

# GUIDEBOOK FOR SPINE

THE SPINE PROGRAM AT  
MELBOURNE REGIONAL MEDICAL CENTER



## Melbourne Regional Medical Center

A STEWARD FAMILY HOSPITAL

Steward





# WELCOME

## to Melbourne Regional Medical Center Spine Program

Your surgeon has chosen our hospital to care for your spine needs. We are honored you and your surgical team have entrusted us with your care.

Our Spine Program care team will monitor you, and provide education and resources needed for a successful outcome. Our multidisciplinary team approach provides expertise in many areas, including skilled nurses specifically trained in caring for spine patients. A hospitalist will manage your medical needs and pain, while a physical therapist will assist you and your caregivers during the recovery period. You, our patient, are also part of this team. Your role is to provide the information needed to enable appropriate treatment. We believe that being part of the program will improve your surgical results.

Upon admission to the hospital, you are automatically enrolled into our Spine Program. This program is provided to ensure consistent high-quality spine care. You have the option not to participate in the program. Please let your doctor or nurse know your preference.

Please let us know at any time if you have questions regarding your care. Your satisfaction with our spine program and the care you receive is extremely important to us.

*Thank you* for entrusting your spine care to Melbourne Regional Medical Center and thank you for becoming an integral part of your care and healing plan.

Sincerely,  
Ortho/Spine Care Team  
Melbourne Regional Medical Center  
321-752-1314

Melbourne Regional Medical Center  
240 North Wickham Road, Melbourne, Florida 32935 | Tel: 321-752-1200 | [melbourneregional.org](http://melbourneregional.org)



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## THE SPINE PROGRAM AT MELBOURNE REGIONAL MEDICAL CENTER

### Section One – Before Surgery

#### Welcome

We are pleased you have chosen The Spine Program at Melbourne Regional Medical Center for your spine surgery.

At Melbourne Regional Medical Center, our team is committed to making your surgical experience as positive as possible. The Spine Program is designed to expand you and your family's knowledge and understanding of all aspects of your spine surgery, including what to expect before, during and after your procedure.

The Spine Program has implemented a multidisciplinary course of treatment. Our goal is to provide you with the highest quality health care and the best possible surgical outcome.

#### Using the Guidebook

The Guidebook will assist you with:

Education, Preparation, Communication and Continuity of Care that is essential to excellent outcomes. This Guidebook is designed to educate and prepare you for...

- What to expect before, during and after your spine surgery
- What you need to know
- How to care for your spine
- After care for the rest of your life

#### The Spine Program Overview at Melbourne Regional Medical Center

We offer a unique program to encourage discharge from the hospital one to three days after surgery. Program features include:

- Dedicated Orthopedic nurses
- Private rooms
- Multidisciplinary team to work with you
- Physical Therapy
- Hospitalist
- Dietary
- Case Management



# THE SPINE PROGRAM AT MELBOURNE REGIONAL MEDICAL CENTER

## PATIENT CHECKLIST

### **Congratulations on choosing to have spine surgery and thank you for choosing The Spine Program at Melbourne Regional Medical Center**

To be completely prepared for your spine surgery, you will need to schedule your Pre-Operative Education Class.

- Please call 321-752-1427 to schedule your pre-op class.

### **THESE MUST BE DONE PRIOR TO SURGERY.**

My Spine Surgery Pre-Operative Education Class:

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### **Prior to Pre-Admission Nursing assessment you must:**

- ☐ Get pre-op labs done (including MRSA swab)
- ☐ Make an appointment to get clearance from your primary care doctor
- ☐ See your Cardiologist and/or any other specialists if directed by surgeon

### **Prior to surgery you must:**

- ☐ Attend Pre-Operative Education Class
- ☐ Attend Pre-Admission Nursing assessment (this may be in person or you may receive a phone call)
- ☐ Have co-payments ready if applicable
- ☐ Read your Guidebook
- ☐ Choose a 'coach' to assist in your recovery
- ☐ Plan your discharge and obtain your DME. (Back braces, Aspen [hard] collar, soft collar).
- ☐ Prepare your home for after surgery
- ☐ Stop taking any over-the-counter medications/supplements, vitamins and any anti-inflammatories (such as ibuprofen, naproxen, ect.) 7-10 days prior to surgery
- ☐ Stop taking any blood thinners prior to your surgery (unless directed differently by your physician)
- ☐ Start your Chlorhexidine Soap as instructed



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## DISCHARGE PLANNING ASSESSMENT

Patient's Name: \_\_\_\_\_ Surgery Date: \_\_\_\_\_

Patient's Phone Number: (\_\_\_\_) \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Name of Family Member/Caregiver/Coach: \_\_\_\_\_

*Family/friend/coach will be home with you first few days after discharge.*

Family Member/Caregiver/Coach Phone Number: \_\_\_\_\_

Area of Surgery: NECK or BACK (circle one)

Surgeon's Name: \_\_\_\_\_

Discharge Plan: \_\_\_\_\_

Preferred Home Health Care Provider: \_\_\_\_\_

Circle any equipment you already have at home:

Brace (Neck Or Back)      Bedside Commode      2 Wheel Walker

How many stairs do you have in your home: \_\_\_\_\_

Please provide any other information that may affect your discharge plan (transportation issues, etc.)

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Post-Op pain medications; Keep this medicine at home:

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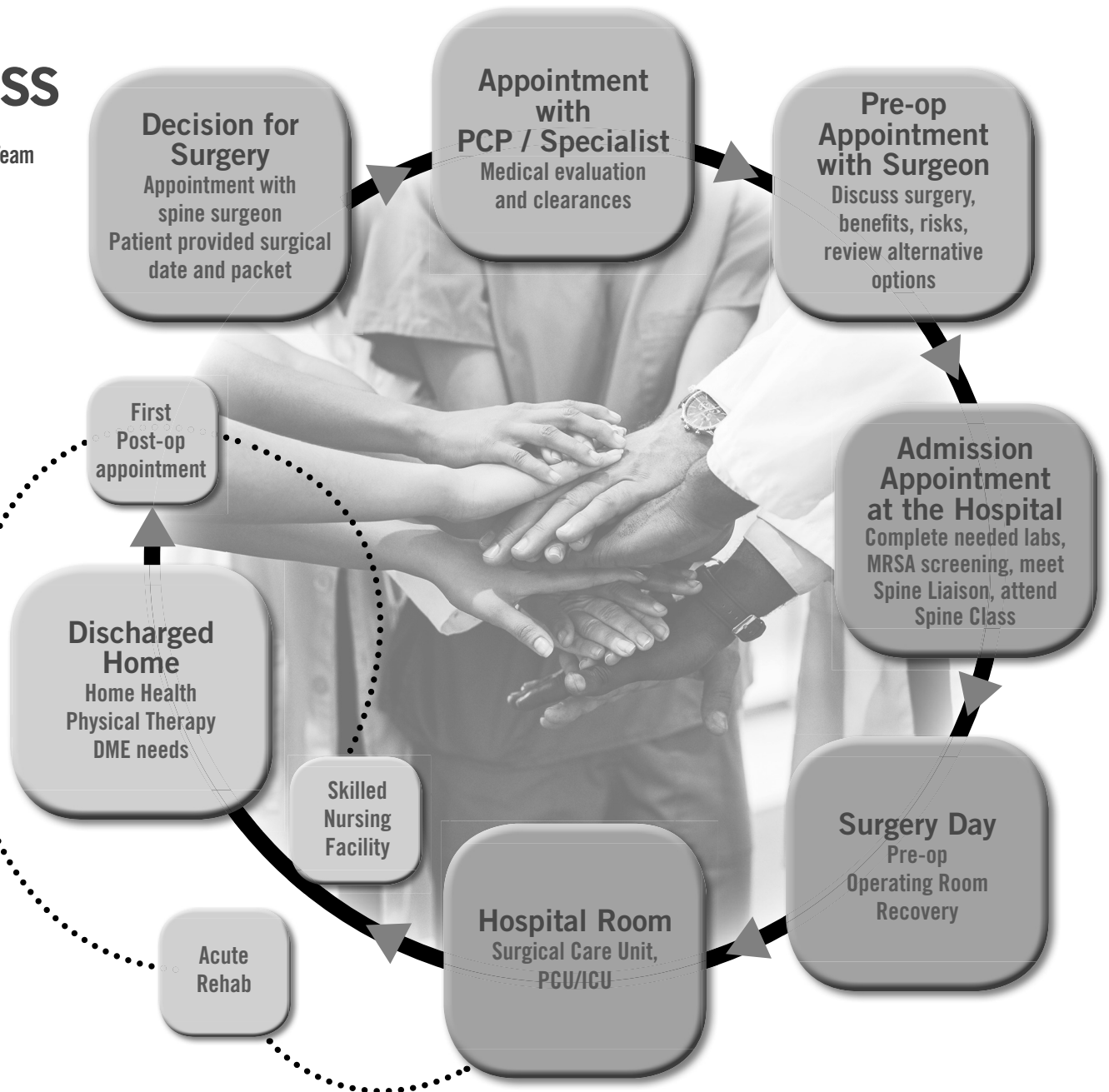
# GUIDEBOOK FOR SPINE

THE SPINE PROGRAM AT MELBOURNE REGIONAL MEDICAL CENTER

## Circle of Success

### Multi-Discipline Care Team

Anesthesiologist  
Case Management  
Chaplain Services  
Dietician  
Hospitalist  
Pain Management  
Physical Therapist/  
Occupational  
Therapist  
Physician  
RN/CNA  
Specialist  
Spine  
APRN/PAs  
Surgeon



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## THE SPINE PROGRAM AT MELBOURNE REGIONAL MEDICAL CENTER

### Your Spine Surgery Team:

**Spine Surgeon-** Will perform the procedure to repair your damaged spine.

**Spine Care Team-** Care Team will monitor you during your hospital stay and assist before and after surgery.

**Hospitalist-** Internal medicine physician who specialize in taking care of patients in a hospital setting. Your surgeon may consult with a hospitalist to effectively manage your medical needs.

**Registered Nurse (RN)-** Responsible for your daily care while in the hospital. Your nurse will ensure that orders given by your doctor are followed, including pain management medications, your home medications and monitoring of your vital signs.

**Physical Therapist (PT)-** Will guide you through functional daily activities and teach you exercises to regain your strength/motion. They will show you how to use your walker and recliner chair to support proper exercises.

**Occupational Therapist (OT)-** Will teach you how to complete daily living tasks as independently as possible (i.e. getting in and out of bed, dressing, maintaining personal hygiene, and completing household chores).



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### Important Contact Information

We hope your stay at Melbourne Regional Medical Center is as pleasant as possible. Below is a list of reference numbers for your use during and after your hospitalization. Please, feel free to contact any one of us with any concerns, comments or questions you may have:

Spine Coordinators	321-752-1314, 321-752-1427
Main Hospital Line	321-752-1200
Pre-admission Testing	321-752-1204
Medical Records	321-752-1200 ext. 102-1561
Billing	1-800-660-0100
Case Management	321-752-1475
Dietary	321-752-3333
Melbourne Regional Medical Center Patient Advocate	321-752-1431

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## THE SPINE PROGRAM AT MELBOURNE REGIONAL MEDICAL CENTER

### Spine Class:

To help prepare for your spine surgery and recovery, we recommend attending a spine class with the Spine Coordinator.

The purpose of the session is to help patients understand what to expect before, during, and after surgery. The goal is to enhance the surgical experience by providing patients with the knowledge they need to have a positive experience and successful recovery. This education session allows the patient to discuss the surgical process in a one-on-one setting, allowing our patients and those who will be caring for them time to discuss any questions and/or concerns specific to their surgery.

- Your family or partner in care are welcome to attend this combined session with you.
- Interpreter services are available to assist with any language needs.
- Please bring this booklet and any information you receive from your surgeon for the Spine Class.

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### Chlorhexidine Gluconate Shower (CHG)

Because skin is not sterile, we need to be sure that your skin is as free of germs as possible before your surgery. You can reduce the number of germs on your skin and decrease the risk of a surgical site infection by preparing your skin with a special soap called Chlorhexidine Gluconate (CHG).

#### **Please follow the instructions below:**

If you are allergic to CHG or for any other reason washing with CHG is not possible, please follow the instructions below and use antibacterial soap (such as Dial).

#### **INSTRUCTIONS:**

#### **START SOAP AND CHANGE BED SHEETS TWO DAYS BEFORE SURGERY.**

**Shower with CHG daily prior to surgery: 2 days before you will wash with the CHG soap, change your sheets and sleep in clean pajamas.**

**Repeat the following night (night before surgery—you do not have to change your sheets again).**

**And repeat again the morning of surgery.**

1. Wash your hair, face, and body, with your normal shampoo and soap. Rinse completely.
2. Step out of the water.
3. Apply the CHG soap from chin to toes and avoid your genital area and face.

**NOTE: NEVER USE THE CHG SOAP NEAR YOUR EYES, IN YOUR EARS OR MOUTH. DO NOT USE AROUND THE GENITAL AREA.**

4. Leave CHG soap on for 3 minutes.
5. Rinse the liquid soap off your body.
6. Towel dry.
7. No perfume, aftershave or lotion.

**NOTE:** One 6-ounce CHG bottle should be divided equally between the 3 showers.

**STOP USING THE SOAP AND CALL YOUR DOCTOR IF YOU HAVE A SKIN REACTION SUCH AS SEVERE BURNING, ITCHING, REDNESS, BLISTERING, PEELING, SWELLING, RASH OR ANY OTHER SEVERE IRRITATION.**

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## THE SPINE PROGRAM AT MELBOURNE REGIONAL MEDICAL CENTER

### Common Spine Conditions

- **Spinal Stenosis:** narrowing of the spinal column that causes pressure on the spinal cord or narrowing of the openings where spinal nerves leave the spinal column.
- **Degenerative Disc Disease (DDD):** osteoarthritis of the spine. Loss of cushioning in the disc space between vertebrae.
- **Radiculopathy:** nerve root irritation.
- **Spondylolisthesis:** vertebrae slips out of place.
- **Fractures:** vertebral fracture is the fracture/break in the boney part of the spine.
- **Herniated disk:** A herniated (slipped) disk is when all or part of an intervertebral disk moves out of its normal position and places pressure on nearby nerves or the spinal cord.

### Treatment Options

There are multiple factors to determine the best treatment plan. Discuss with your spine surgeon.

- **Discectomy:** surgery to remove all or part of a herniated disk that is placing pressure on the spinal cord and nerves.
- **Laminectomy:** surgery to remove part of the bone that makes up a single vertebrae in the spine. It is often done to treat spinal stenosis, narrowing of the spinal column.
- **Spinal fusion:** surgery to permanently join together two or more bones in the spine so there is no movement between them. It may be done if you have an injury or fracture in your spine, a weak or unstable spine, abnormal curvatures or arthritis in the spine.
- **Total disc replacement:** replacing the disc.
- **Kyphoplasty:** Procedure to stabilize a vertebrae that is fractured. Usually patient has relief right after procedure.
- **Reconstruction**

### Surgical Approaches to Spine Surgery

- **ACDF- Anterior Cervical Discectomy Fusion**
- **ALIF- Anterior Lumbar Interbody Fusion**
- **OLIF- Oblique Lumbar Interbody Fusion**
- **Posterior Fusion**
  - Cervical, Thoracic or Lumbar
- **SI Fusion- Sacral Iliac**

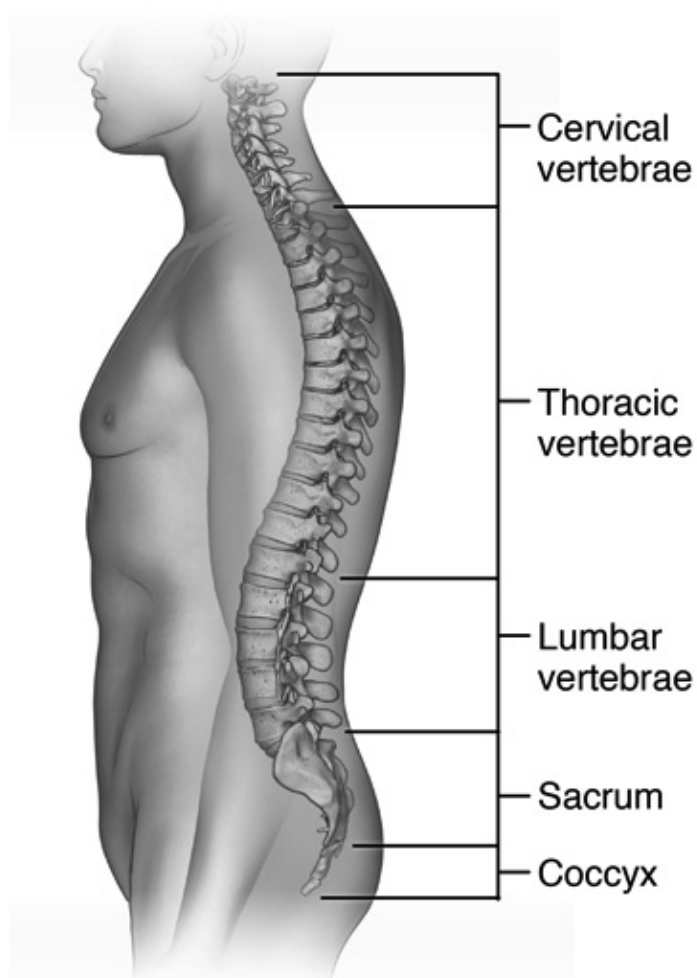
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## About the Spine

The Spine is made up of four parts (24 individual vertebra):

- **Cervical** (neck) 7 vertebra
- **Thoracic** (chest) 12 vertebra
- **Lumbar** (low back) 5 vertebra
- **Sacrum** (tail bone) 9 fused vertebra





# GUIDEBOOK FOR SPINE

## THE SPINE PROGRAM AT MELBOURNE REGIONAL MEDICAL CENTER

### Preparing for Spine Surgery

Spine surgery can relieve pain and enable individuals to live fuller, more active lives. If you and your surgeon have decided that you are a good candidate for spine surgery, you will need time to prepare, both physically and psychologically. By planning ahead and following these recommendations, you can help ensure a smooth surgery and a quicker recovery.

The physical preparations you make can affect both the outcome of the surgery and your recovery time.

- Be sure to discuss with your surgeon if you are being treated or need treatment for any medical concerns. Scheduling your surgery needs to be coordinated with the treatment of any medical conditions to protect your health and safety.
- If you smoke, you should stop smoking at least 6 weeks prior to your surgery or as soon as you discover you need surgery. Smoking changes blood flow patterns, delays healing and slows recovery. Talk to your provider to obtain a nicotine patch.
- If you drink alcohol, don't drink any alcohol for at least 24 hours before surgery.
- If you use any types of controlled substances, tell your surgeon. Narcotics and other drugs can have an impact on your surgery and recovery.
- Nutrition and weight loss: Eat well. If you are overweight, your surgeon may recommend a weight loss program.
- If diabetic: Good control of blood sugars; regular exercise; A1C less than 7.5.
- If you see a specialist, lung doctor or cardiologist, make an appointment as soon as possible.
  - Your specialist must give clearance prior to surgery.
- Complete pre-op blood work and testing. Your surgeon will provide the orders.
- MRSA nasal screening test will need to be on all spine patients.
  - This should be completed 7 days before surgery (contact Spine Coordinator for locations).
- Obtain neck or back brace. Bring to the hospital the day of surgery.

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## THE SPINE PROGRAM AT MELBOURNE REGIONAL MEDICAL CENTER

### Get Started

#### Medical Clearance

If medical clearance is required, your surgeon's office will communicate this with you and assist with scheduling an appointment to have this completed.

If you need to see your medical doctor, it will be for pre-operative medical clearance. This is in addition to seeing your surgeon before surgery. You may require additional medical testing in order to be medically cleared for surgery and anesthesia.

#### Labwork/Tests

You may require additional labwork done prior to your procedure. You will receive instructions from your surgeon's office. The anesthesiologist or physicians may order additional testing which may include, but are not limited to, CBC, BMP, MRSA screen, urine, or an EKG. MRSA nasal swab is required seven days before surgery.

#### Medications That Increase Bleeding

Usually about 10 days before your surgery, you will stop taking medications such as anti-inflammatory medications like aspirin, Motrin®, Naproxen, Vitamin E, etc. These medications may increase bleeding. If you are taking a blood thinner, you will need instructions for continuing or stopping the medication from the physician that has originally ordered you to take the medication. During your pre-op appointment, you will receive instructions about your other medications.

#### Blood Thinner

Aspirin, Plavix, Xerelto, Eliquis, Cumadin, Pradaxa, Effient, Brilinta

Receive instructions from the provider who ordered the blood thinner regarding when to stop and restart the medication.

#### Herbal Medicine/Supplements

Herbal medicines and supplements can interfere with other medicines. You will need to stop taking them 10 days before surgery.

Examples of herbal medicines: echinacea, ginkgo, ginseng, ginger, licorice, garlic, valerian, St. John's wort, ephedra, goldenseal, feverfew, saw palmetto, and kava-kava.

#### Plan for Leaving the Hospital

The Spine Coordinator will work with you and the hospital team to develop a plan that meets your needs. Patients should expect to go directly home to recover in the privacy and comfort of their surroundings.



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### Healthcare Decisions

Advance Medical Directives are printed instructions that communicate the patient's wishes regarding healthcare. There are different directives. Consult your attorney concerning the legal implications of each.

- **A Living Will** explains your wishes if you have a terminal condition, irreversible coma, and are unable to communicate.
- **Appointment of a Healthcare Agent** (sometimes called a Medical Power of Attorney) lets you name a person (your agent) to make medical decisions if you become unable to do so.
- **Healthcare Instructions** are your choices regarding use of life-sustaining equipment, hydration, nutrition, and pain medications.

If you have an Advance Medical Directive, bring a copy of the document with you to the hospital.

### Stop Smoking

Smoking:

- Delays your healing process.
- Reduces the size of blood vessels and decreases the amount of oxygen circulated in your blood.
- Can increase clotting which can cause heart problems.
- Increases blood pressure and heart rate.

**Smoking can impair  
oxygen circulation to your  
healing spine.  
Oxygen circulation is  
vital to the healing  
process.**

If you quit smoking before surgery, you will increase your ability to heal. If you need help quitting, ask about hospital resources.

When you are ready:

- Decide to quit.
- Choose the date.
- Limit the area where you smoke; don't smoke at home.
- Throw away all cigarettes and ashtrays.
- Don't put yourself in situations where others smoke.
- Reward yourself for each day without cigarettes.
- Remind yourself that this can be done – be positive!
- Take it one day at a time – if you slip, get back to your decision to quit.
- Check with your doctor if you need products like chewing gum, patches or prescription aids.

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THE SPINE PROGRAM AT MELBOURNE REGIONAL MEDICAL CENTER

## Coaches/Patient Checklist

**Every patient will need a coach (someone to help after surgery):**

- ☐ Pain medication dos and don'ts
- ☐ Signs and symptoms of infection
- ☐ How often the stockings should be removed and for how long
- ☐ Signs and symptoms of a blood clot and pulmonary embolism
- ☐ How to use the incentive spirometer and how often
- ☐ Movement restrictions
- ☐ How to assist the patient out of bed
- ☐ How to assist the patient up and down stairs
- ☐ Diet restrictions and recommendations
- ☐ How to put on a back brace or neck brace

### **Importance of Your Coach**

**Involving a friend or relative as your coach is very important.**

**Your coach should plan to come with you to your pre-operative class and to visit during your hospital stay to provide support and keep you focused on healing.**

**They will also assist you at home once you are discharged.**

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## Get in Shape for Surgery

- Eat nutritious foods
- If you are overweight, your surgeon may recommend a weight loss program

**It is important to be as flexible and strong as possible before having spine surgery.**

## Start Pre-operative Exercises

Many patients with neck or back problems avoid movement or exercise.

Muscles become weaker, making recovery slower and more difficult. Beginning an exercise program before surgery can help make recovery faster and easier.



## Exercising Before Surgery

Consult your doctor before starting pre-operative exercises. It is important to strengthen your entire body before surgery. Try to strengthen your arms because you will be relying on your arms when getting in/out of bed and chairs; and on/off the toilet. Perform light endurance activities for your heart and lungs – walking for 10 to 15 minutes each day.

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## THE SPINE PROGRAM AT MELBOURNE REGIONAL MEDICAL CENTER

### Preparing Your Home

- Put things you use often on a surface that is easy to reach.
- Check railings to make sure they are not loose.
- Complete house cleaning, do laundry, and put it away.
- Put clean linens on the bed.
- Prepare meals and freeze them.
- Cut the grass, tend the garden and other yard work.
- Pick up throw rugs and tack down loose carpeting.
- Remove electrical cords and other obstructions from walkways.
- Install nightlights in bathrooms, bedrooms, and hallways.
- Install grab bars in the shower/bathtub and put adhesive slip strips in the tub.
- Arrange to have someone collect your mail and take care of pets.



### Breathing Exercises

To prevent problems such as pneumonia, practice breathing exercises using the muscles of your abdomen and chest.

#### Deep Breathing

- Breathe in through your nose as deep as you can.
- Hold your breath for five to 10 seconds.
- Breathe out as if you were blowing out a candle. Notice your stomach going in. Breathe out for 10 to 20 seconds.
- Take a break and then repeat the exercise 10 times.

**Techniques such as deep breathing, coughing, and using an Incentive Spirometer may help prevent respiratory complications after surgery.**

#### Coughing

- Take a slow deep breath. Breathe in through your nose and fill your lungs completely.
- Breathe out through your mouth and concentrate on your chest emptying.
- Repeat.
- Take another breath, but hold your breath and then cough hard. When you cough, focus on emptying your lungs.
- Repeat all steps twice.

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### Items to Take to the Hospital

- Personal hygiene items (toothbrush, deodorant, razor, etc.)
- Flat shoes or tennis shoes
- Clothing—loose fitting clothes (T-shirts/shorts/baggy pants), undergarments
- Shorts should be nylon material. It will be more comfortable for exercising and moving.
- This Guidebook
- Copy of Advance Medical Directives (if you have one)
- Insurance card, driver's license, or photo I.D.
- Co-payment required by insurance company
- A list of all medications you are currently taking
- List of all allergies
- CPAP Machine and supplies (if applicable)
- Bring your inhaler (if applicable)
- Neck or back brace

### Special Instructions

- Pre-admission testing Nurse will let you know what medications, if any, you can take the morning of the surgery.
- Leave jewelry, valuables, and large amounts of money at home.
- Remove makeup before procedure.
- Do not apply body lotion.

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### Surgery Timeline

- Call to schedule pre-op class at 321-752-1427
- Pre-admission testing nurse will call 3-4 days prior to surgery to review health history and medications.

#### Before Surgery

- See your primary care doctor right away.
- If you have a heart and/or lung doctor or any specialist, make an appointment with them right away.
- Most patients will need to see a pain management doctor before surgery to arrange for post-op pain medication. Contact your pain management doctor as soon as possible. If you don't have one, your surgeon will arrange one for you.
  - o Usually pain medication will be prescribed and available to pick up 1-2 days before surgery. This will allow you to pick up medicine and place it in a safe place at home for after surgery. DO NOT bring pain medicine to the hospital.
- Do pre-op blood work, MRSA screening and EKG.

#### Two Days Before Surgery

- Wash with CHG wash and change sheets
- Type and screen blood test at Melbourne Regional Medical Center before 10am (only if instructed to do so)
- Start bowel prep (Magnesium Citrate) at 2pm (only if instructed to do so)
  - o Only clear liquids until day of surgery (only if instructed to do so)

#### One Day Before Surgery

- Wash with CHG wash.
- The hospital will call you the day before surgery with your arrival time. (Usually between 3-4pm)

#### Night Before Surgery

- Nothing to eat or drink starting at midnight.
- No gum or smoking.
- Only medication (as directed) with a sip of water.

#### Day of Surgery

- Bring neck or back brace.
- Arrive at the hospital at designated time.
- Check in with registration.
- Your surgeon will see you along with the anesthesiologist, and your operating room nurse.



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### Your Arrival and Preparation

On the morning of surgery, you will check in at main front desk. Some of the questions you are asked will seem repetitive; however, this is done for your safety.

#### The pre-op nurse will:

- Confirm your name and date of birth
- Verify your surgical procedure with you, including the site (where)
- Verify your allergies
- Review your medications, including the last date and time you took each medication
- Review your past medical history
- Take your vital signs
- Insert an intravenous line (IV) which will be used for fluids, medications, and anesthesia medications
- Complete your final skin cleansing prior to surgery
- Receive your 3M Nasal Swab prior to surgery
- Discuss Incentive Spirometer. Use 10 times an hour while awake.
- Apply stockings (TED hose and SCD) on lower legs to help promote good blood circulation

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### Section Two – At the Hospital

#### At the Hospital

##### Patient Safety and Fall Prevention

Your safety is our top priority. There are multiple things that put you at risk to fall while you are hospitalized. To help keep you safe, we ask that you call us for assistance whenever you'd like to move about your room. Remember the "CALL. DON'T FALL" rule. We also encourage you to wear sturdy footwear to prevent you from slipping or tripping while you are walking. Wear closed toe shoes, no flip flops or sandals.

- After surgery, all patients are at a high risk to fall no matter your age or physical ability.
- Post-operatively, ALL patients have muscle weakness. You may feel better and think "I can stand on my own" but find you're very unsteady. Nursing staff will be coming to your room frequently to find out if there is anything, we can do to assist you. In addition, please give us a call any time you need to get in or out of bed, a chair or the bathroom so we can assist you. Our "CALL. DON'T FALL" program ensures that all patients receive the assistance needed to prevent any injuries from falls. This is very important because your body has not healed from the surgery and though you may feel as if you can walk and be mobile on your own, we want to help you.
- Footwear, closed toe shoes, should fit well and have firm, non-skid soles. Do not wear loose-fitting shoes or slippers. During your hospital stay, we will provide you with non-slip socks for your safety.

##### Understanding Anesthesia

###### Anesthesiologists

The Operating Room, Post Anesthesia Care Unit (PACU), and Intensive Care Unit at the hospital are staffed by qualified anesthesia providers.

###### Types of Anesthesia

- **General anesthesia** - produces temporary unconsciousness.
- **Regional anesthesia** - involves the injection of a local anesthetic providing numbness, loss of pain, or loss of sensation to the body (spinal blocks, epidural blocks and leg blocks).

###### Side Effects

Your anesthesiologist will discuss the risks and benefits associated with each anesthetic option, as well as complications or side effects that can occur.

You will be given medications to treat nausea and vomiting which sometimes occurs with the anesthesia. The amount of discomfort you experience will depend on several factors, especially the type of surgery. Your discomfort should be minimal, but **do not** expect to be totally pain free. Staff will teach you the pain scale to assess your pain level.

# GUIDEBOOK FOR SPINE

THE SPINE PROGRAM AT MELBOURNE REGIONAL MEDICAL CENTER

## Understanding Pain

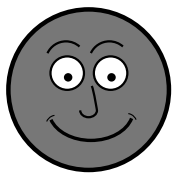
Pain can be chronic (lasting a long time) or intense (breakthrough) — and pain will change through the recovery process.

### Pain Scale

Using a number to rate your pain can help your Spine Team understand and help manage it. “0” means no pain and “10” means the worst pain possible. With good communication, the team can make adjustments to make you more comfortable.

In addition to pain medications, we also use ice, deep breathing and repositioning to help relieve pain and discomfort.

### Pain Scale (0-10)



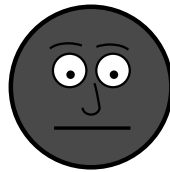
**0**

No Pain



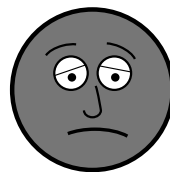
**1-2**

Pain is present but does not limit activity



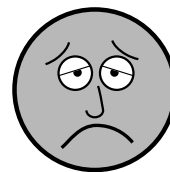
**3-4**

Can do most activities with rest periods



**5-6**

Unable to do some activities because of pain



**7-8**

Unable to do most activities because of pain



**9-10**

Unable to do any activities because of pain

# GUIDEBOOK FOR SPINE

## THE SPINE PROGRAM AT MELBOURNE REGIONAL MEDICAL CENTER

### Your Hospital Stay - What to Expect

#### Before Surgery

- Your surgeon will see you and will mark the correct surgical site. They will also answer any last minute questions.
- Your anesthesiologist will review your information to evaluate your general health to determine the type of anesthesia best suited for you. This includes your medical history, laboratory test results, allergies, and current medications.
- Intravenous (IV) fluids will be started and pre-operative medications may be given.
- Before you receive the anesthesia, monitoring devices will be attached (blood pressure cuff, EKG, and other devices).
- You will be asked to sign surgical and anesthesia consent forms.

#### During Surgery

- The anesthesia provider will manage vital signs — heart rate and rhythm, blood pressure, body temperature and breathing — as well as monitor your fluid and need for a blood transfusion if necessary.

#### After Surgery

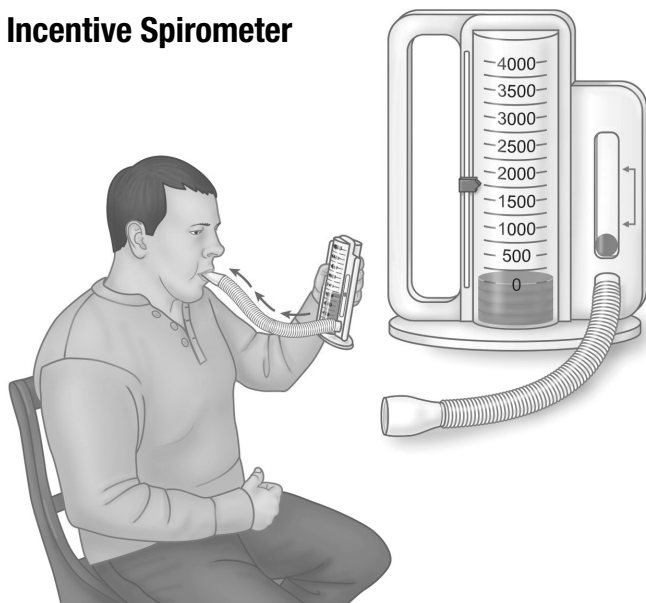
- You will be taken to the Post Anesthesia Care Unit (PACU). Your pain level will be assessed, vital signs monitored.
- You may experience blurred vision, a dry mouth, and chills.
- You will be taken to your room. As expected after surgery, discomfort may occur, so you may receive pain medication.
- Most patients will be seen by a physical therapist and/or occupational therapist, who will evaluate you and assist you out of bed to walk or sit in a chair. Mobility helps to relieve discomfort. This will prevent blood clots from forming in your legs.
- Begin using your Incentive Spirometer and do the deep breathing exercises you learned.
- Begin your pre-op exercises even while you're in bed (ankle pumps and incentive spirometer).
- Some patients will have a foley catheter in their bladder – this will usually come out 1 day after surgery.
- You may have a drain at the surgical site. This is to remove any excess fluid at the surgery site. The nursing staff will manage this. If you need to go home with the drain, we will make sure home health care is arranged.

# GUIDEBOOK FOR SPINE

THE SPINE PROGRAM AT MELBOURNE REGIONAL MEDICAL CENTER

## Your Hospital Stay - What to Expect

**Incentive Spirometer**



**Ted Hose**



**SCD (Compression Device)**



**Bair Paw Gown**

Helps warm or cool you down



# GUIDEBOOK FOR SPINE

## THE SPINE PROGRAM AT MELBOURNE REGIONAL MEDICAL CENTER

### Your Hospital Stay - What to Expect

#### Surgical Unit

Depending on your procedure, your surgery may require you to stay overnight at the hospital. If this is the case, once you have recovered from anesthesia, you will be transferred to your private hospital room. A team will be assigned to care for you throughout your hospital stay. Your admission nurse will help to get you settled into your room. You will be checked on and asked questions about your health.

#### Daily Routine

Each shift, a registered nurse will be assigned to care for you. The nurse will be assessing your pain, vital signs, breath sounds, bowel function, circulation, and incision. Some surgeries require placement of a drain and a foley catheter in your bladder—the nurse will closely monitor the output. The drain or foley is removed the first day after surgery. Your nurse will help to coordinate your care with the rest of the health care team. She/he will be your partner in recovery.

A member of your surgical team will see you every day during your hospital admission, they report directly back to the surgeon.

A hospitalist (Doctor and Nurse Practitioner) will also see you daily. Physical and Occupational therapist will assist you with moving from bed to chair safely and walking with assistance. Physical Therapy will help with proper placement of braces (if ordered). Case management will aid with your discharge and any home health needs.

Each morning a member of the nursing staff will help you with personal hygiene. It is important to get up and moving as soon as possible. You will be assisted to a chair for meals.

The Spine Coordinator will see you daily for leadership rounds. Any questions or concerns can be directed to her.

#### Neck or Back Brace:

- Bring your brace with you to the hospital
- If your surgeon has ordered a brace and you have not received it yet, please let Spine Coordinator know. Often, braces can be delivered to the hospital if needed.
- After surgery the physical therapist will help you with properly putting on the brace.
- Important: Do not sleep in your brace, unless otherwise told to do so. The brace is a reminder to not bend, lift or twist. Braces should be worn when riding in a vehicle and walking.

# GUIDEBOOK FOR SPINE

THE SPINE PROGRAM AT MELBOURNE REGIONAL MEDICAL CENTER

## Your Hospital Stay - What to Expect

### Post-op Day One

- Expect to be out of bed, bathed, dressed in your own clothes or hospital gown, and seated in a recliner by breakfast.
- Your surgeon **or** physician assistant will visit.
- The therapist will get you walking with a walker.
- Pain medication will be given if requested.
- Intravenous (IV) pain medication will likely be stopped; you may begin oral pain medication.
- If evaluations were not completed on day of surgery, physical therapy will complete individual assessments.
- We will evaluate your pain, mobility (how far you can walk with a therapist), drain output and overall health.
- Expect to have a clear diet or “light” to make sure you can tolerate liquids and food.
- Spine Coordinator will see you for leadership rounds.

### Post-op Day Two – Discharge Day

- Expect to be out of bed, bathed, dressed in your own clothes or hospital gown, and seated in a recliner by breakfast.
- If cleared by therapy, you may walk the hallways with your coach during free time.
- The surgeon or physician assistant will see you.
- Physical therapy will continue to work with you. IV pain medications may be stopped and/or switched to oral pills.

# GUIDEBOOK FOR SPINE

## THE SPINE PROGRAM AT MELBOURNE REGIONAL MEDICAL CENTER

### Important Things to Remember:

- Use the Incentive Spirometer 10 times an hour while awake. This is very important to help prevent pneumonia and other complications.
- The leg compression device is important to help prevent blood clots – you should feel a slight massage sensation on both legs.
- Your surgeon would like you out of bed and moving after surgery. Typically, sitting in a chair is recommended, although in rare cases this may not be possible.
- Sitting up in a chair is very important. The nursing staff and physical/occupational therapist will assist you in moving from the bed to chair.
- Drinking water and eating a well-balanced meal is very important for wound healing.
- TED hose will be on for 1 week after surgery. This promotes circulation to help with healing and prevent blood clots. You can wear them during the day and remove at night and in the shower.

### Precautions after surgery

Follow these precautions until your surgeon instructs you otherwise:

- Avoid sudden and extreme movements.
- Avoid bending, lifting or twisting, “no B.L.T.”
- Avoid raising arms above shoulder height.
- If you’re currently smoking cigarettes, consider a smoking cessation program, which will benefit your recovery. Cigarette smoking can slow the healing process while reducing bone mineral content and increasing your risk of fractures.
- Make sure your coach (family/friend) will be with you 1-2 days when you go home.



# GUIDEBOOK FOR SPINE

THE SPINE PROGRAM AT MELBOURNE REGIONAL MEDICAL CENTER

## Discharge Options

**When you are medically ready, your physician will provide a discharge order.**

### Going Directly Home

- You will know in advance the approximate time of departure so you can arrange for transportation home. Receive discharge instructions concerning medications, physical therapy, activity, etc.
- Take your Guidebook with you
- Your care team will coordinate with the surgeon for outpatient or home health physical therapy visits.



### Going to a Sub-acute Rehabilitation Facility

- Sub-acute stays must be approved by your insurance company and can **only be determined after surgery**. You must meet certain admissions criteria established by your insurance or Medicare.
- If sub-acute rehabilitation is not approved, you may still choose to go there and pay privately or the hospital will make alternate arrangements for home care.

**Spine surgery is considered an elective surgery by most insurance providers. You are responsible for contacting your insurance provider prior to surgery to determine your qualification for a sub-acute rehabilitation facility. The majority of patients that participate in the Spine Program at Melbourne Regional Medical Center have optimal surgery outcomes and can go directly home.**

# GUIDEBOOK FOR SPINE

## THE SPINE PROGRAM AT MELBOURNE REGIONAL MEDICAL CENTER

### Section Three – At Home After Surgery

#### Caring for Yourself at Home

Things you need to know for safety, recovery, and comfort.

Home health care is ordered for most patients. The Spine Coordinator, Case Management and Hospitalist will make sure this is arranged before discharge from the hospital.

**Try not to nap during the day so you will sleep at night.**

#### Be Comfortable

- Take pain medicine as prescribed.
- Change position frequently (every 45 minutes to 1 hour) to prevent stiffness.
- Use ice packs for pain control, and change them every four hours. Ice packs will relieve pain and helps to reduce inflammation.

#### Body Changes

- Appetite may be poor, but your desire for solid food will return.
- Drink plenty of fluids.
- May have difficulty sleeping.
- Energy level will be low. This may last for up to the next four weeks.

#### Compression Stockings

You may wear special stockings to compress veins in your legs. This helps keep swelling down and reduces chance for blood clots.

- Wear stockings continuously during the day and remove at night. Follow your discharge instructions.
- Notify your doctor if pain or swelling increases in either leg.

#### Incision Care

- Dressing- you will be given instructions for care on a separate discharge sheet provided by your nurse, keep dressing dry and clean.
- NO tub baths, saunas, or pools until there are no open areas. (Usually about four-six weeks after surgery).
- Continue to use ice to the surgical site several times a day.
- Notify your surgeon if increased drainage, redness, pain, odor, or heat is around the incision.
- If you feel warm or sick, take your temperature. Call your surgeon if temperature/fever exceeds 101 degrees.
- Keep dressing on, a home health nurse will change it. If dressing becomes saturated – reinforce with dressing provided.
- Contact Spine Coordinator with any questions related to incision care or dressing changes.

# GUIDEBOOK FOR SPINE

## THE SPINE PROGRAM AT MELBOURNE REGIONAL MEDICAL CENTER

### Recognizing and Preventing Potential Complications

#### Infection

<b>Signs</b>	<ul style="list-style-type: none"><li>• Increased swelling and redness at incision site.</li><li>• Change in color, amount, and odor of drainage.</li><li>• Increased pain at surgical site.</li><li>• Fever greater than 101 degrees.</li></ul>
<b>Prevention</b>	<ul style="list-style-type: none"><li>• Take proper care of incision – only home health nurse or designated caretaker can change dressing.</li><li>• Keep incision area dry and clean.</li><li>• Wash hands with soap and water before touching the incision area.</li></ul>

#### Blood Clots

Surgery may cause the blood to slow and coagulate in veins of legs, creating a blood clot. If a clot occurs, you may need to be admitted to the hospital to receive intravenous blood thinners.

<b>Signs</b>	<ul style="list-style-type: none"><li>• Swelling in thigh, calf, or ankle that does not go down with elevation.</li><li>• Pain, heat, and tenderness in calf, back of knee, or groin area.</li><li>• Blood clots can form in either leg.</li></ul>
<b>Prevention</b>	<ul style="list-style-type: none"><li>• Perform ankle pumps.</li><li>• Walk several times a day.</li><li>• Wear compression stockings.</li></ul>

# GUIDEBOOK FOR SPINE

## THE SPINE PROGRAM AT MELBOURNE REGIONAL MEDICAL CENTER

### Pulmonary Embolism

An unrecognized blood clot could break away from the vein and travel to the lungs. This is an emergency — **CALL 911**.

Signs	<ul style="list-style-type: none"><li>Sudden chest pain.</li><li>Difficult and/or rapid breathing.</li><li>Shortness of breath.</li><li>Sweating.</li><li>Confusion.</li></ul>
Prevention	<ul style="list-style-type: none"><li>Follow guidelines to prevent blood clot in legs.</li></ul>

### Other Complications

- DVT-Deep Vein Thrombosis/PE-Pulmonary Embolism
- Nerve root/Spinal cord injury
- Ileus- Bowel is slow to wake up
- Dural tear
- Infections
- Post-op pneumonia

### How to prevent complications

- Do not smoke
- Use incentive spirometer
- Up and out of bed
- Proper hand washing, keep surgical site clean
- Contact the Spine Coordinator with any questions

# GUIDEBOOK FOR SPINE

## THE SPINE PROGRAM AT MELBOURNE REGIONAL MEDICAL CENTER

### What to Expect After Surgery

You can expect to be in some pain after surgery, as your body's natural healing process begins. There may be some nerve irritation attributed to swelling that should improve over the first few weeks. Depending on your surgery, you may receive pain medication. Avoid sitting for long periods of time (more than 30 minutes at one time). It is important to get up and walk around, this has been shown to reduce pain while improving function.

### Environment modifications

- Keep commonly used kitchen and bathroom items on the counter to avoid reaching overhead or into the bottom cabinet.
- Adjust computer workspace so that the monitor is at eye level and the chair allows good posture.
- Have firm chairs available in areas where you typically sit. This will promote good posture and provide support to your neck and shoulders.

### Activity

**Do not drive until cleared by surgeon.** This is because driving requires excessive range-of-motion of the neck. If possible, avoid long car rides (more than one hour). If you must take a longer car ride, take frequent stops every 20 minutes to walk around.

**Walking is the best form of exercise in the first weeks after surgery.** Begin slowly and work your way up to 15-30 minutes per day. If any activity causes pain, stop immediately.

### Tips for Your Recovery and Activities of Daily Living

- You may find it easier to wear open-front shirts and loose-fitting overhead shirts.
- Keep in mind when you are rinsing your hair in the shower: Do not tip your head back (into extension).

# GUIDEBOOK FOR SPINE

## THE SPINE PROGRAM AT MELBOURNE REGIONAL MEDICAL CENTER

### Body Mechanics and Positioning

#### Getting Into Bed

Lower self to lie down on one side by raising legs and lowering head at the same time.

Use arms to assist moving without twisting. Bend both knees to roll onto back as desired.

#### When You Are in Bed or Lying Down

To sit up, start from lying on side, and use same movements in reverse. Keep trunk aligned with legs. Reverse these movements to get out of bed.

#### Log Roll

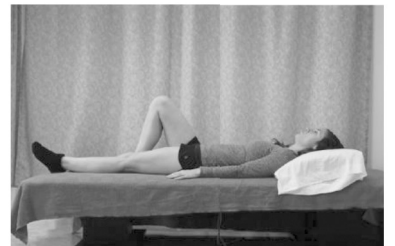
Lying on back, bend left knee and place left arm across chest. Roll all in one movement to the right. Reverse to roll to the left. Always move as one unit.

#### Getting Out of Bed

##### Beginning From the Log Roll Position

To sit up, start from lying on your side and use the same movements as above in reverse.

Use arms to assist without twisting. Bend both knees towards the floor as you sit up.



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# GUIDEBOOK FOR SPINE

## THE SPINE PROGRAM AT MELBOURNE REGIONAL MEDICAL CENTER

### **Sleeping on Back**

Place a pillow under your knees.



### **Sleeping on Your Side**

Place a pillow between your knees. Use a pillow for cervical support under your neck as needed.



### **Posture-Sitting**

Sit upright with your head facing forward. Try using a rolled towel to support your lower back. Keep your shoulders relaxed and avoid rounding your back. Keep your hips level with your knees. Avoid crossing your legs.



### **Posture-Standing**

Good posture is important, as demonstrated in the photograph: Maintain a curve in your lower back, align your ears over your shoulders and your hips over your ankles.

Avoid a slouched or forward head position.



# GUIDEBOOK FOR SPINE

## THE SPINE PROGRAM AT MELBOURNE REGIONAL MEDICAL CENTER

### Stand to Sit/Sit to Stand

#### To sit:

- Gently tighten your stomach muscles.
- Bend at your hips and knees as if taking a bow.
- Lower yourself onto the front edge of the chair.
- Scoot back.



#### To stand:

- Scoot to the edge of the chair.
- Gently tighten your stomach muscles.
- Use your arms to push up from the chair to stand.



### Avoid Twisting

Avoid twisting or bending your back. Use your feet to turn your entire body to face forward. Bend at your knees, if needed, when reaching for items.





# GUIDEBOOK FOR SPINE

THE SPINE PROGRAM AT MELBOURNE REGIONAL MEDICAL CENTER

## Recovery

It can take a few months to fully recover. Continue to rest, drink fluids, eat well and keep post-op appointments with surgeon. If you have any questions, please contact your surgeon or call the Spine Coordinator at 321-752-1314.

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## NOTES

[illegible]

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