

Providence Spine Surgery Notebook



**A GUIDE TO HELP YOU
PREPARE FOR AND RECOVER
FROM SURGERY**

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INTRODUCTION

This booklet is a general guide for you and your family to use as you prepare for surgery and during recovery.

As you review this guide, note that there are many different spinal procedures. Your surgical care team will talk to you about the type of surgery you are having and whether they expect to you to spend the night. Many patients can discharge home soon after surgery. Being prepared will help you feel more comfortable continuing your recovery at home.

The Providence Brain & Spine Institute website has a shortened checklist with videos on our **Preparing for Spine Surgery** page:

<https://www.providence.org/locations/or/brain-and-spine-institute/programs/spine#tabcontent-2-collapse-5>.



IMPORTANT PHONE NUMBERS

PROVIDENCE ST. VINCENT MEDICAL CENTER

- Pre-surgical care services: [503-216-1993](tel:503-216-1993)
- Hospital main phone: [503-216-1234](tel:503-216-1234)
- Patient information: [503-216-2115](tel:503-216-2115)
- Guest housing: [1-888-550-1575](tel:1-888-550-1575)

PROVIDENCE PORTLAND MEDICAL CENTER

- Pre-surgical care services: [503-215-1874](tel:503-215-1874)
- Hospital main phone: [503-215-1111](tel:503-215-1111)
- Guest Housing: [1-844-971-7768](tel:1-844-971-7768)

PROVIDENCE WILLAMETTE FALLS MEDICAL CENTER

- Pre-surgical care services: [503-650-6838](tel:503-650-6838)
- Hospital main phone: [503-656-1631](tel:503-656-1631)

PROVIDENCE MEDFORD MEDICAL CENTER

- Pre-surgical care services: [503-650-6838](tel:503-650-6838)
- Hospital main phone: [503-656-1631](tel:503-656-1631)

Providence Financial Assistance: [503-215-7575](tel:503-215-7575) or toll-free [855-229-6466](tel:855-229-6466)

Guest Housing Information Providence hospitals may have guest housing or reduced hotel pricing if you need to stay near the hospital the night before surgery. For assistance, please call the general hospital information phone number or visit oregon.providence.org/our-services/g/guest-housing/.

PREPARING FOR SURGERY

PRE-OPERATIVE TASKS & APPOINTMENTS

Here are some tips to prepare for your spine surgery.

1. READ YOUR PRE-OP INSTRUCTIONS

Your surgical care team will usually give you two sets of instructions. Please follow the instructions.

2. TELL YOUR OTHER PROVIDERS YOU ARE HAVING SURGERY

It is important to let your other healthcare providers know you are having surgery. They can tell you if you are healthy enough to have surgery or help you prepare for surgery. Ask them if there are any medications you need to stop or change before or after surgery.

Example: Patient with Diabetes

The stress of having surgery can cause your blood sugars to increase. If you are diabetic, it's helpful to know if your blood sugars are under good control. This helps your wound to heal.

Your provider may check a Hemoglobin A1C. Your provider may give you different instructions on how to manage your blood sugars.

If you see multiple healthcare providers, you may be asked to meet with one of our pre-surgical care Nurse Practitioners or Doctors.

3. FOLLOW INSTRUCTIONS FROM YOUR CARE TEAM ABOUT MEDICATIONS TO STOP BEFORE SURGERY

Your surgical care team will tell you what medications to stop or hold before surgery. You may also get instructions from the pre-surgical care clinic and anesthesiologist. Some medications are stopped days before surgery. Some may be held just the morning of surgery.

- Make a list of all the medications you take. Include any vitamins, herbal supplements, and over the counter drugs. Bring this list to all your pre-op appointments and day of surgery. Write down the name of each medication, dose, and how often you take it.
- Stop any **herbal supplements and vitamins** not prescribed by your providers **7 days** before surgery.
- **Nonsteroidal anti-inflammatory drugs (NSAIDs)**. NSAIDs that you can buy at the store without a prescription are usually stopped at least 3 -7 days before surgery. These include medications like ibuprofen (Advil), Motrin, Naproxen (Aleve). If one of your providers has prescribed a NSAID for you, you should ask your surgical care team when to stop this medication. Celebrex (celexicob) is a common example of prescription NSAID.

- ❑ **Acetaminophen (Tylenol)** is safe to continue to use for pain management before surgery.
- ❑ **Aspirin.** Any non-prescribed aspirin should be stopped 7 days before surgery. If a provider has prescribed aspirin for a medical reason, discuss this with the ordering provider. Have a plan for when to stop 7 days before surgery.
- ❑ **Blood thinners** are often stopped before surgery, but you need a plan from your provider on when to stop the medication and when to restart your medication. Don't stop these medications without discussing this with the ordering provider first. Your surgical care team will need to tell you when it is safe to restart these medications.

4. STOP SMOKING OR USING NICOTINE PRODUCTS

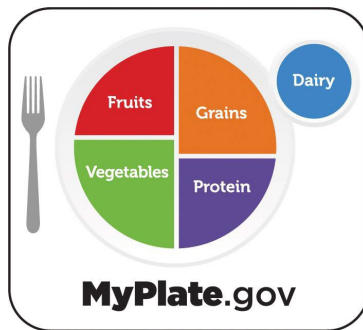
Studies show non-smokers heal better than smokers. Smoking increases your risk of heart and breathing problems. Smoking increases your risk of having a blood clot. Nicotine slows bone healing. Talk to your primary care provider about how to stop smoking. Other resources include:

- www.providence.org/stopsmoking
- Providence Resource Line: 503-574-6595
- Quit for Life: 1-866-QUIT4LIFE or 1-866-784-8454

5. EAT TO IMPROVE HEALING BEFORE & AFTER SURGERY

It is important to eat healthy foods before surgery and keep your blood sugar under good control. Even if you have been told to lose weight, stop 1 to 2 weeks before surgery and focus on eating healthy foods. For more information, visit myplate.gov.

- a. Make sure you are eating enough healthy foods each day.
- b. Eat foods from all the food groups: proteins, dairy, vegetables, grains and fruit.
- c. Eat plenty of protein.
- d. If you don't feel hungry, you can try to eat smaller, more frequent meals.



Note:

If you have trouble swallowing food or liquids before surgery, it is important to let your surgical team know. The following EAT-10 questions can help a speech therapist work with you after surgery.

EATING ASSESSMENT TOOL (EAT-10)

Date completed: _____

Circle the appropriate response	0 = No problem 4 = Severe problem				
	1. My swallowing problem has caused me to lose weight.	0	1	2	3
2. My swallowing problem interferes with my ability to go out for meals.	0	1	2	3	4
3. Swallowing liquids takes extra effort.	0	1	2	3	4
4. Swallowing solids takes extra effort.	0	1	2	3	4
5. Swallowing pills takes extra effort.	0	1	2	3	4
6. Swallowing is painful.	0	1	2	3	4
7. The pleasure of eating is affected by my swallowing.	0	1	2	3	4
8. When I swallow food sticks in my throat.	0	1	2	3	4
9. I cough when I eat.	0	1	2	3	4
10. Swallowing is stressful.	0	1	2	3	4
Total EAT-10 Score					

Belafsky PC, Mouadeb DA, Rees CJ, Pryor JC, Postma GN, Allen J, and Leonard RJ. Validity and reliability of the Eating Assessment Tool (EAT-10). *Ann Otol Rhinol Laryngol* 117: 919-924, 2008.

6. COMPLETE YOUR PRE-OP APPOINTMENTS

You might meet with the following providers. Bring a list of your questions to these appointments.

- a. Your surgeon or physician assistant/nurse practitioner.
- b. Pre-surgical care clinic RN (in-person or over the phone).
- c. Medical clearance visit with either the hospital pre-surgical care clinic provider, Primary Care Provider (PCP), cardiologist, endocrinologist, etc.
- d. Attend your brace fitting, if applicable.

7. MAKE A PLAN FOR GOING HOME

Most patients can recover at home. If your procedure will be outpatient, your driver needs to be available to drive you home when your procedure ends. If you will be spending time in the hospital, your ride needs to be available to drive you home when you are discharged. Discharge is planned for early in the day.

- Decide who will give you a ride home.** This is usually a family member or friend. If you do not have a ride home, then we recommend you use a medical transportation service, such as Metro West or AMR. Your discharge nurse will arrange this while you are at the hospital. It can be expensive and takes time to arrange.

PLANNING FOR GOING HOME

8. MAKE A PLAN TO HAVE HELP AT HOME AFTER DISCHARGE

Home is one of the best places to recover. While you are healing, you may be asked to avoid activities such as bending, lifting and twisting.

- ❑ **Ask a family member or friend to stay with you for the first couple of days or to check on you.** If you do not have support at home, please let your surgeon know **BEFORE** surgery.
- ❑ If you are a caretaker for children, family members or pets, plan for who will care for them while you are in the hospital or recovering.

Below are some activities that you need help doing while you heal from surgery:

Walking & Feeding Pets



Driving



Housework



Cooking



Dishwasher



Yard Work



Laundry



If you think you will need extra help at home, check with Optimal Aging, an in-home caregiver marketplace and service. It is owned and managed by [CareLinx](#). Call 1-800-377- 1307 for a consultation.

9. GET YOUR HOME READY

Set up your home before surgery. This will make it easier to recover after discharge. Pick up any medications or supplies you think you will need after surgery.

Take a walk around your house. Figure out where you will sit. Make sure you can move around your house safely.

- Clear stairs and pathways of any clutter.
- Remove throw rugs.
- Remove telephone or electrical cords from walk areas.
- Have a firm, straight-backed chair with arm rests available at home for use after surgery. A chair seat that hits the back of your leg above the knee will be easier to get out of.
- Use folded blankets (not pillows) to build up low chairs or car seats.
- Place a table next to your chair and your bed for water, books and phone numbers.
- Store frequently used items on countertops in your kitchen and bathroom, so that you don't bend over or reach overhead.

- Check how easy it is to move:
 - In and out of bed
 - Out of your favorite chair or couch
 - On and off the toilet
 - In and out of the bathtub or shower

10. OTHER INSTRUCTIONS

- Please don't drink alcohol within 24 hours of surgery.
- Cannabis should be avoided for a minimum of 3 days before surgery.
- Street drugs should be avoided for a minimum of 7 days before surgery. A positive drug test on the day of surgery will likely lead to your surgery being cancelled.

Substance	Common Street Names
Methamphetamine	Meth, Speed, Ice, Shards, Bikers Coffee, Stove Top, Tweak, Yaba, Trash, Chalk, Crystal, Crank, Shabu
Cocaine	Coca, Coke, Crack, Crank, Flake, Rock, Snow, Soda Cot
Heroin	Big H, Black Tar, Chiva, Hell Dust, Horse, Negra, Smack, Thunder
Ecstasy	Molly, Adam, Beans, Biscuit, Clarity, Disco Biscuit, E, Eve, Go, Hug Drug, Lover's Speed, MDMA, Peace, STP, X, XTC

□

- Please remove dark nail polish on your fingernails or toenails. This allows us to use our monitoring equipment during your surgery.

11. PREVENTING INFECTION

You are at risk of having an infection after surgery.

Here's how you can help prevent infection:

- Avoid being in crowded public places and around other sick people 1-2 weeks prior to your surgery.
- The hospital may be limiting visitors. You and your visitors will be expected to follow hospital policy for wearing masks while in the hospital. Any visitors should be healthy.
- Wash your hands often. Wash your hands before touching your wound.
- Tell your surgeon if you get sick.
- Take your pre-op showers.
- Do not shave near your incision site on the 3 days before surgery.
- Follow your wound care & showering instructions from your surgical care team.
- Avoid sleeping with your pets. Do not let your pets lick your wounds.
- Do your deep breathing exercises for the first couple of weeks after surgery.

PRE-OP SHOWER INSTRUCTIONS



Before surgery, you will take **5** **SHOWERS** using a special soap called chlorhexidine gluconate (also known as Hibiclens®).

If you are allergic to CHG or Hibiclens, do not use it. Use an antibacterial soap like Dial instead.

Why are we asking you to take so many showers before surgery?

Taking showers with a special soap in the days before surgery will help clean your skin for surgery. These showers remove germs from your skin. Pre-op showers are an important part of your plan to prevent infection after surgery.






Where can I find CHG soap?

The pre-surgical care clinic may give you this soap in clinic or mail it to you. CHG soap may be found at most major pharmacies, such as Walgreens, Rite Aid, Fred Meyers, Target and outpatient hospital pharmacies.

When should I take my showers?

Follow the instructions in the table below to know when to take your showers.

Surgery Date: _____

Days before Surgery		Showering Rules
4		Take your CHG shower anytime & put on clean clothes.
3		Take your CHG shower anytime & put on clean clothes.
2		Take your CHG shower anytime & put on clean clothes.
1	 <i>the night before surgery</i>	<ul style="list-style-type: none"> <input type="checkbox"/> Put clean sheets on your bed. <input type="checkbox"/> Take your CHG shower in EVENING & put on clean sleepwear. <input type="checkbox"/> Do not sleep with pets.
Day of surgery	 <i>the morning of surgery</i>	CHG shower in the MORNING & put on clean clothes.

Showering Tips

Showering with CHG is different than how you may normally shower. CHG soap may not lather. **Do not get CHG soap on your face, eyes, ears, or genitals.**

- Before showering, remove all jewelry and piercings.
- Rinse your body with warm water.
- Shampoo your hair with your regular shampoo and rinse.
- Wash your face and genital area with your regular soap. Rinse off with water.
- Turn off the water or step out of the shower stream when you are ready to apply the CHG.
- Using a clean washcloth, gently scrub the CHG soap into your skin. Start with your neck and work your way down to your toes. Focus on the area where your surgery will be. Have someone help wash your back if you are having surgery on your back.
- Leave the CHG soap on your skin for 2 minutes before rinsing off.**
- Rinse off the CHG with warm water.
- Dry off using a clean towel.
- After your evening shower, on the night before surgery, do not put any products on your skin. This includes not using the following: ointments (including medications/CBD), makeup, fake eyelashes, lotion, powder, deodorant, perfume, aftershave, or hair spray.
- Put on clean clothes after each shower.

12. PACK YOUR BAG

Pack your bag with items that you will need at the hospital.

- Loose fitting clothes or pants/shorts that do not need a belt. Wide-necked shirts or shirts with buttons may be more comfortable after neck surgery.
- T-shirts, if you will have a back brace.
- Flat shoes with backs on them.
- Brace, if you already have it.
- List of emergency contact numbers.
- Pacemaker or defibrillator card.
- Glasses, hearing aids and/or dentures.
- List of all medication, herbals and vitamins.
- This guide and list of questions for your care team.
- Your C-PAP or Bi-PAP machine from home if your hospital pre-op team tells you to bring it.
- If you use oxygen, make sure you have enough oxygen in the tank for the ride home.
- Walker or cane, if you currently use one.
- Copy of your advance directive or POLST form if it is not already on file.
- Insurance card and driver's license. You will need to leave these with a friend or family member for safe keeping.



Please leave all jewelry and other valuables at home. Please leave your belongings with your support person. Your support person can bring them to your post-op room. The hospital cannot be responsible for missing items.

If you plan to fill your prescriptions at the hospital, have a friend or family member bring a credit card for any co-pays.

13. EATING & DRINKING FOR SURGERY

Follow your surgeon's instructions if they are different from these.

Staying hydrated before surgery can help reduce nausea after surgery. Drinking water is the best way to stay hydrated before surgery. There are certain foods or drinks that you should not consume before surgery because they could cause your surgery to be cancelled. Take your medications with a sip of water if you are asked to not drink liquids.

Pre-Surgical Care Clinic Instructions

The Night Before Surgery

- **No solid food or dairy-containing drinks** (including gum, candy, mints or TUMS) **starting AFTER 10:00 P.M.**

On Day of Surgery

- **No solid food or dairy-containing drinks**
- **You may have approved clear liquids up until 2 hours before arrival at the hospital.**

OK TO DRINK THESE CLEAR LIQUIDS:



- Water.
- Clear juices: apple (no sediment), grape, cranberry.
- Soda.
- Plain black coffee or tea.
- **PROTEIN-FREE** clear drinks like Gatorade, Powerade.

DO NOT DRINK



- No broth.
 - No other liquids that have protein, even if it's a clear liquid.
 - No Ensure Clear or similar protein shakes.
 - No alcohol.
 - No smoothies.
 - No coffee creamers.
- **If you are the first scheduled surgery of the morning (5:30 a.m. arrival) you may have your last clear liquid at 5:00 a.m.** unless you receive different instructions from the anesthesiologist.
 - If you have a medical condition that causes delayed stomach emptying OR you are having surgery for ACHALASIA or GASTROPARESIS, you may not have anything to eat or drink on the day of surgery.

WHAT TO EXPECT AT THE HOSPITAL

Day of surgery

- Please arrive on time.
- Your ride will need to stay nearby if you are going home the same day of surgery.
- When you arrive, check in with the admitting desk.
- You will be admitted to a room in the short stay unit.
- Special wipes are used on your skin (neck down) to clean the skin once you are in this unit. You will be given instructions on how to do this. Ask for help if needed.
- You will change into a gown.
- You will be asked many questions about your medical history. Sometimes the same questions are asked **MANY** times. This is for your safety.



Your nurse will start an IV to give you fluids, medication, and review your health history. You will sign a consent form. Your surgeon will mark your surgery site.

- Your anesthesiologist and surgeon may meet with you before surgery to answer any questions.

AFTER SURGERY

You will be in the recovery room for about 1-2 hours. Here you will wake up from anesthesia. The breathing tube will be removed.

Your care teams will closely monitor you. They will check your breathing, blood pressure, heart rate, pain level, nausea, dressing, drain, how well you are moving your arms and legs and if you have any new numbness or weakness. It is important that you let them know if you have a change in numbness or weakness after surgery.

Some patients will discharge home directly from the short stay unit a few hours after surgery. Your surgeon will let you know if they expect you to spend the night in the hospital.

TIPS TO HELP YOU RECOVER FROM SURGERY

Anesthesia, pain medications and not moving around as much can have unintended effects on your body. Below are some tips to help you recover.

SORE THROAT



You may notice you have a sore throat when you wake up from surgery. This is normal and likely related to the breathing tube that was in during surgery. Eating soft foods and drinking liquids or smoothies can be helpful during this time.



TROUBLE SWALLOWING

After anterior cervical surgery, it's possible to have some pain or difficulty with eating and drinking in the first 1-2 weeks after surgery. This is related to normal swelling after surgery. This swelling may get worse on days 2-4 after the procedure and then should continue to improve. Often by day 14, swallowing has returned to normal.

If you worked with a speech therapist in the hospital, follow their diet recommendations.

You can make swallowing more comfortable by

- Taking pain medications as prescribed.
- Making sure you are sitting up when eating or drinking.
- Adjusting your meal temperatures to what is most comfortable to swallow (cold or warm).
- Placing your pills in yogurt or applesauce if you are unable to swallow them with water.
- If soft solids are uncomfortable (i.e., ground meats with sauce or gravy, well cooked vegetables, canned peaches), you can focus on purees, yogurts, smoothies, and milkshakes and supplement meals with nutritional shakes like Boost, Ensure, or Glucerna.

Let your hospital care team know if you are having trouble swallowing or notice any of the following symptoms while eating or drinking.

- Coughing
- Throat clearing
- Eyes Tearing
- Runny nose
- Increased effort to breath

After discharge, you should contact your surgical care team if you are unable to manage your saliva, you are unable to eat or drink 50% of your recommended daily calories due to pain, or your trouble swallowing lasts longer than 2 weeks after surgery.

NAUSEA

Before surgery

- If you have a history of nausea with past anesthesia, let your anesthesiologist know.
- Drink clear liquids prior to surgery until it is time to stop.


After surgery

- Tell your care team if your stomach feels upset. They may give you a medicine to help.
- Advance your diet slowly. Start with clear liquids, then move to thicker liquids and small meals.
- Take your pain medications with a little food to help your stomach.

What's My Medicine?	Action	Medication Notes
<ul style="list-style-type: none">• Ondansetron (Zofran)• Prochlorperazine (Compazine)• Metoclopramide (Reglan)• Aprepitant (Emend)• Promethazine (Phenergan)• Scopolamine Patch (Transderm-Scop)	Reduces nausea and/or vomiting	May cause: <ul style="list-style-type: none">• Dizziness• Drowsiness• Restlessness (Reglan)• Issues with hormonal birth control (Emend)• Pupil dilation and confusion in elderly (Scopolamine)

CONSTIPATION

- Take stool softeners and laxatives to help you have a bowel movement. You will continue to take these medications while you are taking pain medications.
- Eat small meals and drink enough fluids. Fresh fruits, vegetables and grains high in fiber are good options.
- Get moving. Sit in a chair for meals. Go for frequent short walks.
- If you are unable to pass gas and are unable to have a bowel movement several days after surgery, let your surgeon know.

What's My Medicine?	Action	Medication Notes
<ul style="list-style-type: none">• Docusate sodium (Colace) 	Stool Softener	<ul style="list-style-type: none">• Need to make sure you are getting enough fluids to help.• Doesn't stimulate the bowels unless combined with a laxative• (i.e. pericolace)
<ul style="list-style-type: none">• Senna (Sennakot)• Polyethylene glycol (MiraLAX)• Bisacodyl (Dulcolax)• Magnesium Citrate	Treats Constipation	<ul style="list-style-type: none">• May cause upset stomach, stomach pain, cramping, or• diarrhea

KEEPING YOUR LUNGS HEALTHY

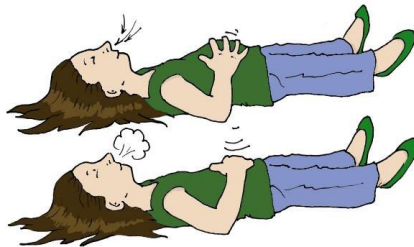
After surgery or when you are in pain, you may not take deep breaths. This can cause little air sacs at the base of the lung to collapse. This is called atelectasis. Over time, this can worsen and cause pneumonia.

You can play an important part by performing regular breathing exercises. Continue these exercises at home for the first couple of weeks after surgery.

- Every hour when you are awake, take deep breaths, cough and use the incentive spirometer.

Coughing and Deep Breathing

1. Sit up or lie on your back with knees slightly bent.
2. Breathe out normally.
3. Breathe in deeply through your nose. Feel your stomach push out as you breathe in.
4. Splint your abdomen with your hands as you make a coughing sound.
5. Repeat 3 times.



Using an Incentive Spirometer

1. Relax and breath out normally.
2. Place your lips tightly around the mouthpiece. Make sure that the device is upright and not tilted.
3. Breathe in as much air as you can through the mouthpiece. Do not breathe in through your nose or it will not work properly.



- Inhale slowly and deeply.
 - Hold your breath long enough to keep the balls or disk (also called piston) raised for at least 3 seconds.
 - Some spirometers have an indicator to let you know that you are breathing in too fast. Keep the indicator between the two arrows.
4. Repeat the exercise. Perform this exercise 10 times every hour while you are awake.

PREVENTING BLOOD CLOTS

Blood clots can happen after surgery. Getting moving can help. When you contract your calf muscle, this pushes blood back to the heart.

- Tell your care team if you have a history of blood clots or a bleeding disorder.
- If you normally take a blood thinner, ask your surgical care team when you can restart your blood thinning medications.
- While you are lying in bed at the hospital, you may have compression devices on your legs. There are several compartments that inflate. We call these sequential compression devices (SCDs). If you have SCDs, you will need help to remove them before getting up to go to the bathroom.



- Pump your feet up and down or draw the alphabet with your toes.



- If you have pain or swelling in one of your calf muscles, let your care team know.



- If you have trouble breathing or chest pain, seek care immediately. Go to the Emergency Room if you've been discharged or notify your care team if you are still in the hospital.

MANAGING PAIN

We expect you to have some pain after surgery, but we will give you some tools to help manage it. Past pain experiences, stress, and pain medication use can influence your pain after surgery. There are different types of pain after surgery: incisional pain, radicular pain and muscle spasms.

Incisional Pain

During surgery, your surgeon will make a cut or incision in your skin. Incisional pain is common after surgery. Incisional swelling peaks around 48-72 hours after surgery, and you may notice more pain during this time. This pain will continue to improve over several days to weeks as your wound heals.

During surgery, your surgical team may inject pain medication near the incision to help with pain. You may be given opioid medications and Tylenol to manage this pain. Sometimes nonsteroidal anti-inflammatory drugs (NSAIDs) like Celebrex, ibuprofen or Toradol may be given. If you are having a spinal fusion, ask your care team if it is ok to take NSAIDs before taking them.

Radicular Pain

Radicular pain is a pain that travels down a certain nerve root from one part of the body to another. If you already have pain that travels from your neck to your arm or from your back down your leg, you may notice that it improves after surgery. If it comes back a couple of days later, it does not mean that your surgery was not successful. Often patients are given a dose of steroids during surgery that can help with this pain, and it may have worn off. Radicular pain often takes up to 6 weeks to go away after surgery. If the radicular pain worsens and you are unable to participate in your daily activities or unable to sleep, call your surgeon. Gabapentin or Pregabalin (Lyrica) are medications that are used to help with this pain.

Muscle Spasms

The muscles are held apart during surgery. You may feel spasms or cramping in certain muscles after surgery.



A muscle relaxer is the most helpful medicine for this type of pain. Heat can also help. Avoid using heat on the incision in the first 48-72 hours. Do not fall asleep on a heating pad.

Before surgery

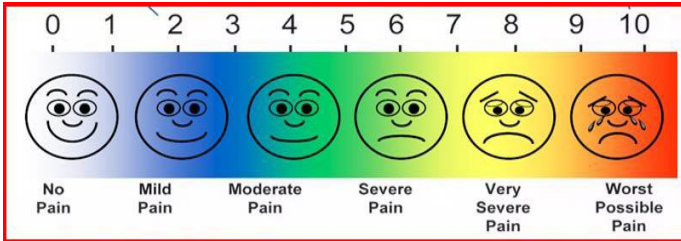
- If you take high amounts of opioid medications, you may be asked to reduce the amount of opioids you take before surgery. **This helps to free up opioid receptors so the medicine will work better after surgery.** This plan is created by a healthcare provider and done slowly to avoid withdrawal symptoms.
- Identify your stressors and make a plan to reduce them.
- Providence offers a class to help with pain. Call 503-574-6595 to register or online at: www.providence.org/classes.
- Perform deep breathing and progressive relaxation exercises. You can continue to do these exercises once you come to the hospital. If you have a smartphone, there are many apps that can help you with deep breathing exercises. Calm and headspace are a few examples.
- Involve your support system.



After surgery

- **Tell your care team how you are feeling.**

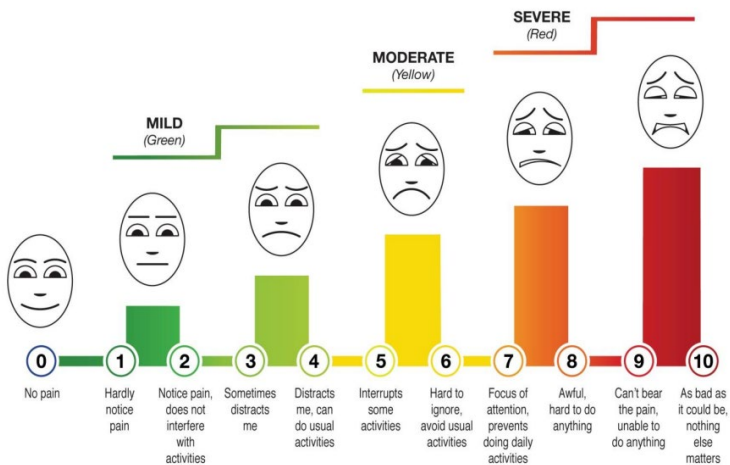
Tell your care team when your pain is getting worse. They may ask you to rate your pain on this scale, where zero (0) = no pain and ten (10) = the worst possible pain.



It can take about 30-45 minutes for pain medicine to start working.

When you rate your pain, think about how it is affecting your ability to sleep and participate in activities. Another way to think about this is to use the [Department of Defense & Veterans Pain Rating Scale](#).

Defense and Veterans Pain Rating Scale



v.2.0

- **Rest in a comfortable position.** You may lay on your side or your back. When laying on your side, you can place a pillow between your knees and behind your back. If you had neck surgery, sitting in a recliner chair may feel more comfortable.

- **Avoid staying in the same position for too long.** In the hospital, your care team will help you turn every couple of hours. If you are sitting in a chair, standing up briefly may help.

- **Get moving.** Movement is an important part of your recovery plan. Movement helps reduce constipation, prevent blood clots, prevent post-operative pneumonia, reduce muscle tension and reduce pain. Start with gentle movements.



The best exercise after spine surgery is walking. Start by walking on a flat surface and gradually increase how long you walk.

- **Space out your activities throughout the day.** Allowing your body to rest is an important part of healing.
- **Gradually increase your activity.**

You can expect some increase in pain as your tissues heal from surgery. This is normal.

Getting moving again will help you heal faster and decrease your pain over time.

- **Apply an ice pack to your incision.** Ice helps



to reduce swelling and can help with pain relief. When icing, make sure the ice pack is wrapped in a clean towel or pillowcase. Ice for only 20 minutes at a time. You can ice multiple times per day.

- **Sleep and rest.** When we sleep, our body flushes out toxins and repairs itself. After surgery, you may need to rest more. Research has shown that getting more than 7 hours of sleep can help with pain.



- **Music, meditation, and deep breathing exercises.** These activities may help to reduce anxiety.
- **Pain medications** are usually ordered during the recovery period. Often, a combination of medications is ordered to help manage pain. Pain pills typically last longer than IV medications.

If you do not have pain, you do not need to take pain medications. The sooner you can stop taking pain medications, the better your body will feel. Taper them slowly when you are ready or when instructed by your doctor. Most people who are not taking opioid pain medications before surgery will not need to take them longer than 2 weeks after surgery.

What's My Medicine?	Action	Medication Notes
<ul style="list-style-type: none"> Acetaminophen (Tylenol) <p><i>Check your other pills for APAP or acetaminophen.</i></p>	Reduces pain & fever	<ul style="list-style-type: none"> Clears the body through the liver. Limit of 3,000 mg/day for patients without liver conditions.
<ul style="list-style-type: none"> Gabapentin Pregabalin (Lyrica) 	Reduces nerve pain	<ul style="list-style-type: none"> May cause: poor coordination, swelling of feet or vision problems (Lyrica)
<p>NSAIDS</p> <ul style="list-style-type: none"> Ibuprofen (Advil, Motrin) Naproxen (Aleve) Ketoralac (Toradol) Celecoxib (Celebrex) 	Reduces pain	<ul style="list-style-type: none"> Increases risk for bleeding. Take pills with food. Check with your surgeon before taking if you had a spinal fusion.
<ul style="list-style-type: none"> Cyclobenzaprine (Flexeril) Methocarbamol (Robaxin) 	Relaxes muscle	<ul style="list-style-type: none"> Makes you tired May cause: dry mouth, weakness, and confusion.

What's My Medicine?	Action	Medication Notes
<ul style="list-style-type: none"> • Tizanidine (Zanaflex) • Baclofen (Lioresal) 		<ul style="list-style-type: none"> • Do not use with alcohol or cannabis.
<ul style="list-style-type: none"> • Dexamethasone (Decadron) 	Steroid – reduces inflammation	<ul style="list-style-type: none"> • Not frequently given. • May cause agitation or trouble sleeping.
<ul style="list-style-type: none"> • Tramadol • Hydrocodone-Acetaminophen (Vicodin or Norco) • Oxycodone • Oxycodone-Acetaminophen (Percocet) • Hydromorphone (Dilaudid) 	Opioid – reduces pain	May cause: <ul style="list-style-type: none"> • Itching • Constipation • Nausea/upset stomach • Headache
<ul style="list-style-type: none"> • Methadone • Oxycontin • MS Contin • Fentanyl Patch 	Long-acting opioid – reduces pain	May cause: <ul style="list-style-type: none"> • Itching • Constipation • Nausea/upset stomach • Headache

Other Opioid Pain Medication Notes



□ No driving or operating machinery while on pain medication or muscle relaxers, or until cleared by your doctor to drive.

- **If you need refills of your pain medication, call your surgeon's office 2-3 business days in advance.**



Someone will have to pick up the prescription. Controlled substances need to be on a paper prescription.

- Follow your provider's instructions for how often you can take the opioid medications. Do not take more pills than prescribed. Do not take it more often than what is listed on your prescription bottle.

- Pain can wear you down if you've had pain for a long time. Feeling down or stressed can make your pain feel worse. Talk to your doctor if you have signs of depression or anxiety. Try to find other ways to continue with activities that bring joy to your day.



Using Opioid Medications Safely

Opioid pain medications work by changing how our brain interprets or understands pain messaging from the body. It doesn't make the pain go away.

Addiction and overdose are risks of taking opioid pain medications. If you are worried about overdose or addiction, visit the [cdc.gov/drugoverdose/pdf/AHA-Patient-Opioid-Factsheet-a.pdf](https://www.cdc.gov/drugoverdose/pdf/AHA-Patient-Opioid-Factsheet-a.pdf).

You need to know how much and how often you can take your opioid pain medication.

- **DO NOT** take it more frequently or take more pain pills than prescribed.
- Store opioids in a secure place and out of reach of others. No one else should use your medications.

Your risk of having an overdose increases as your opioid dose increases.

- **DO NOT** combine opioid pain medications with other medications not prescribed by your doctor or with other drugs such as alcohol, marijuana, or heroin.

Stopping Pain Medications

- If you were not taking pain medications prior to surgery, you should be able to stop using pain medications after a short time.
- Do not stop taking pain medication suddenly, especially if you have been taking pain medication consistently for 3-4 weeks. Discuss with your doctor.
- Know the signs of opioid withdrawal. Shaking, anxiety and new GI upset are common signs of opioid withdrawal.

Disposing of Pain Medications

If you have prescription opioid medications left over at after your recovery, find out how to dispose of them.

- Visit [fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines](https://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines).

Some local pharmacies have community take back programs.

- Visit this link and enter your zip code for the closest location:
apps2.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e2s1
- You can also search on google for drug disposal near me: [google.com/maps/search/drug+disposal/](https://www.google.com/maps/search/drug+disposal/)

WOUND CARE

Surgical wounds take time to heal. It is normal to have some numbness and swelling at the incision site. The skin may also feel raised for the first couple of weeks. It is important to keep your incision clean and dry and check it daily. You may need help to see your wound or change a dressing if it is on your back.

Follow the wound instructions you received at the hospital. Your surgical care team will tell you when you can remove the dressing, when you can shower, and if you need to cover the incision.

- ❑ Keep the wound clean and dry. Change your dressing if it becomes wet.
- ❑ When you can shower without covering your incision: Carefully wash around the incision with soap and water. Do not rub your incision. Gently pat the incision dry after a shower.
- ❑ **DO NOT** apply ointments or lotions to the incision unless your surgical care team tells you to.
- ❑ **DO NOT** peel off any white pieces of tape covering your incision. They will fall off after a couple of weeks on their own.
- ❑ **DO NOT** soak the incision in a tub bath, hot tub or pool.

Check for signs of infection. Call your surgical care team if you see any signs.

- Redness, warmth, and/or swelling developing around the wound.
- Drainage coming from the wound. It is normal to have some blood, which gets lighter over time.
- Temperature higher than 101 degrees Fahrenheit
- Wound separation or opening.

Some patients may have a Prevena wound vac placed at the time of surgery. Follow the instructions you were given in the hospital. Additional information can be found here: prevena4patients.com.

ACTIVITIES AFTER DISCHARGE

It is important to do the following every day:

- ❑ **Keep your incision clean & dry.** Check your wound daily once you are allowed to remove your dressing. Do not sleep with your pets.
- ❑ **Continue your breathing exercises.**
- ❑ **Keep moving.** Movement is an important part of your recovery. Walking on a flat surface is one of the best activities. Balance your activity throughout the day. Gradually increase your activity. It's ok to go up or downstairs (not for exercise). Avoid bending, lifting, and twisting as instructed.
- ❑ **Manage your pain.** It is normal to have some pain after surgery. You may have more pain on day 2 or 3, but it will get better. Balance your activities throughout the day. Ice (cover the incision), heat, movement and relaxation are other pain management options.
- ❑ **Eat a healthy, balanced diet.** Be sure that you are getting enough protein to help your wounds heal and give you energy.
- ❑ **Keep your blood sugar under good control if you are diabetic.** Aim for blood glucose levels below 180. Talk to your doctor who manages your blood sugar if your levels are high.

- ❑ **Take your medications as prescribed.** As your pain decreases, reduce the amount of pain medications you take. You will take medications to help you have a bowel movement until this is normal again.
- ❑ **Follow your brace instructions if you were asked to wear a brace.**

Is Your Recovery on Track?

Your recovery is on track if:

- ❑ You can participate in your daily activities and your pain is manageable.
- ❑ Your incision has no drainage. It may be normal to have some light blood on your dressing.

You should call your doctor if:

- ❑ You have drainage from your wound,
- ❑ Your fever is higher than 101 degrees Fahrenheit.
- ❑ Your pain is not controlled with your oral pain pills.
- ❑ You have trouble having a bowel movement or emptying your bladder.
- ❑ You have pain and/or swelling in a calf/arm.
- ❑ You have trouble returning to regular activity.

Call 911 or go to the Emergency Room if you have:

- ❑ Chest pain or difficulty breathing.
- ❑ Sudden confusion.
- ❑ A fall resulting in injury.
- ❑ **NEW** weakness in an arm/leg.
- ❑ Sudden **NEW** urinary incontinence.

RETURNING TO ACTIVITY AFTER SPINE SURGERY

While you heal from surgery, your care team may ask you to follow spinal precautions. **Your surgical care team will give you recommendations for what types of movements you should avoid and for how long.** Below we list the most common activities to avoid.

The term spinal precautions means **no bending, no lifting, no twisting**. You may also hear “No BLTs”.

NO BENDING

- Do not bend from the waist. From a sitting position, your hands should not reach past your knees.

NO LIFTING

- Do not lift more than 10-15 pounds after your surgery.
- Avoid pulling on chair levers or pushing up from chair arms.



A gallon of milk weighs 8 pounds

NO TWISTING

- Keep your head, shoulders, hips and knees in line when you move. Roll like a log to get in and out of bed or move like a robot.
- Avoid reaching across your body. You may be twisting.
- Ask people to walk around and speak to you so you can see your face or turn your whole body to look.

NO OVERHEAD REACHING AFTER NECK SURGERY

- Keep your elbows below your shoulders when raising your arms.

SITTING

- Use good sitting posture when sitting in chairs.
- Sit in a chair that is high enough that you can easily stand up out of it.
- Sitting for a long time in a straight-backed chair may be uncomfortable. Adjust your position frequently.

FOR SI JOINT FUSIONS

Depending upon your surgeon's preference, you may have crutches, a cane, or a walker to minimize weight-bearing on the surgical side. Please follow your surgeon's instructions with regards to the amount of weight-bearing that is allowed after your SI fusion.

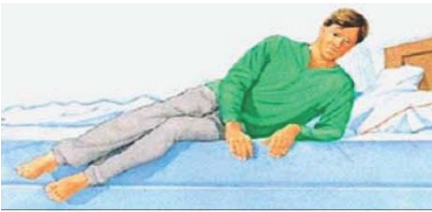
GETTING IN & OUT OF BED: THE LOG ROLL

1. Roll onto your side



- Keep your knees together.
- Flatten your stomach muscles to keep your back from arching.
- Put your hands on the bed in front of you.

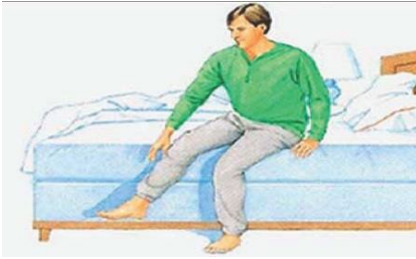
2. Raise your body



- Push your upper body off the bed as you swing your legs to the floor.
- Keeping your back straight, move your whole body as one unit. Don't bend or twist at the waist.
- Let the weight of your legs help you move.

Before standing, sit on the side of the bed. If you feel dizzy, wait to stand up.

3. Stand up

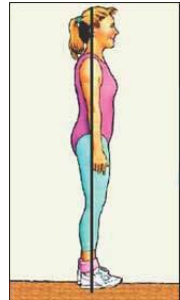


- Lean slightly forward from your hip and roll onto the balls of your feet.
- Flatten your stomach muscles to keep your back from arching. Using your arm and leg muscles, push yourself to a standing position.

Standing

To help keep your spine straight, line up your ears, shoulders and hips. Stand with your feet shoulder-width apart. Or place one foot slightly in front of the other.

Keep your knees relaxed and stomach muscles slightly flattened.



Turning

Protect your back while you stand or turn.

Turning can twist your spine if you don't do it right. Keep the tips on this sheet in mind as you move.

- To turn, move your feet instead of twisting your body at the waist or neck.
- Turn your hips and shoulders together.
- Take short steps around.
- Try pivoting on the heel closest to where you're headed.
- Step forward out of the turn.
- Keep your knees relaxed and your stomach muscles tightened.



Getting in & out of chairs

It may be a little harder to get out of a chair after surgery. Here are some tips. If your chair hits below your knees you can make the chair taller by setting folded blankets on top of the seat.



Follow these steps to sit down. Reverse them to get back up. Make sure the chair is behind you.

- Place one foot slightly behind the other.
- Tighten your stomach muscles. Bend forward from the hips, keeping your back straight.
- You may use the armrests for light balance only.

- Bend your knees. Use your leg muscles to lower yourself onto the seat.
- Scoot back in the seat until you are comfortable.
- Avoid sitting for long periods of time without getting up and moving.

Stairs

- You will be able to go up and down stairs.
- Let your nurse and therapist know if you have stairs.
- Use a handrail if you have one.
- If you are having neck surgery and have a collar, you may not be able to see your feet. It can be helpful to count the number of steps you have.

Increasing your activity level

- Begin with 5-to-10-minute walks 3 to 4 times a day.
- Gradually increase your walking time and frequency each and every day.
- Walk on smooth surfaces. Avoid walking up hills.
- Remember walking and exercise help to prevent blood clots.

Things to avoid

- No strenuous activity: avoid running, jumping, jarring, pulling or pushing motions.
- Avoid sleeping on your stomach. Lie on your side or back with a pillow between your knees.
- Do not begin any exercise program, except walking, without discussing with your surgical care team first.
- Do not drive until your doctor says it's okay.

TIPS FOR DAILY LIVING

These tips can help make some tasks easier and will help protect your back. Our occupational therapists have the following tips to help manage your activities at home.

PREPARING YOUR HOME

Ask someone to help you prepare your home if you didn't do this before surgery. (*Checklist is repeated from earlier in the book*).

- Clear stairs and pathways of any clutter.
- Remove throw rugs.
- Remove telephone or electrical cords from walk areas.
- Have a firm, straight-backed chair with arm rests available at home for use after surgery. A chair seat that hits the back of your leg above the knee will be easier to get out of.
- Use folded blankets (not pillows) to build up low chairs or car seats.
- Store frequently used items on countertops in your kitchen and bathroom, so that you don't bend over or reach overhead.

GETTING DRESSED

There is a way to put your clothes on and take them off without bending and twisting. Here are some tips:

- Sit up straight. You may bring your leg up and cross your opposite leg if you do not need to use your hands to help.
- Long handled equipment may be helpful if you don't have help. Not all patients need this equipment. It is not covered by insurance. It is available at some pharmacies and online. Below are some of the more common examples (top to bottom).



- Wear a T-shirt or camisole under the back brace for comfort.

- If you are having neck surgery, it is easier to put on and take off tops with a wider neck and/or tops that have buttons or zippers.

BATHROOM SAFETY AFTER SURGERY

If your movement is limited during recovery, ask a family member or friend to help prepare your bathroom. This helps make it safer and more comfortable while you heal. Use the tips below as a guide.



- Prevent slips and falls by using non-slip bathmats on your bathroom floor. Non-slip strips are helpful in the tub or shower.
- Watch out for hazards, such as wet floors.
- You won't be able to pick up a dropped bar of soap. Using liquid soap or "soap on a rope" may be easier.
- To make a "soap on a rope":
 1. Cut off a nylon stocking at the hip.
 2. Place the bar of soap in the toe.
 3. Tie the stocking around your wrist.

- A long-handled bath sponge can help extend the reach of your hands.
- A bath bench can help if you are unsteady.
- Talk with your occupational therapist if you need more instruction in using bath aids.

USING THE TOILET

You will need to avoid bending at the waist and twisting when wiping after going to bathroom. If you find you have trouble using toilet paper to clean yourself without bending and/or twisting, toilet tongs may be helpful.



If you had surgery that limits bending, you may need to use a commode chair or elevated toilet seat to raise the height of your toilet.



SHOWERING & BATHING

Getting in a bathtub

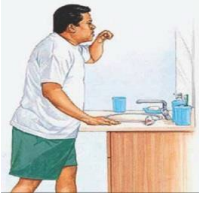


Getting in a shower



- Your first shower should be slightly cooler than an everyday shower.
- You may need help to get positioned in the shower. Step into the shower sideways to prevent twisting.
- Have someone in the bathroom hand your brace to you and help you in and out of the shower.
- You may need to sit on a bath bench or shower chair while you bathe.
- Use a hand-held shower to wash if available. Bend at the knees and hips under the shower head to avoid arching your back.
- Use a long-handled sponge or long-handled bath brush to wash hard-to-reach areas.
- **Neck surgery patients:** when hair washing, keep your neck straight and watch that your elbows don't go above shoulder level.

WASHING AT THE SINK



- When brushing your teeth, use a cup to spit into so that you don't bend.
- While standing at the sink, bend your knees and hips. Keep your back in a neutral position.

GETTING IN & OUT OF THE CAR

Here are some steps to help you get in and out of the car.



- Move the front car seat all the way back to help you get into the car.
- Use folded blankets (not pillows) to build up low seats in your car. A plastic bag on top of a blanket will help with pivoting.
- To get in or out of the car, pivot on your buttocks and swing your legs in or out, keeping your knees together to prevent you from twisting.
- For a higher car, you may need a step stool or need to park next to a curb. Do not pull on the arm handles.

