

# Spinal Surgery Handbook





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## ***Introduction***

You and your surgeon have agreed that a surgical procedure is the next step to treat your back problem.

Your preparation for surgery and your participation during recovery and recuperation is very important. This handbook will provide you with information you will need to prepare for your time in the hospital and at home.



## ***Team Work***

A team of healthcare professionals is ready to help you prepare for surgery and recovery. You, your physicians, physician assistants, nurses, and physical therapists are the principle players on your team, and discharge planners and social workers may also participate depending on your needs. Taking an ACTIVE role in your care is very important for a fast and smooth recovery.



## Preparing For Your Surgery

### Getting Your Home Ready

Since your ability to bend, twist, or lift may be limited after surgery, place commonly used items within easy reach. Store supplies between hip and shoulder level. That way you can get to them without reaching or bending. Remove small area rugs so that they don't impede your moving about with a walker if you should need one. To prevent the need to bend while retrieving "dropped" soap, you might want to purchase liquid soap to hang from the shower head or faucet handles. Your walkways and stairs should be clear of toys and other objects.

### Medications

**Two weeks before your surgery**, discontinue and avoid taking aspirin containing products (Aspirin, Buffered Aspirin, Bufferin, regular Anacin, Fiorinal, Aspirin with Codeine, Darvon compound, all Alka-Seltzer products) and non-steroidal anti-inflammatory medications (Nuprin, Advil, Motrin, Indocin, Naprosyn, Meclomen, Clinoril, Celebrex, Feldene, Relafen). All these medications can thin your blood increasing the risk of blood loss during surgery. If you need any medications for pain during this time, you may use the following products: Acetaminophen, Vicodin, and Tylenol with Codeine.

If you are taking Coumadin, Plavix, or any other anticoagulant/antiplatelet agent, be certain to let your surgeon know and also contact your coumadin clinic to learn when you should suspend taking it prior to surgery. If you have been diagnosed with a bleeding or clotting disorder, let your surgeon know.

If taking any diet pills or herbal supplements such as ginko biloba, discuss these medications as soon as possible with your doctor to avoid having to reschedule your surgery. Some of these medications should be discontinued a minimum of 14 days prior to surgery.

### Smoking

Smoking is harmful to your lungs, heart, and blood vessels, and it slows healing and actually increases your risk of lumbar disc disease. Smoking will reduce the success rate of spinal fusion by 35%. It is imperative that you **STOP SMOKING OR USING NICOTINE PRODUCTS**. If you need help, call the Health Education Department at your local facility, the American Lung Association, or the California Smoker's HelpLine at 1-800-662-8887 for available programs.



► **Illness**

If you develop any kind of illness such as cold, flu, temperature, tooth abscess, herpes outbreak, skin rash or infection, or any other “flare up” of a health problem in the **10 days prior to your scheduled surgery**, it is extremely important to notify your surgeon’s office immediately. Sometimes minor health problems can be quite serious when combined with the stress of surgery. If you suspect pregnancy, it is also very important to call your surgeon’s office.

## ***Pre-op Appointments***

- 1** *Medical Clearance:* You may be asked to obtain a clearance from your regular medical doctor or cardiologist.
- 2** *ECG (electrocardiogram):* A request will be ordered (if it is indicated) through Kaiser Permanente’s electronic system. You are encouraged to have this done at your local Kaiser Permanente at your earliest convenience within 3 months of surgery. No appointment is necessary.
- 3** *Chest X-Ray:* A request will be ordered (if it is indicated) through Kaiser Permanente’s electronic system. You are encouraged to have the X-ray done at your local Kaiser Permanente at your earliest convenience. No appointment is necessary.
- 4** *Consent Signing:* You will meet with your surgeon and receive a full explanation of your surgery and then you will sign the consent.
- 5** *Teaching Session:* You will also meet with the nurse for a preoperative teaching session. Please bring this book and any questions you have.
- 6** *Pre Surgery:* You will have an exam to make sure you are healthy enough to have surgery. Be sure to tell the doctor, nurse practitioner, or physician assistant about all the over-the-counter (including herbal) and prescription medications you take.  
A routine part of this exam is to have blood work (if indicated) done in the lab. You may also be interviewed by anesthesia by phone or e-mail.
- 7** *Arrival Time:* You will need to call (510) 752-7379 between 11 a.m. and 1 p.m. the day before your surgery for an arrival time.
- 8** *kp.org:* It is essential that you register with kp.org.

# ***Preparing for Your Discharge from the Hospital***

A Message from the Social Workers and RN Case Managers  
of Kaiser Permanente

280 W MacArthur Blvd.  
Oakland, CA 94611  
(510) 752-6305

After your spine surgery, plan to be in the hospital for approximately 1–5 days. The exact amount of time depends on your personal progress and your physician’s orders for your care. Some spine surgical procedures are as an outpatient. It is important that you discuss discharge planning with your surgeon when you see him/her before your surgery. It is much better for you to plan ahead so you can fully participate in your own decisions and plans. On the day you go home, prepare to be discharged before 11 a.m.

**Generally speaking, most people are able to go directly home from the hospital.**

- 1** *Durable Medical Equipment (DME)*: Any DME item for which you have medical necessity will be ordered for you before your discharge. If an item is requested for which you do not have Health Plan coverage, you will be provided with information on how you can purchase the item. You may call member services at (800) 464-4000 to find out what type coverage you have.
- 2** *Reachers/Grabbers/Raised Toilet Seats*: Many people ask about how they can get these. These are NOT covered by your Health Plan.
  - You can purchase one at a local store or you can go to a medical supply store in your area. Look in the Yellow Pages or on-line under “Medical Equipment and Supplies.”
- 3** *Help at Home*: It is also important to plan on having help at home for the first two weeks. The amount and type of help varies with everyone. If you think you might need to look into hiring an attendant and/or chore help at home, contact the Social Work Department at (510) 752-6305.
  - Skilled Nursing Facility (SNF): Decisions regarding SNF placement are based on whether you meet certain criteria.



**4** *Transportation:* How you will get home is also important to plan.

Most individuals are able to go home in a private car; so plan for this before your surgery. Occasionally, it is recommended that you go home by either wheelchair or gurney van. These services are not covered by benefits and must be paid privately by you. A Social Worker or RN Case Manager can help you make arrangements for those services. You must be prepared to pay at the time of service. Please prearrange to have a trusted family member or friend pay for your transportation expenses if it is deemed that you cannot travel by private automobile.

- Local area wheelchair van costs are generally \$80 and up, and are payable only by cash or credit card.
- Local area gurney van costs are \$120 and up, and can only be paid by cash or credit card.

The majority of patients who have had spine surgery go home. There are occasions, however, when your Hospitalist and Physical Therapist will recommend a short-term stay at a Skilled Nursing Facility (SNF). The decision is based upon your overall needs and your response to therapy while hospitalized.

Your discharge planner will verify if you have SNF Health Plan coverage and advise you on the various local contracted SNFs as indicated.

Examples of skilled care are intravenous therapy, wound care, feeding tubes, or daily physical therapy and occupational rehabilitation services. Your Kaiser Permanente Health Plan or Medicare covers these services if you have medical necessity.

Kaiser Permanente Health Plan or Medicare does not pay for custodial care. This type of care includes daily supervision, and help with activities of daily living:

- Bathing
- Eating
- Toileting
- Dressing

If you do not meet the skilled care guidelines but feel that a short stay in SNF is preferable over returning immediately to your home, your Social Worker can assist you in arranging this at your expense. The cost per day varies widely.



Once a patient is able to return home safely, he/she may continue to recover or receive rehabilitation at an outpatient medical office.

- 1 *DME*: Generally if you go from the hospital to a Skilled Nursing Facility, your home DME will be ordered by the SNF.
- 2 *Transportation*: Your Physical Therapist will advise you and the discharge planner on the preferred method of transportation for you.
  - Many individuals are able to go to the SNF in a private car.
  - If a wheelchair or gurney van is needed, please refer to the information as stated on page 7.

We are looking forward to working with you to help you have a good stay.

### What to Bring to the Hospital:

- Glasses, hearing aides, and their containers
- Wear your dentures or partials (bring container)
- Wear comfortable clothing that can also be worn home
- Health Plan Card and co-pay if you haven't paid it earlier
- Copy of your Advance Directive, if you have one
- Leave your medicines at home as well. You may bring an updated list of all your medications including doses and times you take them.

**If other items are desired for your hospital stay, please have your family bring to you after surgery. Do not bring luggage to preoperative area (ambulatory surgery unit).**

Note: Leave valuables (i.e., money, jewelry, watches, and credit cards) at home. Please prearrange to have a trusted family member or friend pay for your transportation expenses if it is deemed that you cannot travel by private car.

### The Night Before Surgery

- Shower with hibiclens soap or other antimicrobial product. Scrub the surgical site. Avoid using hibiclens on your face. Use your regular shampoo on your hair.
- Remove all jewelry including body piercings.
- No perfumes, powders, lotions, body oils, or make-up on the day of surgery.

## ► *The Day of Surgery*

You should stop eating and drinking:

- After midnight the night before surgery.
- You may have CLEAR LIQUIDS (water or apple juice) up to 2 hours before ARRIVAL TIME.
- In most cases, you can brush your teeth before going to the hospital.
- If you take a daily medication, find out if you should take it the morning of surgery. If you are to take it, swallow with only a sip of water.
- If you do not follow these guidelines related to food and drink, your surgery will be canceled.
- Shower again with hibiclens soap or other antimicrobial product.
- You may be told to arrive at the hospital a few hours before surgery. Once there, your vital signs (temperature, heart and respiratory rate, and blood pressure) will be taken. If necessary, additional tests will be done. Then one or more IV (intravenous) lines will be started. These lines provide the fluid and medications you need during surgery.

## ► *Getting Home from the Hospital*

Arrange a ride home in a large comfortable car with reclining seats. Some pillows may be helpful.

## *At Home to Recover*

### ► *Follow-up After Surgery:*

**The day after you arrive home from the hospital, please call the surgeon's office,** or on Monday if you go home on the weekend, and let us know how you are doing. You may leave a voicemail message at any time. Our office hours are Monday through Friday, 8:30 a.m. to 5 p.m.

If you have problems or questions, please call for assistance. If you urgently need to talk to someone after-hours or on the weekend, you can call the Medical Advice Line at (510) 752-1190 for Kaiser Permanente Oakland. If out of area, call your local Kaiser Permanente line. If you have an urgent problem that requires immediate care, you should go to the Emergency Department. Please call if you have the following symptoms or any other issue that concerns you.

- 1 A fever above 101° F or a low-grade fever that persists more than 5 days
- 2 Drainage, which increases after the first few days, or which is yellow
- 3 Increasing redness or swelling at the incision
- 4 The gauze is saturated with drainage within 6 hours
- 5 Foul odor
- 6 Open area in the incision
- 7 Inability to urinate, no bowel movement
- 8 Unusually severe pain, uncontrollable or persistent
- 9 New onset of pain, swelling, or weakness in one or both of your legs
- 10 Difficulty breathing or chest pain
- 11 For cervical fusions—progressively worsening swallowing

### Care of Your Incision:

Wound care instructions will be given to you during the preoperative nurse appointment and once again at the time of your discharge.

Everyone is discharged from the hospital with general discharge orders. Most surgeons will decide during surgery what type of suture is appropriate. Some sutures will need to be removed and others will simply dissolve. After your discharge from the hospital you can check with your surgeon's nurse and learn whether you need an appointment for suture removal.

### Hygiene:

**Do NOT immerse yourself in water (i.e., take a bath) but you may shower with your dressing on.** The clear dressing keeps water away from your incision. This makes it possible for you to shower. Maintain safety and good body mechanics while in the shower. You may find that a shower chair is helpful for sitting on during your showers for the first few months if you are having a lumbar fusion. Make sure your shower has a non-slip floor.



## ► **Activity and Exercise:**

After low back surgery, until your doctor permits it, you may not:

- 1 Bend forward beyond 40 degrees.*
- 2 Lean forward while sitting.*
- 3 Lift more than 5 pounds during the first 2 months.*
- 4 Twist or rotate your trunk.*
- 5 In general, avoid repetitive activities, i.e., emptying the dishwasher or dryer.*



You may sit for as long as comfortable. A reclining position, with firm support under the low back, will be more comfortable. Avoid chairs, which are low, as they are difficult to get out of without bending forward more than you should. Bend at the knees to get low objects. Turn your whole body rather than turning with your back.

Activity, especially exercise, is important to promote healing and strength, as well as to improve the function of your heart, circulation, lungs, and intestines. If you had a micro-discectomy, take 3 short walks per day at first and increase the distance each day. You may safely increase your walking up to 2 miles on a flat surface in 2 weeks. After a lumbar fusion, take occasional short walks and as your strength and endurance increase, lengthen your walks as tolerated.

You may not engage in excessive physical activities such as heavy housework, yard work, manual labor, jogging, aerobics, bicycle riding, or swimming, until permitted by your doctor. You and your doctor will discuss increasing your activity level during your follow-up visits.

## ► **After Neck Surgery:**

Until your doctor permits it, you may not:

- 1 Lift or lower chin*
- 2 Bend your neck to the side*
- 3 Twist or rotate your neck*
- 4 Lift more than 5–10 pounds*
- 5 Avoid repetitive overhead activities*

To maintain neck position, avoid reaching up and down low. Bend at the knees to get low objects. Turn your whole body rather than turning your head and neck. Avoid chairs, which are low, as they are difficult to get out of without bending forward more than you should.

Activity, especially exercise, is important to promote healing and strength, as well as to improve the function of your heart, circulation, lungs, and intestines. Take short walks at first and increase the distance each day as tolerated. You may not engage in excessive physical activities such as heavy housework, yard work, manual labor, jogging, aerobics, bicycle riding, or swimming until permitted by your doctor. You and your doctor will discuss increasing your activity level during your follow-up visits.

### Driving:

In general, it is recommended to limit time spent in the car at first because of possible exposure to unexpected starts and stops, prolonged vibrations, or motor vehicle injury. You should not drive **until you no longer require narcotic analgesics** and can safely perform all tasks associated with driving.

To get into a car, slide the front passenger seat back; slightly recline the seat and sit down. Be certain to fasten the seat belt and shoulder strap. Always sit in the front and DO NOT attempt to get into the back seat for several weeks.

If you've had a discectomy, a reasonable time expectation of not driving is 3–6 weeks. For other types of surgery, it may be 3–4 months or longer. You should not drive while wearing any type of neck brace.

### Pain Management:

After surgery, you will experience pain at the incision site. Your surgeon most likely has prescribed a strong pain medication for you; it should be taken with food. It is important to take it as directed, around the clock for the first few days after your discharge from the hospital. By taking the medication regularly, you will avoid “peaks and valleys” in your pain control. Never take more pain medication than your physician has prescribed. If you are having problems with pain control, call your surgeon's office to discuss the problem. Together, a solution can be found that will work for you. You may also use cold packs for 15–20 minutes at a time every hour. Some people experience immediate relief of leg/arm pain, but often leg/arm symptoms will gradually decrease.



If **after 3 months** following your surgery you're still having chronic pain, this should be managed by the local pain management program at your local Kaiser Permanente facility with a referral from your primary care physician. If you have no surgical complications, any further requests for pain medications will be referred to your primary care physician.

► **Sleep:**

***After lumbar spine surgery you may sleep on your side or on your back.*** Sleeping on your side with a pillow between your legs usually works well. Often people have some difficulty sleeping during the first week or two after surgery.

***After neck surgery you must sleep in your collar unless your surgeon advises you otherwise.*** Often people have difficulty sleeping during the first week or two after surgery.

► **Diet and Elimination:**

During the first week you may or may not have a good appetite. Most important is to drink plenty of fluids (2 quarts per day), and make food choices, which give adequate nutrition. Once you are eating well, a well-balanced diet with increased fiber will help the healing process. A multi-vitamin and mineral supplement (with an additional iron supplement if you have donated blood) can be helpful. Calcium citrate supplements of 1500–2000 mg are recommended if you have had a fusion and have no history of kidney stones.

Constipation is common after surgery, so your doctor will prescribe a mild stool softener. Other measures which decrease constipation are using pain medication only when necessary (narcotics are very constipating), walking, drinking lots of water, having a fiber-rich diet, and taking Metamucil. You may also need to take a laxative, such as Milk of Magnesia. If none of these is effective within a day or two, please call the clinic for further advice. It is important to have good nutrition so tissues heal.

After anterior (from the front) neck surgery you may experience some difficulty with swallowing. We suggest that you prepare foods which are typically easier to swallow. Your diet should consist of moist foods that may be cut or ground into small pieces. You should avoid dry, raw, or stringy items. Your fluids should be thin (water), semi-thick (nectar), or thick (yogurt) in consistency.

Include foods which form a bolus in the mouth and do not fall apart easily when swallowed, for example, bananas, mashed potatoes with gravy, and souffles. Dry foods such as crumbly breads or crackers, rice, and pasta should be avoided unless moistened with liquid.

Use gravies, sauces, salad dressings, yogurt, fruit juices, or milk to add moisture to foods and provide liquids to help meet hydration needs.

Avoid small pieces of food as they may “pocket” or be held in the mouth and increase the risk of choking. For example, avoid popcorn, raw vegetables and fruits, nuts, and small candies.

Avoid sticky foods that adhere to the roof of the mouth and may be difficult to move in the mouth; for example, white bread, peanut butter, bran cereals, and dry mashed potatoes.

Safe positioning during dining is essential to decrease the risk of aspiration (food traveling into the lungs). Always sit up while consuming foods or liquids and remain upright at least 15–30 minutes afterward.

### Brace:

You may have to wear a back support of some kind or a neck brace after surgery. In general, you must wear this whenever you are out of bed, including sitting. You will need to get specific instructions from your doctor or physician assistant. Common considerations are: 1) do I have to sleep in it? and 2) How long do I have to wear it? (The doctor will give you an approximate time before surgery.) Then, on follow-up visits you will have a X-ray taken. When the X-rays show the bone has healed enough, the brace no longer has to be worn.

### Smoking:

**Smoking, nicotine patches, and chewing tobacco are particularly harmful to patients who have had fusions** because it interferes with healing. The blood supply to the fusion consists of tiny blood vessels, which are constricted by the nicotine in tobacco. **If the blood supply is decreased, the fusion may not solidly heal, and you may not get the pain relief that was the purpose of the surgery.** This can result in a failed surgery.





▶ **NSAIDs:**

Any non-steroidal anti-inflammatory drugs, such as aspirin and ibuprofen, can interfere with a fusion healing. They should be avoided, normally for 3–6 months. Check with your surgeon regarding taking any NSAIDs after surgery.

**Complete healing of a fusion may take from 3–6 months.**

▶ **Return to Work:**

When you will be able to return to work depends on the type of activity required by your work, age, physical conditioning, whether you work full- or part-time and your recovery progress. Many patients can return to light work full- or part-time in 2–3 weeks. Your surgeon may also advise you when you are able to return to work, depending on the demands of your particular job.

▶ **Completion of Forms:**

Insurance forms and any other forms which need to be completed and signed by the surgeon must go to the Medical Secretaries Department. Please do not leave such forms in the surgeon's office. The form may become lost and this will result in delays.

**If you are currently employed, please get updated visit verification when you see the surgeon.**



## ► NOTES

▶ NOTES





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