolax®, Correctol®). Follow package directions.

- **stool softeners.** These add moisture to the stools to make the stool softer and easier to pass. These may not be enough to prevent constipation while you are taking a prescription pain medicine. An example is docusate (Colace®). Follow package directions.

When to call your health care provider

Call your health care provider if:

- your constipation does not improve after you have:
  - made changes to what you are eating
  - made exercise changes
  - tried laxatives or stool softeners
- you have not had a bowel movement in 3 days
- you have a severe, sudden onset of abdominal pain
- you have blood in your stool
- you have an upset stomach (nausea) or are throwing up (vomiting).

When can you return to eating the foods you normally do?

As soon as you are able, eat well-balanced meals and snacks to help you recover more quickly and feel your best. What you eat after your surgery affects your well-being. You need to eat healthful meals and drink lots of liquids. For more information about nutrition, see pages 92 to 94.

What precautions should you keep in mind?

Tell health care providers and dentists of your spine surgery before having any surgery, podiatry procedures, dental work, X-rays, or other tests or procedures. You may need to take antibiotics.
Will you set off metal detectors in airports?
If your spine implants have metal, they may set off the metal detectors in airports. It is recommended to tell the security officer that you have a metal implant and where it is located before you go through security screening. The security officer may offer you a private security screening.

Do you need to take preventive antibiotics before dental work?
Germs (bacteria) that can cause infections in your teeth or gums can be released into your bloodstream during some dental procedures.

To help prevent an infection, you may need to take antibiotics before dental work if you have:
- a weak immune system caused by medicines, radiation, or a disease or condition
- type 1 diabetes
- inflammatory arthritis such as rheumatoid arthritis
- blood that does not clot normally (hemophilia).

Be sure to also tell your dentist about all of the surgeries you have had.

If you need to have any of the following dental procedures, you may also need to take antibiotics.
- gum disease treatment
- one or more teeth removed
- root canal
- anesthetic injections in gums
- having artificial teeth (implants) placed
- any treatment that could cause bleeding such as cleaning.

Your dentist and surgeon will work together to decide which type of treatment is right for you.

When can you drive a car?
- Talk with your surgeon about when you can resume driving.
- Do not drive while taking pain medicine because it can impair your judgment and ability to operate the car safely.
When can you return to work or your hobbies?
Discuss returning to work and hobbies, and any physical restrictions you may have with your surgeon.

When do you need to have your first follow-up appointment with your surgeon?
Call your surgeon’s office for a surgery follow-up appointment if you do not already have one or if you have any questions or concerns. See the worksheet on the next page about questions to ask your surgeon at this appointment.
Questions to Ask at My Follow-up Appointment

1. If I am still taking pain medicine, how much longer should I take it? ________________
   Should I make any changes to the amount of pain medicine I am taking? ________________
2. When can I resume taking my blood thinner medicine? ________________
3. Can I take anti-inflammatory medicines? ________________
   If I cannot now, when can I start? ________________
4. Do I need to start physical therapy? □ yes □ no
5. Can I do the following:
   □ take a tub bath
   □ start driving a car again (if I am not driving already)? ________________
6. If I have a brace or corset, how long do I have to wear it? ________________
7. When can I lift more than 5 pounds? ________________
8. When can I increase my leisure activities such as traveling, golfing or dancing? ________________
9. When can I return to work or school? ________________
   Should I return full time or part time? □ full time □ part time
   If I should return part time, when can I work full time? ________________
10. What restrictions will I have at work or school? ________________
    How long will I have these restrictions? ________________
11. Are there any other restrictions I should follow? ________________
Other questions:
Your pain should lessen every week. There are many ways you can ease your pain:

- Go for a walk a few times each day.
- After activity (exercises or walking) lie down and apply a cold pack to your incision. This can help reduce swelling and pain.
  - Use a clean, dry towel on your skin before you place the cold pack. Leave the cold pack on for 15 to 20 minutes at a time.
  - Use cold packs on your back several times throughout the day.
- You may feel some discomfort in your back. You may also have swelling after surgery. This is normal and will gradually go away.
- Take your prescription pain medicine as directed.

**Muscle spasms**

Having a sudden tightening of the muscle (muscle spasms) is common after surgery. You can treat this with ice by applying cold packs to the area for 15 to 20 minutes at a time. Do not apply heat to your incision until your surgeon says it is OK.

**Important**

Do not apply heat to your incision until your surgeon says it is OK.
Pain Medicine: What You Need to Know

What to remember when taking pain medicine

- Many pain medicines (like Tylenol®) have acetaminophen. Pharmacists advise that you take no more than 4,000 milligrams (4 grams) of acetaminophen in 24 hours. More than that could damage your liver. Acetaminophen is also found in cough and cold medicines.
- Do not drink alcohol while taking prescription pain medicine.
- Do not drive any motor vehicles while taking narcotics or pain medicines that make you sleepy, or affect your judgement or reaction time.
- Eat a variety of healthful foods and drink six to eight 8-ounce glasses of water each day. Eat a lot of fresh fruit, raw vegetables and other foods high in fiber. This will help prevent constipation. Talk with your health care provider or pharmacist about what you can do if you are constipated.
- Taking your pain medicine with a small amount of food may be helpful to control stomach upset.

How to cut back your use of pain medicine

- Take the medicine as directed. Take the medicine at the same time the first few days you are home.
- Cut back on the pain medicine when you think the pain is under control. You can go for longer times between doses or only take one pill instead of two. Take the medicine at the time of the day when you most often feel pain. This may be:
  - when you wake up in the morning
  - before you start certain activities
  - when you are ready for bed.

When to call your health care provider or pharmacist

- Call your health care provider or pharmacist right away if you have any of the following.
  - Take less of the pain medicine and call your health care provider if you have unusual feelings after taking it. This includes feeling dizzy, itchy or nauseous.
  - Make sure your health care provider knows what you are taking if you take several medicines. Some medicines can be harmful when taken with others.
  - Call your health care provider’s office several days before the weekend if you need a narcotic pain medicine refill close to the weekend.

Tip

Change positions every 45 to 60 minutes or more often for comfort.
Good nutrition is essential for your recovery. Eating well-balanced meals and snacks will help you recover quickly and help you feel your best. What you eat after surgery affects your well-being.

If you do not eat enough of the right foods, you will become tired and less able to take care of yourself. Be sure you make time to eat — even if you do not feel hungry.

Try to think about what your plate should look like when you are planning your meals and snacks.

Visit chooosemyplate.gov for more information about nutrition.

### Important

If you have questions about your nutrition and recovery, please ask your health care provider.

### Tip

Be sure to drink six to eight 8-ounce glasses of liquids (especially water) each day.
Here are some examples of well-balanced meals and a snack.

**At breakfast:**

**At lunch:**

**At dinner:**

**For a snack:**

---

**Nutrients important for your recovery**

Eating foods rich in the following nutrients are important for your recovery.

- **Protein:**
  - Protein helps repair and build healthy tissue.

- **Iron:**
  - Iron works in each of your body’s cells to help make energy.

- **Vitamin C:**
  - Vitamin C helps your body repair damaged tissues, keeps your bones and teeth strong, and helps your body absorb iron.

- **Calcium:**
  - Calcium helps build and maintain your bones, your muscles move, your blood clot and your nerves send messages.

- **Fiber:**
  - Fiber helps your body produce regular bowel movements.

---

**Tip**

Eat foods high in vitamin C to help absorb the iron that comes from plants such as spinach.

For instance, drink a glass of orange juice with an iron-fortified cereal.

Good sources of vitamin C are oranges, broccoli, tomatoes, kiwi, strawberries, peppers, potatoes and cabbage.
The following chart shows examples of foods to put on your plate.

### Protein
- Chicken
- Tofu
- Eggs
- Peanut butter
- Salmon

### Iron
- Peas
- Raisins
- Steak
- Bran flakes
- Beans and legumes

### Vitamin C
- Watermelon
- Oranges
- Berries
- Bell peppers
- Grapes

### Calcium*
- Milk
- Yogurt
- Green beans
- Sardines
- Broccoli

### Fiber**
- Brown rice
- White potato
- Whole-grain pasta
- Whole-grain bread
- Whole-grain wrap

*If you cannot tolerate milk products, you can also drink calcium-fortified juices such as orange juice. Choose low-fat or fat-free milk products.

**Choose whole-grain varieties.
Chapter 8: Posture and Movement (Body Mechanics)

In This Chapter:
- Lifestyle Changes You Need to Make
- How to Maintain Good Posture
- How to Get In and Out of Bed
- Tips for Lying Down
- How to Get In and Out of a Chair
- How to Use the Toilet
- How to Take a Shower or Bath
- How to Get Dressed
- How to Go Up and Down Stairs
- How to Get In and Out of a Car
- How to Reach
- How to Lift Correctly
- How to Push
- How to Pull
- How to Carry
Chapter 8: Posture and Movement (Body Mechanics)

Lifestyle Changes You Need to Make

Your posture and how you move, bend and lift are not only important for your recovery, but for the rest of your life. You will have to make this lifelong commitment to change. Keep your body in good alignment and use proper movements every day to help prevent spine pain and injury.

Important
Do not do activities that require bending, lifting or twisting.

Please use the following guidelines every day until your follow-up appointment with your surgeon. Use these in all of your work, leisure and home activities.

- Do not do any twisting of your upper body.
- Do not do any bending from your waist.
- Do not lift anything heavier than 5 pounds (or as instructed by your surgeon). One gallon of milk is about 8 ½ pounds.
- Limit reaching above your head (top shelves or closets).
- Limit pushing, pulling or squatting.
- Maintain all the normal curves of your spine. Curves are lost when you bend forward or arch backward.

How to Maintain Good Posture

Tips for good standing posture

- Keep your head high and chin tucked in.
- Keep your shoulders back.
- Let your arms hang free.
- Keep your stomach in.
- Keep your knees straight with your feet slightly apart.
- Keep a small arch in your lower back.
- Shift your weight from one foot to the other when standing for a long time. Or, put one foot on a stool and switch positions with your other foot once in a while. This will lower the stress on your spine.
**Did You Know?**

A lumbar roll is a small pillow shaped to support your low back area.

---

**Tip**

Alternate tasks and change positions often. This will reduce fatigue and muscle tension. Be sure to take rest breaks.

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**Tips for good posture when you sit**

- Sit upright with your head facing forward.
- Keep your shoulders back and relaxed. You may want to use a lumbar roll to support your lower back.
- Keep your knees slightly lower than your hips. Do not cross your legs.
- Keep your feet flat on the floor.

**Tips for how to reach above your head**

- Limit any reaching to an arm’s length with your elbows slightly bent.

**Tips for how to do computer, desk and table work**

- Check your desk and chair height. Both of your feet should be flat on the floor. Your knees should be slightly lower than your hips. Your arms should rest on the tabletop with your shoulders slightly raised.
- Your ideal work height is no more than 3 to 4 inches below your elbow level when you stand and at your elbow level when you sit.
- Always face the work area. Do not do any extreme twisting of your upper body. Position your work so you will face forward.
- Do not do any bending, especially with twisting, when you are sitting such as reaching for something in a lower desk drawer.
- When you talk on the phone, always use your hand to hold the receiver. Do not cradle the receiver between your neck and shoulder. You can also use a headset or speaker phone.
- Arrange your desk or table to make sure your phone, pens and other work items are within an arm’s length.
- Use a chair that gives you full back support.
- Add a footrest and a lumbar roll (for your lower back) as needed.
- Hold reading material in a tilted position.

**Tips for returning to school**

- Your surgeon will give you instructions for when you can return to school and physical activities.
- Have one set of books at home and one at school so you do not have to carry them back and forth. Many books can also be found online.
- Sit in the back or on the side of the classroom and limit sitting to 45 to 60 minutes. You can stand up and walk as needed to stay comfortable. Get up and take a short walk, pace the back of the classroom or just stand.
Carry your backpack with the straps over both shoulders to spread the weight to your entire back. Do not use backpacks on wheels.

Pack you backpack with the heaviest items closest to your body (books in the back, folders in the front).

You may want to return to school for a few classes or half days at first. Increase to full days as you are able.

You may want to get out of class 5 minutes early to prevent getting bumped by other people.

Your only exercise will be walking.

How to Get In and Out of Bed

How to do a logroll (to help you get out of bed)

To roll to the left:

- Lie on your back. (Step 1)
- Bend your right knee or both knees and reach your right arm across your chest toward the side of the bed. (Step 2)
- Roll all in one movement to your left. (Step 3)
- Reverse this for rolling to the right.
- Be sure to always move as one unit (together). Your eyes and toes should face the same direction.

Step 1

Step 2

Step 3

Final position
How to get out of bed

- Lie on your back.
- Do a logroll toward your side.
- Slide your body close to the edge of the bed.
- Make sure your hip is pointed straight up or rolled forward. Do not allow your hip to roll back.
- Swing your legs over the edge as you push your upper body up with your arms. It will be easier to get up if your elbow is 10 to 12 inches from the edge of bed.
- Keep your back straight and legs aligned with your upper body.
- Move forward until both feet are flat on the floor.
- Stand up slowly, pushing off with your hands on the edge of the bed.

How to get into bed

- Lower yourself slowly to a sitting position on the side of the bed. (Step 1)
- Scoot back onto the bed until the back of your knees touch the bed.
- Use a stool or platform if the bed is too high.
- Lie down on one side by bending your knees and raising your legs and lowering your head at the same time. (Step 2)
- Use your arms to help lower yourself without twisting your back. (Step 3)
- Do a logroll onto your back. Bend both knees to roll.
- Keep your back in a straight line with your legs. (Step 4)
- Use a nightstand or heavy chair next to your bed in place of a side rail. Do not push heavy furniture by yourself. Ask a member of your care circle to do it for you.
Tips for Lying Down

- When lying on your back, place a thin pillow along each side, just under your shoulders down to your hips. This will lessen the pressure on your incision.
- When lying on your side, place a pillow or two between your knees.

How to Get In and Out of a Chair

A straight-backed chair with arms will be the easiest for you to use when you first return home.

Choose a chair with a seat that is level from front to back. You will have trouble getting out of a chair that has a seat higher in the front than the back. Always sit with your buttocks as far back into the seat as you can. Using one or two small pillows between your hips and shoulders (cradle) may provide support and comfort.

Be aware of your posture when you sit. Keep your knees bent and at the same level as your hips or keep your knees slightly below your hips. You may need to use a stool to adjust the knee height if the chair is too high. Raise the height of the chair by putting a cushion on the seat.

Tips for how to sit down in a chair with arms

- Back up until you feel the chair against the back of your legs.
- Reach back with both hands. Scoot your buttocks to the back of the chair. Grip the arms of the chair and slowly sit down.

Tips for how to get out of a chair with arms

- Keep your back in good alignment while you slide forward or walk your hips to the front edge of the seat.
- Keep both feet flat on the floor.
- Put both hands on the arm rests.
- Use your legs as much as possible to push you up to standing.
Tips for how to sit down in a chair without arms

- Approach the chair from the side instead of the front.
- Back up until you feel the chair against the back of your legs.
- Use the back of the seat as an armrest for one hand.
- Bend your knees and slowly lower yourself down to the chair seat. Keep your back in the proper alignment.
- Reach for the seat with your opposite hand as you sit.
- Rotate your body to the front by keeping your hips and shoulders in alignment and pivoting on your buttocks.

If possible, do not sit in chairs without arms.

Tips for how to get out of a chair without arms

- Rotate your body to the side of the chair by keeping your hips and shoulders in alignment and pivoting on your buttocks.
- Keep both feet flat on the floor.
- Put one hand on the seat of the chair and push up while placing your other hand on the back of the chair for support.
- Stand up while keeping your back in proper posture.
- If you are sitting at a dining table or desk, you can use the table or desk for support as you stand up.

Tips for how to sit in reclining chairs

- Recliner chairs are OK to use if they give firm support to your back.
- If the chair has a manual recline option, have someone help you with reclining the chair and returning it to the upright position.
- Do not sit fully upright with legs fully extended.
How to Use the Toilet

Tip
You may need medical equipment to help you use the toilet. Ask your occupational therapist if you have questions about which ones may be most helpful.

How to use a toilet with or without a raised seat
- You may need to consider using a raised toilet seat or a portable commode if you need extra height. Keep both feet flat on the floor.
- Wear your brace while you use the toilet.
- Keep your back in the proper alignment as you sit or stand up from the toilet.
- Anything you use for support in lowering or raising yourself should be next to the toilet, not in front of the toilet. Make sure the support is not too high.
- It may be difficult to wipe after surgery, especially with a brace.
  - Lean to the side away from the hand you are going to use for wiping.
  - Consider using toilet tongs (your occupational therapist can show you an example of this) to help you reach without bending or twisting. Important: Be careful to keep your incisions clean during toileting.
  - Wet wipes are helpful.

How to Take a Shower or Bath

Tip
Washing your hair may be difficult to do by yourself, depending on the location of your surgery. Ask a member of your care circle for help washing your hair. Do not wash your hair over the tub or sink.

Tips for bathing in a shower or bathtub
- For the first 10 to 14 days, you may allow water to run over your incision without direct water pressure or scrubbing. Pat dry with a clean towel.
- Do not take a bath until your surgeon says it is OK. Use the shower instead.
- Have someone available with you the first few times you shower.
- Use grab bars and nonslip strips or a bath mat.
- Store soap and shampoo at a level between your hips and shoulders.
- If you need to wear a brace during bathing, follow the instructions given to you by your health care team.
- Try to stand to bathe. If it is not safe to stand, please use a chair. If you do not have a shower, use a portable spray hose that attaches to the water faucet in the tub to wash your hair.
- Bend your knee and bring your leg up to wash and dry your legs.
To keep from twisting or bending while in the shower, use a:
- dispenser-type liquid soap bottle that hangs
- long-handled scrub brush or sponge.

**How to get in a bathtub using a tub chair**

- Back up to the tub and approach the tub chair from the side.
- Reach for the back of the tub chair or use grab bars on the wall or edge of the tub.
- Bend your knees and lower yourself to the edge of the chair. Keep your back straight and bend only at your knees and hips.
- Slide back on the chair and swing your legs over the tub.
- If you are not using a tub chair, you can use grab bars on the wall or edge of the tub for support as you step over the tub.

**How to get out of a bathtub using a tub chair**

- Slide forward on the chair.
- Swing your legs over the tub edge.
- Push up from the chair with both hands or use the grab bars to help yourself up. Be sure you are rotating on your buttocks and not twisting your back.
How to Get Dressed

- Get all of the clothes you need, including socks and shoes. Put them in one spot. This will keep you from going to your dresser or closet often.
- Wear loose-fitting, comfortable clothing. You may wear shirts over your head. Do not wear tight pants and belts.
- Do not use bottom drawers or closet floors to store your clothes. Put your shoes on top of the dresser or chair when you take them off.
- Put the clothes you take off or plan to wear somewhere above waist height such as the top of a dresser, back of a chair or hung in the closet.
- If you wear a brace, wearing a form-fitting cotton t-shirt or tank top under the brace works best.
- Do not twist or bend.
- Do not bend over to dress your lower body. Bring your foot up to your opposite knee. If you are not able to do this, consider using a reacher or sock aid.
- Wear supportive nonslip shoes or athletic shoes (no heels).

How to Go Up and Down Stairs

Your physical therapist will review stair climbing with you in the hospital.

- Remember to go up the step with your least painful (strongest) leg first, then bring your painful (weak) leg up to the same step. “Up with the good.”
- Also remember to go down the step with your painful (weak) leg first, then bring your least painful (strongest) leg down to the same step. “Down with the bad.”

Important

It is OK to go up and down steps at home, but do not stair climb for exercise.
How to Get In and Out of a Car

How to get into a car

- Put the car seat back all the way. Back up to the car seat. Reach for the back of the seat with one hand, the dashboard with the other.
- Slowly bend your knees and lower yourself onto the edge of the car seat. Keep your back in proper posture. (Step 1)
- Bend forward at your hips (not your back) as you slide back on the seat. A plastic bag or sheet placed on the seat may make sliding easier. (Step 2)
- When you are far enough back, bend your knees and pivot on your buttocks to bring in your legs. Do not twist your body. (Step 3)

How to get out of a car

- Rotate your buttocks until your feet are resting on the ground.
- Scoot your hips to the edge of the seat.
- Use the back of the seat and the dashboard to push up with your arms for stability while you use your legs to stand up.
- If you had neck surgery, be careful not to hit your head on the frame of the car when backing in or coming out. You may need to roll your hips back to get your head into the car. Do not tilt your head to the side.

Your physical therapist will review these steps with you in the hospital.

Tips for comfort in the car

- Wear your back or neck brace if directed by your surgeon.
- Sit in the front passenger seat.
- Adjust your car seat for proper posture.
- Always wear a seatbelt.
- Do not sit too upright or bend your knees more than 90 degrees during long car rides to promote good circulation in your legs.
- If your car has a reclining seat, you may want to use this to be more comfortable.
- You may want to use a towel roll or pillow(s) to support (cradle) your lower back.
- Use cold packs as needed.
- Do ankle pumps often as you ride.

Important

Do not pull or lift yourself from the door frame or grab bar.
Important
Do not drive until:
- your surgeon says it is OK
- you are no longer taking pain medicine.

How to Reach

Be sure to start reaching only when your surgeon says it is OK. Reaching can challenge your body posture. To reach, follow these guidelines:

- Work within your comfortable reach range — the top of your head to your fingertips — and do not stretch as you reach.
- Use a step stool instead of standing on your toes to reach overhead items. Learn to tighten (contract) your pelvic muscles to keep your low back stable if you cannot use a step stool.
- Place your feet shoulder-distance apart with one foot forward to reach across a table surface. Use one hand to balance yourself on the table or counter.
- Use a sturdy support such as a countertop or table when squatting to get to low cupboards or items.
- Rearrange your home and office so you do not do repetitive bending and reaching above your head and below your knees. Sort laundry on a table.
- Do not use low drawers.

When you are driving or riding in a car for a long time, stop and stretch every 60 minutes. You may need to stop and stretch more often, especially right after surgery.
How to Lift Correctly

Lifting Tips

To lift from the floor:
Squat down and bring the item close to your body as you lift.

To keep from twisting:
Pivot by using your feet. Take small steps.

Lifting can challenge your body posture. Lift no more than 5 pounds (or as instructed by your surgeon) until your surgeon says it is OK to lift more. To lift, follow these guidelines:

- Figure out if the load is too bulky or heavy. Have someone help you or use a pushcart or dolly to move the load.
- Do not twist or turn.
- Use your legs to supply most of the force you need to lift.
- Bend your legs, not your back.
- Keep your elbows close to your body at elbow height.
- Do not hold your breath.
- Get close to the object and straddle it between your knees if possible.
- Keep your back straight. Bend your knees and hips at the same time. Put one knee on the floor if you need more stability.
- Lift by straightening your knees and hips. Keep your abdominal muscles and buttocks tight.

How to lift and move an object

- Always assess the weight of the object before you try to lift it.
- Have someone help you if a load is too heavy.
- Bend your knees and keep your back straight when you lift an item that is below your waist level. Be sure to keep the curve in your back and keep your feet apart.
- Try to lift from under the object and keep the load close to your body. Stand up and lift with your legs.
- Do not twist your body when you lift or put the load down. Move your feet and turn your entire body. Keep your body straight.
- Do not lift heavy items over your head. Use a step stool to raise your body closer to the object. Or, put one foot in front of the other and shift your weight from the front foot to the back foot as you lift the object. Keep your back straight.
- Do not carry unbalanced loads (objects that are heavier on one side than the other).
- Kneel on one knee and bend the other knee when you kneel to lift an object.
- Slide objects instead of lifting. Keep your back straight and use your leg muscles by putting one foot in front of the other and shifting your weight.

Tip

Ask for help and have others lift when possible. Coordinate your movements when lifting together. Be sure to keep the curve in your lower back.
How to lift an object off the floor

- Use a reacher to get objects from the floor if squatting is too hard.
- Hold the object close against your upper body with both hands before you stand up. (Step 1)
- Tighten your stomach muscles without holding your breath while you stand up. (Steps 2 and 3)
- Use smooth movements to keep from jerking.

How to set an object on a lower shelf or floor

- Use a reacher to get objects to the floor if squatting is too hard.
- Hold the object close to your body at waist level.
- Squat down or kneel with one leg on the floor.
- Lower the object to the shelf or floor by sliding it down your thigh.
- Use smooth movements to keep from jerking.
How to Push

Be sure to start pushing only when your surgeon says it is OK. Pushing can challenge your body posture. **Always push rather than pull when you have the option.** To push, follow these guidelines:

- Bend at your knees and hips. Use your leg muscles, not your back muscles, to push.
- Put one leg behind the other for better leverage.
- Incline your body to the object being pushed slightly higher than the object.
- Apply force squarely to the direction of the object being pushed. Do not twist.

How to Pull

Start pulling only when your surgeon says it is OK. Pulling can challenge your body posture. To pull, follow these guidelines:

- Face the object.
- Bring both hands around the sides instead of over the top of the object.
- Pull short distances and use your body weight and legs as a counter balance.
- If you are opening a door, get close to the door and put both hands on the handle to pull it.

How to Carry

Carrying can challenge your body posture. Carry no more than 5 pounds (or as instructed by your surgeon) until your surgeon says it is OK to carry more. To carry, follow these guidelines:

- Carry the object at waist level with your elbows slightly bent and close to your sides.
- Try not to carry an object on one side of your body. Always carry items in front of you. You can set the object down once in a while if needed.
- Try to use a rolling cart to push heavy, hot or breakable items.
Chapter 9:
House and Yard Work

In This Chapter:
- How to Do Laundry
- How to Clean and Dust
- How to Clean the Floors
- How to Shop for Groceries
- Arrangements for Child Care
- How to Do Yard Work
Chapter 9: House and Yard Work

Doing regular work around the house can be hard on your back. If possible, have someone else do household chores until you have fully recovered. Do not do house or yard work until your surgeon says it is OK.

How to Do Laundry

Tip

Do your laundry more than once a week. This puts less stress on your spine and spreads the work out over a few days.

How to load laundry into a top-loading washer

- Place your clothes in a laundry basket. To lift the basket, squat and hold the basket close to your body. Stand up. Use your leg muscles, not your back, to do the work.
- Put the basket on a table or chair near the washer. Use a long-handled reacher to keep from bending and twisting if needed.
- To unload a top-loading washer, put one leg back and use the opposite hand to lift the clothes out. You may also use a long-handled reacher to lift out clothes. Lift only one or two items at a time.

How to load laundry into a front-loading washer

- If you can, use a front-loading washer because you can do this from a kneeling position, squatting position or a low stool.
- Place the laundry basket in front of the washer. You may kneel, squat or use a low stool. Unload the clothes from the basket a few items at a time. Use a long-handled reacher to keep from bending and twisting.

How to unload laundry from a dryer

- To unload a dryer, squat down to reach into the dryer.
- Use a long-handled reacher to keep from reaching into the dryer yourself.
- Put small items into a large zip-close mesh bag to keep from reaching several times.
- Lift and carry the basket using the guidelines in “How to Lift Correctly” on pages 108 to 109 and “How to Carry” on page 110.
- Fold clothes on a table that is at least waist height.
How to Clean and Dust

Tip
Place yourself as close to the work surface as possible so you do not have to reach.

- To reach high spots, keep one foot on a step stool or use a stepladder. Keep your feet at different levels. Reach with one arm at a time.
- To reach lower spots, kneel and keep your back straight.
- Keep a water bucket and your cleaning materials on a chair or a stool so you do not have to bend. Consider using a spray bottle filled with cleaning solution.

How to Clean the Floors

Do not clean floors until your surgeon says it is OK. Ask a member of your care circle to help instead.

Use these guidelines when your surgeon says it is OK to resume mopping, sweeping or vacuuming.

- Use equipment with handles that are long such as a long-handled dust pan so you do not have to stoop.
- Dry cloth sweepers are lightweight and do not require twisting.
- Face the material or area being cleaned. Do the work in front, not to the side, to keep from twisting. Keep your knees slightly bent while you work.
- Vacuuming is very stressful on your back. Do not vacuum. Ask a member of your care circle to help instead. When you are ready to resume vacuuming, hold the vacuum cleaner with your arms at your sides. Step back and forth to move the vacuum. Do not push the vacuum back and forth with your arms. Keep your head up and do not twist.

Stand straight to vacuum.

Do not bend to vacuum.

Drawings © Allina Health System
How to Shop for Groceries

- Do not reach for items above your head. Ask for help if an item is too high.
- To reach items that are low, squat or put one leg back and use the opposite hand to reach.
- Pack your grocery bags light.
- Put your legs shoulder-width apart, get close to the grocery bag, grasp it with both arms and lift. Carefully put it into the trunk or on the seat. Do not twist or bend. If possible, have someone from the grocery store carry out your bags.
- When you get home, use “How to Lift Correctly” on pages 108 to 109 and “How to Carry” on page 110.
- Try to store items you use often in easy-to-reach areas (between waist and shoulder height) when you are putting your groceries away.
- Consider using an online grocery service or ask someone to go with you to the grocery store.

Arrangements for Child Care

Make arrangements for members of your care circle to help with taking care of your child(ren). You may not be able to lift more than 5 pounds (or as instructed by your surgeon) during the first several weeks or months of your recovery.

How to Do Yard Work

Yard work can be very stressful on your back. It may be several months until your surgeon says it is OK for you to resume doing yard work.

Tips on how to do yard work

- Alternate tasks and take a lot of short rest periods. This will keep you from becoming tired.
- Use special medical equipment such as extended handles to keep from bending.
- Do not do unnecessary motions and tasks.
- Do not bend forward when you weed, plant or pick flowers.
- Keep your back straight. Do not twist.
Chapter 10:
Resources

In This Chapter:
- Medical Equipment
- Community Resource Directory
- Other Resources
- Know Your Care Team
- My Medicine List
Chapter 10: Resources

Medical Equipment

Did You Know?

If you did not need the support of an assistive walking device before surgery, you may not need one after.

Your physical or occupational therapist will assess your safety in the hospital and make recommendations for when you leave the hospital.

To ensure a safe recovery after your surgery, you may need to use some special equipment. This page and the following page show and describe the equipment.

It is recommended to wait until after surgery to buy equipment. If you can borrow equipment, it is helpful to make arrangements before surgery.

Insurance will usually only cover the purchase of a walker or cane. You most likely will need to purchase or borrow any other equipment you need.

See page 121 for information about places that loan or sell equipment.

Front-wheel walker or cane

A walker or cane may help you walk after surgery.

Raised toilet seat/commode

A raised toiled seat may make it easier for you to get on and off the toilet. Your feet should touch the floor when using the toilet.

Toilet safety frame

A toilet safety frame may make it easier for you to get on and off the toilet.
A sock aid helps you put on socks without bending.

Tongs can be used in place of a reacher. Or they can help you with your hygiene care after you use the toilet.

Elastic laces let you slip in and out of your shoes easily while keeping them tied. The long-handled shoe horn helps you guide your foot into an already-tied or slip-on shoe.
Community Resource Directory

Medical equipment
After your surgery, certain equipment can make your recovery go easier and increase your independence. The following is a list of resources to help you find the equipment you need.

- Allina Health Home Oxygen & Medical Equipment offers items to purchase. Call 651-628-4800 or 1-800-737-4473 for information about medical equipment, supplies and services.

- Call your local American Legion, VFW or Lions Club. They often have equipment you can borrow if you are a member.

- Call your local pharmacy to see what selection of equipment that store carries.

- Look in your Yellow Pages or go to yellowpages.com and look under “handicapped services or equipment” or “home care services.”

- WisTech can connect you with resources for medical equipment in Wisconsin. Visit wisconsinat4all.com to find equipment in your area. You will need to create an account to view available items. Once you have an account, you can buy, rent or get free items from state agencies, private businesses, lending programs or individuals. Each group or individual has different criteria for using their equipment. Contact information is listed for each item.
Grocery delivery

- **Twin Cities Metro Area Meals on Wheels**
  Volunteers deliver ready-to-eat meals to homes in most of the Minneapolis and St. Paul metro area. You can sign up for short- or long-term meal delivery if you are recovering from surgery or illness. The price is based on your need. Call 612-623-3363 or visit meals-on-wheels.com for more information or to sign up for this service.

- **Home-delivered Meals (Meals on Wheels)**
  Wisconsin’s Elderly Nutrition Program offers meals to anyone age 60 and older. Meals can be delivered to your door Monday through Friday. Visit gwaar.org to learn more about home-delivered meals. Click For Seniors and Families and then Elderly Nutrition Program. Select Contact someone to find your local agency and its contact information.

- Many grocery stores and organizations offer services that will deliver healthful meals to your home. Ask a member of your health care team for more information.
Other Resources

Allina Health Care Navigation Help Desk
Call 612-262-2200 or 1-855-227-5111 if you have questions about community resources, medical equipment, home care, a transitional care unit (TCU) or a short-term rehabilitation center.

Allina Health resources

- **Allina Health Care Navigation Help Desk**
  If you have questions about community resources, medical equipment, home care, a transitional care unit (TCU) or a short-term rehabilitation center call 612-262-2200 or 1-855-227-5111.

- **Allina Health Financial Assistance**
  For help in paying for Allina Health services, please call: 612-262-9000 or 1-800-859-5077

- **Allina Health Interpreter Services**
  You have the right to a medical interpreter at no cost to you. Please let a member of your health care team know if you would like to have an interpreter available during your visit.

- **Allina Health Spiritual Care**
  Chaplains, Catholic priests and a Jewish liaison are available to you and your care circle. If you have questions about spiritual care, please ask a member of your health care team.

- **Penny George™ Institute for Health and Healing**
  The Penny George™ Institute for Health and Healing offers services to help you as you prepare for and recover from surgery. Call 612-863-3333 or visit allinahealth.org/pennygeorge for more information, or ask your health care team which services are offered at your hospital.

Helplines

- **National Suicide Prevention Lifeline**
  If you are or someone close to you is in crisis, call the free, 24-hour lifeline at 1-800-273-TALK (1-800-273-8255).

- **United Way 2-1-1**
  For information about about food, housing, employment, childcare, transportation, health services, senior services and more, please call 211 or visit unitedwaytwincities.org.
Know your care team

We are committed to providing our patients and their families high-quality, compassionate and professional care.

As part of that commitment, we’ve made it easier for you to identify members of your care team and how they may help you.

Your care team wears the following colors:

- Navy Blue: Registered Nurses
- Dark Teal: Laboratory Services
- Maroon: Pharmacy
- Olive Green: Respiratory Therapy
- Black Khaki: Nutrition Services
- Dark Brown: Environmental Services and Linen Services
- Teal: Patient Care Support
- Green: Clerical Support
- Royal Blue: Therapy Services
- Purple: Licensed Practical Nurses
- Gray: Radiology
- Khaki: Materials/Supplies
# My Medicine List
Fold this form and keep it with you

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of Birth:</th>
<th>Allergic To: (Describe reaction)</th>
</tr>
</thead>
</table>

| Emergency Contact/Phone numbers: | |
|----------------------------------| |

| Doctor(s): | |
|------------| |

| Pharmacies, other sources: | |
|---------------------------| |

## Immunization Record
*Record the date/year of last dose taken*

<table>
<thead>
<tr>
<th>Flu vaccine(s):</th>
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<table>
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<tr>
<th>Pneumonia vaccine:</th>
<th>Tetanus:</th>
<th>Hepatitis vaccine:</th>
<th>Other:</th>
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</thead>
</table>

## List all medicines you are currently taking.
Include prescriptions (examples: pills, inhalers, creams, shots), over-the-counter medications (examples: aspirin, antacids) and herbals (examples: ginseng, gingko). Include medications taken as needed (example: nitroglycerin, inhalers).

<table>
<thead>
<tr>
<th>START DATE</th>
<th>NAME OF MEDICATION</th>
<th>DOSE</th>
<th>DIRECTIONS (How do you take it? When? How often?)</th>
<th>DATE STOPPED</th>
<th>NOTES (Reason for taking?)</th>
</tr>
</thead>
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Directions for My Medicine List

1. Always keep this form with you. You may want to fold it and keep it in your wallet along with your driver’s license. Then it will be available in case of an emergency.

2. Write down all of the medicines you are taking and list all of your allergies. Add information on medicines taken in clinics, hospitals and other health care settings — as well as at home.

3. Take this form with you on all visits to your clinic, pharmacy, hospital, physician, or other providers.

4. Write down all changes made to your medicines on this form. When you stop taking a certain medicine, write the date it was stopped. If help is needed, ask your doctor, nurse, pharmacist, or family member to help you keep it up-to-date.

5. In the “Notes” column, write down why you are taking the medicine. (Examples: high blood pressure, high blood sugar).

6. When you are discharged from the hospital, someone will talk with you about which medicines to take and which medicines to stop taking. Since many changes are often made after a hospital stay, a new list may be filled out. When you are discharged, take this form with you so you don’t forget what medicines to take and which medicines to stop taking.

How does this form help you?

• This form helps you and your family members remember all of the medicines you are taking.

• It provides your doctors and other providers with a current list of all of your medicines. They need to know the herbals, vitamins, and over-the-counter medicines you take.

• It provides your doctors and other providers with a current list of the medicines you are taking.

• This form helps you and your family members remember all of the medicines you are taking.

• Write down all changes made to your medicines on this form.

Web: www.mnpatientsafety.org • Call (651) 641-1121

For copies of the My Medicine List and a brochure with more tips, visit the Minnesota Alliance for Patient Safety’s Web site at www.mnpatientsafety.org or call (651) 641-1121.
Get better communication and faster answers online with your Allina Health account.

Health is a journey that happens beyond the walls of your clinic or hospital and we will be there to help you – whether it's a question that pops into your head at midnight or recalling the date of your last tetanus shot. When you sign up for an Allina Health account online, you get better communication with your clinic, hospital and provider; faster answers and your (and your loved one's) health information organized and at your fingertips anytime.
Nondiscrimination in Health Programs and Activities

Affordable Care Act – Section 1557

Allina Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity or sex. Allina Health does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity or sex.

Allina Health:
• provides free aids and services to people with disabilities to communicate effectively with us, such as:
  ◊ qualified sign language interpreters, and
  ◊ written information in other formats (large print, audio, accessible electronic formats, other formats)
• provides free language services to people whose primary language is not English, such as:
  ◊ qualified interpreters, and
  ◊ information written in other languages.

If you need these services, ask a member of your care team.

If you believe that Allina Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity or sex, you can file a grievance with:

Allina Health Grievance Coordinator
P.O. Box 43
Minneapolis, MN 55440-0043
Phone: 612-262-0900
Fax: 612-262-4370
GrievanceCoordinator@allina.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Allina Health Grievance Coordinator can help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-506-4595.


Arabic: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متوفرة لك بالمجمل. اتصل برقم 1-877-506-4595.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-506-4595.


Laotian: ໄຂ້ວະ: ແດ້ເຊີ່ຍ ບໍລິສັດ ປະແກດສາລັກ ທ່ານ, ຘະນາບິນການພາສາລາວຊີສຸດ, ທ່ານບໍ່ ພ້ອມໃຫ້ ທ່ານ.


Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-506-4595 पर कॉल करें।


Karen: ပို့ပါ။ ပတ်သန်းသင်ကြားဆိုး၊ နှစ်ဆိုးကြည်ဆိုးက မှာဖြစ်စာအသုံးပြု မှာကြည်ပါစေ။ မော်စောင်း 1-877-506-4595။

Mon Khmer: ប្រយ័ត្ន៖ បរើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, បសវាជំនួយខ្ននកភាសាក្នុងប្រទេសមួយ ដើម្បីជួយអ្នក។ ទូរស័ព្ទ 1-877-506-4595.