



My Patient
GUIDEBOOK

CERVICAL



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Welcome to Jackson Hospital. This guidebook will help you prepare for spine surgery by educating you on what to expect from your spine surgery experience. The information in this guidebook will not replace the information you receive from your doctor, nurses, and the other members of your spine surgery team but should help guide you through the spine surgery process. Share this guidebook with your family and any caretakers you will have after surgery so they will be better able to assist you. We look forward to caring for you. Thank you for choosing Jackson Hospital!

IMPORTANT INFORMATION:

Date of surgery: _____

My surgeon is: _____

My follow up appointment with my surgeon is: _____

IMPORTANT PHONE NUMBERS:

IN CASE OF EMERGENCY CALL 911

Jackson Hospital	334-293-8000	Spine Coordinator	334-293-8445
Pre-Admission Testing	334-293-8004	Outpatient Services	334-293-8085
6 West (Beds 601-626)	334-293-8652	6 East (Beds 628-651)	334-293-8655
Courtesy Shuttle	334-293-8007		

OUR SPINE SURGEONS:



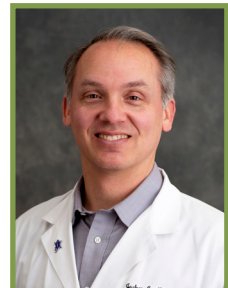
Dr. Patrick Ryan
334-834-6422



Dr. Michael Davis
334-274-9000



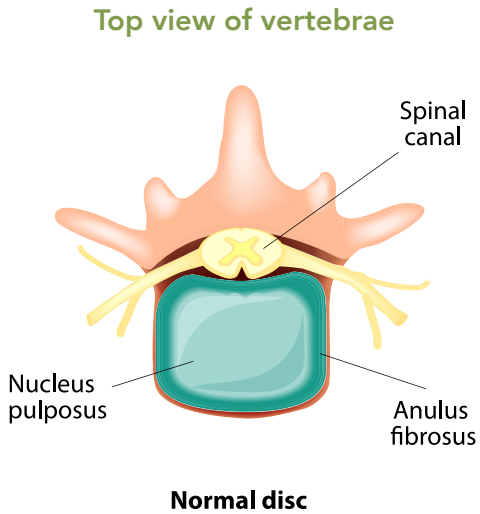
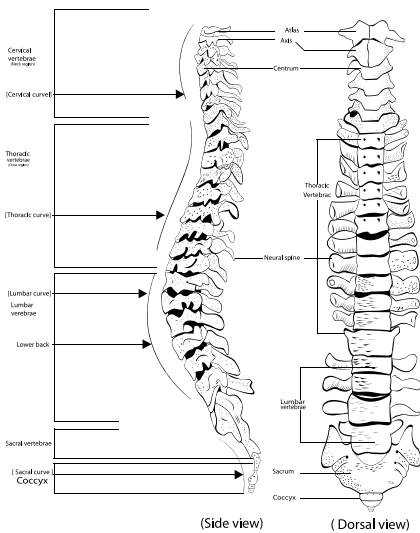
Dr. Thomas Whisenhunt
334-834-6422



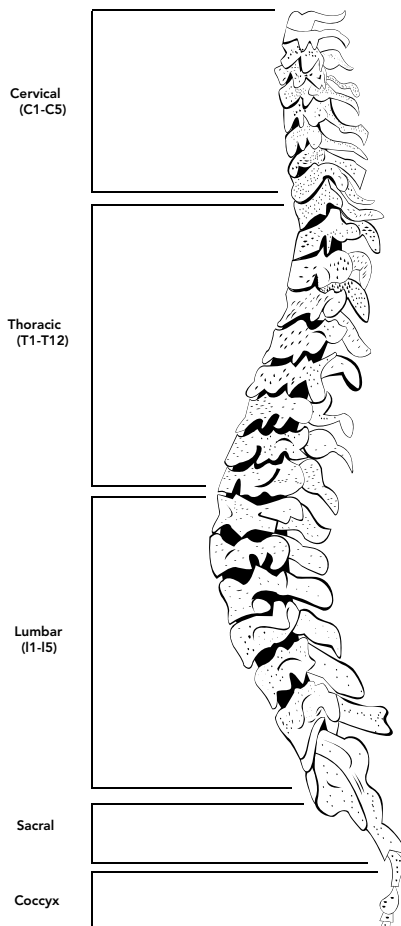
Dr. Joshua Miller
334-834-6422

GENERAL SPINE INFORMATION

SPINE ANATOMY



The spine has five sections made up of bones called vertebrae. The vertebrae are separated by discs which allow for spinal movement. The vertebrae protect the spinal cord and are structured to allow the nerves to exit. Our nerves give us sensation, motor movement, and reflexes.



Cervical Spine
Area: Neck
7 vertebrae (C1-C7)

Thoracic Spine
Area: Upper back
12 vertebrae (T1-T12)

Lumbar Spine
Area: Lower back
5 vertebrae (L1-L5)

Sacrum & Coccyx
Area: Below the lumbar spine

GENERAL SPINE INFORMATION

DIAGNOSTIC TESTS AND DISORDERS

Disorders of the spine often cause compression on the spinal cord and nerves, resulting in pain. Your surgeon will use diagnostic tests to determine the source of any spine abnormalities and will share those findings with you. You and your surgeon will work together to determine the correct plan for you.

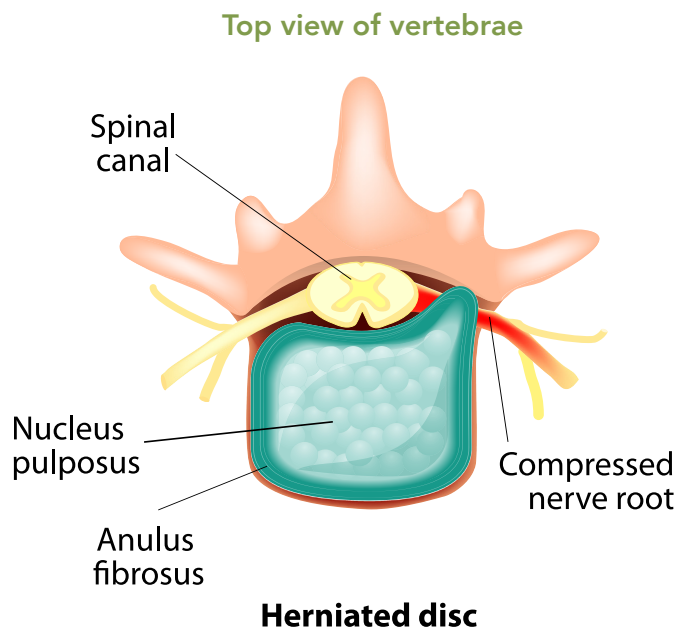
WHAT ARE DIAGNOSTIC TESTS?

Diagnostic tests will help your surgeon determine your diagnosis. Common diagnostic tests are X-rays, computerized tomography (CT) scan, and magnetic resonance imaging (MRI). An X-ray allows the surgeon to see bony structures of the spine. A CT scan shows bony structures of the spine and also shows ligaments, nerves, and discs. An MRI shows spinal tissue, and contrast can be used for a better view of any scarring, masses, or collections of fluid.

There are additional tests your surgeon may order. Ask your surgeon if you have any questions about why a test is ordered or how a test is performed.

WHAT ARE EXAMPLES OF SPINE DISORDERS?

- **Radiculopathy** – is a condition caused by the compression of the nerve root
- **Myelopathy** – is a condition caused by the compression of the spinal cord
- **Spondylosis** – is degeneration, or deterioration, of the spine
- **Stenosis** – is narrowing of the spinal canal
- **Herniation** – tissue protruding through an opening; an example is a herniated disc, also known as a ruptured disc



COMMON SPINE PROCEDURES

DIAGNOSTIC TESTS AND DISORDERS

Laminectomy

A laminectomy is the removal the lamina and is done to increase the space in the spinal canal and relieve pressure on the spinal cord and nerve roots (see B. on figure below).

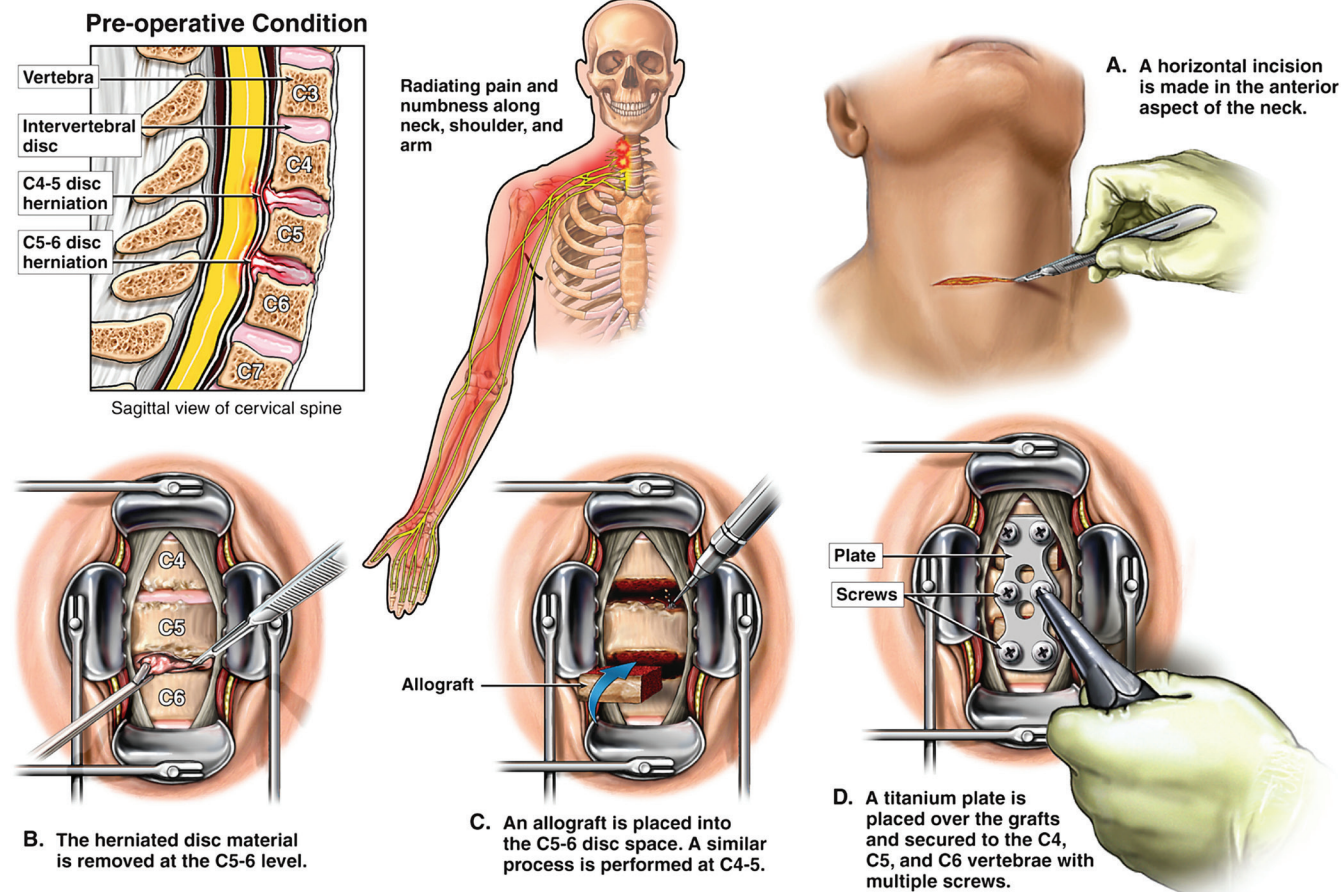
Discectomy

A discectomy is the partial or full removal of the disc located between two vertebrae (see B. on figure below).

Spinal Fusion

A spinal fusion is the fusing of two or more vertebrae and may be done at the same time as a discectomy. A spinal fusion helps stabilize the spine (see D. on figure below).

Below is one example of cervical spine surgery.
Be sure to discuss the details of your specific procedure with your spine surgeon.



BEFORE SURGERY

PRE-OP

What will happen at the pre-op visit at the doctor's office?

- The surgical procedure will be discussed and questions answered.
 - Pain management techniques may be discussed, particularly how to manage your post-operative pain.
 - You will be scheduled for your surgery and pre-admit testing appointment
-

What you need to do to prepare for surgery

- Discuss your current medications with your surgeon.
 - You will be instructed to stop aspirin, anti-inflammatory medications, supplements, or any other blood thinners.
 - Quit the use of all tobacco and nicotine products.
 - Eat healthy food and increase your protein intake.
 - Arrange for a family member or friend to drive you home from the hospital when you are discharged. You will not be able to leave unless you have a driver.
 - Arrange for a family member or friend to stay with you when you go home from the hospital. You will need help cooking, walking, and caring for yourself for at least a few days, if not more.
-

What will happen at the pre-admit testing visit at the hospital?

- You will be asked your medical history, previous surgeries, allergies, and medications. Bring a complete list of your medications and medication containers.
 - EKG, radiology, and laboratory tests will be done as indicated.
 - Medical or cardiology clearance may be indicated.
 - You will be instructed on any medications you need to take the day of surgery.
-

What to do the night before surgery

- DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT unless directed to do so by your anesthesiologist or surgeon. Eating or drinking after midnight will cause your surgery to be delayed or cancelled.
- If you are instructed to take any medications the morning of your surgery, please take only a sip of water when swallowing a pill.
- Take a shower and wash with soap. Do not apply any lotions, ointments, or powders. Remove all fingernail polish.

BEFORE SURGERY PRE-OP

What should I bring to the hospital?

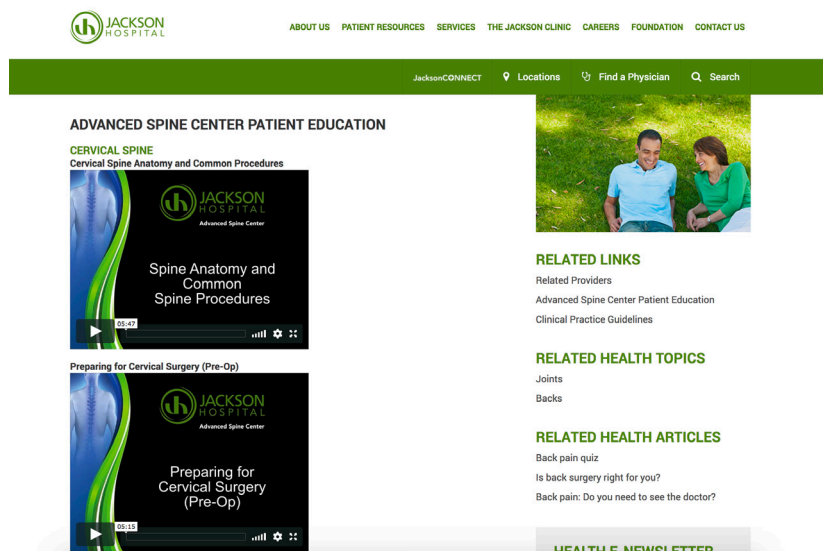
- This spine surgery guidebook
- A current list of medications and important phone numbers
- Driver's license, photo ID, insurance card, and your co-payment
- CPAP machine (if you use one)
- Your surgical brace or collar (if ordered)
- Loose and comfortable clothing, socks, and slippers with a rubber sole
- Books and magazines
- Toiletries like toothbrush, comb, etc. (the hospital also provides these)
- A copy of your advance directive

If you need assistance with your advance directive, you may contact the Jackson Hospital Patient Advocate at 334-293-8968.

Please **DO NOT bring** your home medications or valuables to the hospital. Jewelry, credit cards, checkbooks, money, watches, wallets, dentures, eyeglasses, contacts, hearing aids, and electronic devices are all considered valuables. If you must bring these items, please leave them with a family member during your surgery and any time the items cannot be directly with you. You may want to bring a few dollars for snacks or a newspaper.

Do not have anything to eat or drink after midnight on the night before your surgery! Eating or drinking after midnight will cause your surgery to be delayed or possibly cancelled. If you are instructed to take any medications the morning of your surgery, please take only a sip of water when swallowing a pill.

Visit understandspinesurgery.com and view spine education videos on Jackson.org for more helpful information on spine surgery.



BEFORE SURGERY PREPARING YOUR HOME

An important part of preparing for your surgery and recovery is making sure your home is safe and ready for your return from the hospital. Be sure to take the following steps to help create the optimal home environment for your recovery.

Safe Home Checklist:

- Remove loose wires, cords, throw rugs, and any additional obstacles from the floor
- Move frequently used items to an easy to reach location, such as a countertop
- Reduce clutter around your home
- Place non-skid tape or mats at the sink and in the bathtub
- Use night lights throughout your house and always turn on lights when you get up at night

You will also need assistance with you activities of daily living after surgery. This includes cooking, cleaning, and caring for children and pets. Before surgery, be sure to:

- Prepare meals ahead of time and store them in your freezer
- Arrange for someone to pick you up from surgery and drive you to your follow-up appointments
- Arrange for someone to assist with picking up your mail, grocery shopping, and chores around the home
- If you have small children or pets in your home, you will want to plan for someone to assist you with their care
- You will need someone to inspect your wound daily for signs of infection and may need help with daily dressing changes, bathing, and putting on your clothes and shoes. Arrange for a trusted family member or caregiver to assist you.

BEFORE SURGERY SMOKING CESSATION



**JACKSON HOSPITAL
IS A SMOKE-FREE
CAMPUS.**

Smoking has many negative effects on spine surgery. Quitting smoking prior to surgery is optimal and will give you the greatest chance of a successful surgery.

Negative Effects of Smoking:

- Increased risk of blood clots, heart disease, lung disease, strokes, and cancer
- Increased risk of surgical complications
- Decreased blood flow to the surgical site causing inhibited bone growth and wound healing
- Increased risk of infection due to delayed wound healing and 6x higher risk of a failed fusion

If you are looking for assistance to quit smoking, there are several resources you can turn to for support. The websites listed below share smoking facts, tips for quitting, success stories, and physicians and support groups to contact if you need in-person assistance.

- Tobaccofreealabama.org
- Quitnowalabama.com
- Alabama Department of Public Health: www.adph.org/tobacco

Do you really know the risks?

- About 1/3 of deaths from heart disease are attributable to smoking and secondhand smoke.
- Smoking is linked to 90% of lung cancer cases in the United States.
- On average, smokers die more than 10 years earlier than nonsmokers.
- There are more than 5,000 chemical components found in cigarette smoke and hundreds are harmful to human health according to the Centers of Disease Control and Prevention.

5 Step-Process To Quitting

1. Set a Quit Date
2. Choose a method for quitting.
 - a. **“Cold Turkey.”** Just stop smoking all at once on your Quit Day.
 - b. **Reduce the number of cigarettes you smoke each day until you stop smoking completely.**
 - c. **Smoke only part of each cigarette.** It helps to count how many puffs you take from each cigarette and reduce the number every two or three days.
3. Medications may help you to quit. Talk to your doctor about which medication is best for you.
4. Stop smoking on your Quit Day. **Congratulations!**
5. Get a calendar and every day mark the number of days since you’ve had a cigarette. As the days pass, you will see how much time you invested in quitting – one more reason to stay smoke-free!

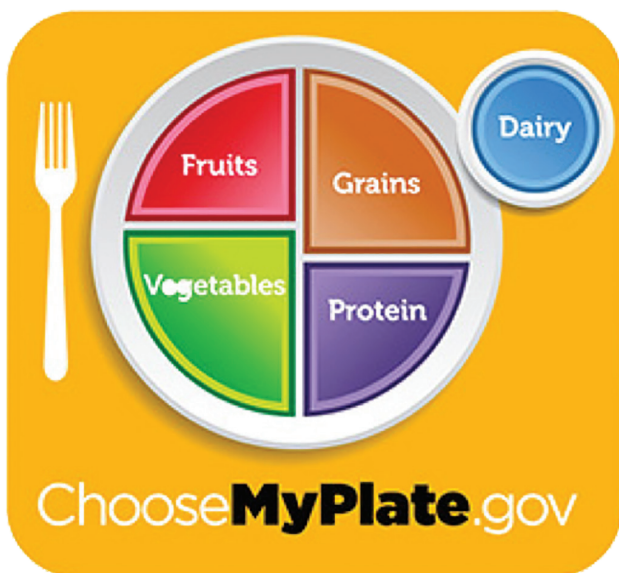
BEFORE SURGERY NUTRITION

Nutrition is essential to proper healing after surgery. Begin a healthy eating routine prior to surgery and be sure to stock your pantry and fridge with healthy foods for during your recovery period. A healthy diet needs to have a good balance of protein, fat, and carbohydrates. You will want to include fruits, vegetables, dairy products, whole grains, protein, and fat in your daily meals. You must consume adequate protein and calories to help support the healing process after surgery. Examples of protein include: meat, beans, nuts, cheese, eggs, milk, and yogurt.

Avoid stimulants, such as coffee, and sedatives, such as alcohol, prior to surgery. If you drink coffee and alcohol on a daily basis, begin cutting back on your consumption prior to surgery.

Notify your health care team if you are suffering from constipation prior to your procedure. Constipation can worsen post-operatively due to limited mobility and the medications used for anesthesia and pain control.

If you are diabetic, your blood sugar will be monitored throughout the surgery process. Having good control of your blood sugar will help with wound healing and reducing the chance of infection.



MyPlate is a nutrition guide published by the United States Department of Agriculture. MyPlate focuses on variety, amount, and nutrition content of food and helps you choose the healthiest foods and beverages in the correct portion sizes. At choosemyplate.gov, you can find information on healthy eating styles, physical activity, and online tools to help you be successful in maintaining a healthy lifestyle.

AT THE HOSPITAL

DAY OF SURGERY

Parking

Park your car in the most convenient parking lot. Parking decks are available across the street, and handicapped parking is available throughout Jackson Hospital's campus. A shuttle service is available to take you to and from your car. The number for the shuttle is 293-8007.

Enter through the main entrance and proceed to the second floor. The surgical waiting room is to the left when you exit off of the elevators.

What to expect on the day of surgery

- Arrive at the hospital at the requested time. Check in at the second floor waiting room. You will be taken to a room in Outpatient Services. From Outpatient Services, you will go to the Holding Room and then to the Operating Room.
- You will change into a hospital gown and your patient armband will be applied. Please hand over all belongings to a family member or friend to hold during your procedure.
- You will be asked questions about your allergies and pain level.
- Lab work will be drawn and medications administered as ordered.
- Your vital signs will be checked.
- You will have an intravenous line (IV) and fluids started.
- Your surgical site will be marked.
- Remember to bring your surgical brace or collar to the hospital with you.

AT THE HOSPITAL FAMILY, FRIENDS, AND CAREGIVERS

Surgery is not only stressful on patients. The patient's support people will also experience stress throughout the surgery process. If you are the family, friend, or caregiver of a spine surgery patient, read below to see what you can expect before, during, and after surgery.

Before Surgery:

- Assist with preparing meals and making home safety adjustments
- Encourage smoking cessation and proper nutrition
- Adjust your work schedule so you are free to drive and assist your loved one as needed

At the Hospital:

- Dress in layers. You will have to move throughout the hospital and the temperature will vary.
- Do not bring anything heavy. Leave heavy items in the car until needed.
- Plan for a long day and bring items to entertain yourself.

Pre-Op:

You will be able to wait with your loved one until he/she is transferred to the Holding Room. You will then be asked to return to the Outpatient Surgery Waiting Room.

During Surgery:

You will be contacted with an update while your loved one is in the Operating Room.

After Surgery:

The surgeon will contact you in the waiting room after surgery is over. You will be asked for a cell phone number to be used for contact. If you do not have a cell phone, please stay in the waiting room. The surgeon cannot speak to you, if he cannot find you. The Recovery Room nurse will contact you once your loved one begins waking up from anesthesia. Once your loved one arrives to an inpatient or outpatient room, you will be notified. You may rejoin your loved one at that time.

Discharge/Home:

- You will need to be available to hear your loved one's discharge instructions, including wound care, medication, and activity instructions. It is important to know your loved one's limitations, so you know how best to help.
- Drive your loved one home and to follow up appointments
- Assist with errands, cooking, cleaning, bathing, and dressing
- Assist with caring for children and pets
- Assist with wound monitoring and wound dressing changes (if necessary)

AT THE HOSPITAL

OUTPATIENT RECOVERY AND DISCHARGE

What to expect in recovery and discharge

- After surgery, you will remain in the Post Anesthesia Care Unit (PACU) where you will be closely monitored until you are awake and your pain is under control.
- After PACU you will go to Outpatient Services. Nurses will monitor you and review all of your medications, home care, activity and provide contact information for emergencies. You will be able to leave when you are recovered from your anesthesia medicine and discharged by you surgeon.

Before leaving the hospital, you will need to be able to complete everything on the checklist.

OUTPATIENT DISCHARGE CHECKLIST
<input type="checkbox"/> Foods and liquids tolerated
<input type="checkbox"/> Able to urinate
<input type="checkbox"/> IV stopped; taking oral pain medication
<input type="checkbox"/> Able to walk without assistance
<input type="checkbox"/> Vital signs stable
<input type="checkbox"/> Understand discharge instructions
<input type="checkbox"/> Have a ride home

AT THE HOSPITAL INPATIENT RECOVERY

What to expect in recovery

- After surgery, you will remain in the Post Anesthesia Care Unit (PACU) for monitoring until you have recovered from anesthesia.
- You will then be transported to an inpatient room. Your family will be informed of your location and invited to the room.

Equipment & tubes that you may have

- You may have a surgical drain.
- Dressing on the surgical site.
- Intravenous line (IV) with fluids. The fluids generally run through an IV pump.
- Finger probe to monitor oxygen levels.
- You may have a bladder catheter.
- IPCDs (intermittent pneumatic compression devices are wraps placed around your lower legs that work by tightening and relaxing), foot pumps, or compression hose.
- Incentive spirometer

Medication & fluids that you may receive

- Intravenous (IV) fluids for hydration.
- Antibiotics to prevent infection.
- Pain medication given in your IV, by mouth, or as an injection as ordered by your surgeon and anesthesiologist.
- Patient-controlled analgesia pump (patient-controlled pain pump) if ordered by your surgeon.
- Medications for nausea and muscle spasms as ordered by your surgeon.
- Your routine home medications will be started as determined by your surgeon.

Food

- You will start with ice chips and liquids after surgery and will be able to start eating solid food as tolerated.

Activity

- Out of bed walking or up to the chair as ordered by the surgeon
- Your nurse will notify you of any activity restrictions.
- Minimize bending and twisting your neck.

Education

- Orientation to your inpatient unit including safety precautions and when and how to contact the nurse
- Post-operative plan of care

Feeling & sensation

- The first day you will likely feel uncomfortable, but the pain should be bearable with medications.

AT THE HOSPITAL

INPATIENT POST-OP DAY 1

Tests that may be ordered

- Possible X-rays and blood tests
- Evaluation by Physical Therapy and/or Occupational Therapy

Treatments that may be ordered

- Deep breathing exercises and incentive spirometer
- Monitoring of vital signs, pain level, strength, and sensation
- Dressing change as ordered

Equipment & tubes that may be ordered

- Intravenous line (IV) fluids may be discontinued if you are eating and drinking well.
- PCA pump*
- IPCDs, foot pumps, or compression hose
- Bladder catheter*
- Surgical drain*
- Surgical brace or collar

Medicine that may be ordered

- Continue intravenous (IV) fluids until eating and drinking well.
- Complete antibiotics
- Pain medication given in your IV, by mouth, or as an injection as ordered by your surgeon
- Patient-controlled analgesia pump (patient-controlled pain pump) if ordered by your surgeon
- Take stool softener to prevent constipation as ordered by your surgeon.

Food

- Regular diet (food) as tolerated

Activity

- Out of bed walking as ordered by your physician
- Out of bed for meals
- Minimize bending or twisting the neck.

Education

- Post-operative plan of care
- Medications, activity restrictions, physical therapy, safety
- Signs and symptoms to report to your surgeon

Feeling & sensation

- You may feel tired and sore.
- It may hurt to move, but you will be receiving pain medication.
- You may be ready to go home.

*Discontinued as ordered by your surgeon

AT THE HOSPITAL

INPATIENT POST-OP DAY 2-3

Tests that may be ordered

- Possible blood tests
- Evaluation by Physical Therapy and/or Occupational Therapy
- If recommended by your surgeons or therapists, we may suggest an evaluation for rehabilitation therapy following your hospital stay.

Treatments that may be ordered

- Deep breathing exercises and incentive spirometer
- Monitoring of vital signs, pain level, strength, and sensation
- Dressing change as ordered

Equipment & tubes that may be ordered

- Intravenous line (IV) fluids may be discontinued if you are eating and drinking well.*
- PCA pump*
- IPCDs, foot pumps, or compression hose*
- Bladder catheter*
- Surgical drain*
- Surgical brace or collar

Medicine that may be ordered

- Continue intravenous (IV) fluids until eating and drinking well.
- IV pain medication is weaned and discontinued to begin oral pain medications.
- Take stool softener to prevent constipation as ordered by your surgeon.

Food

- Eat food high in fiber and protein.
- Drink lots of fluids to prevent constipation.

Activity

- Gradually increase your activity and length of distance walked. You may require assistance from Physical Therapy.
- You will receive information about activity restrictions for when you get home.
- Minimize bending or twisting at the neck.

Education

- Getting in and out of bed
- Dressing change – if a dressing is present
- Signs and symptoms to report to your surgeon

Feeling & sensation

- You may feel tired and sore, but your activity is increased and you require minimal help.
- You may be ready to go home.

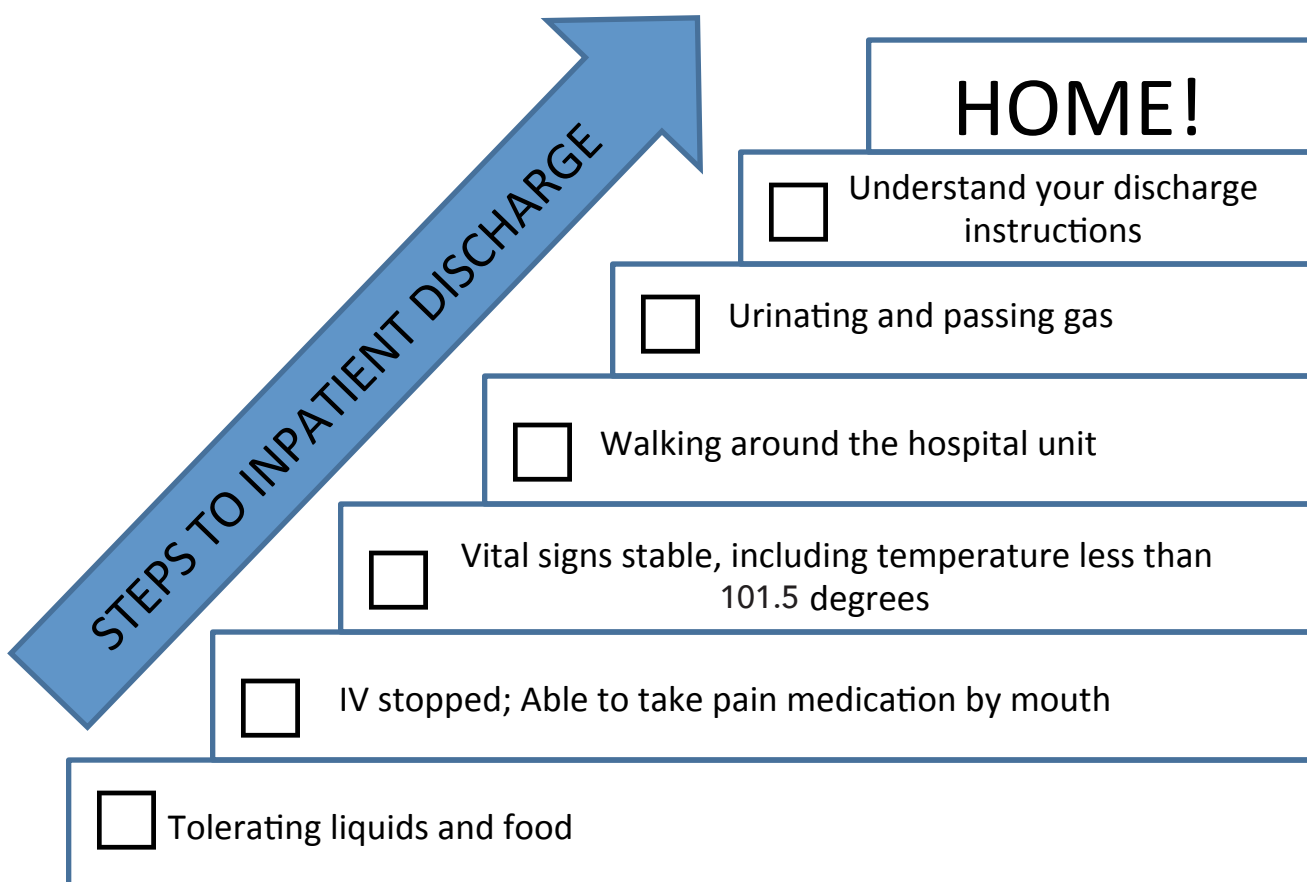
*Discontinued as ordered by your surgeon

AT THE HOSPITAL INPATIENT DISCHARGE

Before you go home, your surgeon and healthcare team will want to be sure you are meeting all of the criteria for a safe discharge. Listed below, you will see the steps to inpatient discharge. There is a checkbox listed next to each goal. As you progress through your recovery, mark each of your accomplishments. The more you are able to do, the closer you are to discharge.

Occasionally, you will need to go somewhere other than home after surgery or you may need additional assistance at home. If you are able to go home but need medical assistance, you may be sent home with home health care. In some cases, patients require inpatient rehabilitation after surgery. If this is the case, your surgeon, your case manager, you, and your family will work together to find the best place for you.

Your healthcare team will keep you updated on your discharge status every step of the way!



AT THE HOSPITAL PAIN MANAGEMENT

Pain is expected after any surgery. Our goal is to work with you to bring your pain to a manageable level and make you as comfortable as possible. With all spine surgeries, it is important to remember that your pain may be reduced but not totally relieved immediately after surgery. Taking the steps provided below will help keep your pain under control and help you work towards a faster and better recovery.

Pain Medication

- At the hospital, you will be asked to rate your pain on a scale of 1-10. This will help your healthcare team determine your need for pain medication and if the medication is working.
- Your medication may come in the form of a pill, shot, or be injected in your intravenous (IV) line.
- You may be prescribed a patient-controlled analgesia pump (PCA). This is a small machine that connects to your intravenous (IV) line and delivers a dose of pain medication when you press a button. The pain medication will be delivered at a preset amount and in a preset time interval decided on by your anesthesiologist. For your safety, do not let your family members press your PCA button because this can lead to a life threatening narcotic overdose.
- **Be aware of pain medication side effects. If you are having difficulties with side effects, please notify your healthcare team. Side effects include:** Dizziness, Drowsiness, Constipation, Nausea, Vomiting, Rash, Itching, Confusion, Respiratory Depression (decreased breathing), & Long-Term Dependence

Non-Medication Pain Interventions

- Exercise is essential to pain control after surgery because it increases blood flow, decreases swelling, and decreases your risk of blood clots. Walking is the #1 exercise after spine surgery. Every little bit of activity counts and you can start by getting up to the chair for a meal and increasing your activity from there. It is also important to reposition yourself in the bed frequently. Depending on your procedure, you may have to work with physical therapy after surgery.
- Ice helps to reduce swelling. A cold compress may be placed near the surgical region 2-3 times a day for no more than 20 minutes per hour.
- Relaxation and music can help with pain management by creating a calming environment. Reading, watching television, and visiting with loved ones can help you take the focus off of your pain.

AT THE HOSPITAL FALL PRECAUTIONS

While you are at the hospital, your safety is our top priority. One major safety concern is falling. Falling can happen to anyone, even people who are not high risk. What increases your risk of falling in the hospital?

- You are not as familiar with your environment.
- You are hooked up to tubes or machines.
- Your hospital room may be darker than your room at home and the lights are in a different place.
- You are recovering from surgery.
- You are on medications that make you drowsy.

How do you prevent falls in the hospital?

Before you get up, call your nurse and wait for assistance!

- When getting up, sit on the side of the bed for a few minutes before standing. Standing too quickly may make you dizzy.
- Give yourself enough time to get to the bathroom including the time it takes for your nurse to come assist you.
- Keep your call button nearby and the top side rails up on your bed.
- Do not lean on your bedside table or other furniture with rollers for support. These can slide and cause you to lose your balance.
- Wear non-skid socks.
- Report any spills on the floor. Do not try to clean up the spills yourself.



AT THE HOSPITAL INCENTIVE SPIROMETER

Your incentive spirometer is an important tool to help keep your lungs active and reduce your risk of getting pneumonia after surgery. The instructions below will help guide you through the proper use of your incentive spirometer.

1. Sit on the edge of the bed, if possible. You can also sit as high up as possible in bed.
2. Hold your incentive spirometer in an upright position.
3. Place the mouthpiece in your mouth and seal your lips tightly around it.
4. Breathe **IN** slowly and as deeply as possible.
5. Hold your breath as long as possible (at least five seconds).
6. Release your breath. Rest for a few seconds between each use.
7. Repeat steps one to five at least 10 times every hour when you are awake.
8. After each set of 10 deep breaths, practice coughing to be sure your lungs are clear.

**Work with your nurse to set a goal.
Working toward a goal will help you
continue to improve!**



GENERAL DISCHARGE INSTRUCTIONS

ACTIVITY

See your surgeon's discharge instruction sheet for specifics.

1. Activity

- No pushing, pulling or overhead work. Minimize bending and twisting your neck.
- Keep books and computer monitors at an appropriate height to avoid long periods of neck flexion.
- Sexual activity may be resumed as indicated by the surgeon; generally this is 2-4 weeks after surgery or when you are comfortable.
- Start a daily walking plan and increase your activity as tolerated. Your goal should be to return to your pre-surgery activity level as soon as possible. Your recovery time will vary depending on your procedure. It is important to work with your surgeon to set reasonable expectations for your recovery.

2. Assistance with Activities of Daily Living

You will need assistance with activities of daily living after surgery and may be limited in your ability to perform household chores, provide child/pet care, do yard work, and bathe and dress yourself. Place frequently used items in easy to reach locations and remove rugs or cords that could cause you to fall. Plan to have a family member or friend stay with you. No driving until approved by your surgeon. You may gradually return to these activities with approval from your surgeon.

3. Showering

Do not immerse in water or soak your wound until cleared by your surgeon. No tub baths, hot tubs, or swimming pools.

4. Cervical Collar

- Your surgeon will decide if a collar is needed after your procedure and will instruct you on when and for how long the collar should be worn. Each patient's cervical collar needs are specific to the patient's condition and the procedure performed.

ALWAYS FOLLOW THE INSTRUCTIONS GIVEN BY YOUR SURGEON.

- Do not drive while wearing your cervical collar.
- You will be fitted for your collar, instructed on how to properly put on your collar, and be given instructions on collar cleaning when your collar is delivered.
- When cleaning the pads on your cervical collar, do so in front of a mirror. This will keep you from having to look down. Keep your head and neck still and leave at least one part of the collar or collar pads in place at all times.
- Your cervical collar should not come in contact with your incision. Always wear a light dressing between your cervical collar and your incision.

Let your nurse know if you have any questions about how and when to wear your cervical collar prior to being discharged.

DISCHARGE INSTRUCTIONS

ACTIVITY

Walking is the #1 activity after surgery. You need to walk frequently without overexertion. Below you will find an example of a walking program to help you get back to a healthy activity level after spine surgery. You can use the boxes to check off each day or write your total number of minutes walked.

Always remember the following:

- Include frequent walking in your daily routine. (example: walk to the mailbox or end of the hallway, get up and walk after every TV show you watch)
- Walking will help to avoid complications such as blood clots, pneumonia, immobility, and constipation.
- Walking will also help control pain and swelling.
- Do not walk on uneven surfaces or in unfamiliar areas.
- Do not get discouraged. How quickly you are able to get back to being active varies depending on the procedure performed.

WEEK 1	SUN	MON	TUE	WED	THU	FRI	SAT
5 MINUTES 2-3x A DAY							
WEEK 2	SUN	MON	TUE	WED	THU	FRI	SAT
8 MINUTES 2-3x A DAY							
WEEK 3	SUN	MON	TUE	WED	THU	FRI	SAT
11 MINUTES 2-3x A DAY							
WEEK 4	SUN	MON	TUE	WED	THU	FRI	SAT
14 MINUTES 2-3x A DAY							
WEEK 5	SUN	MON	TUE	WED	THU	FRI	SAT
17 MINUTES 2-3x A DAY							
WEEK 6	SUN	MON	TUE	WED	THU	FRI	SAT
20 MINUTES 2-3x A DAY							
WEEK 7	SUN	MON	TUE	WED	THU	FRI	SAT
23 MINUTES 2-3x A DAY							
WEEK 8	SUN	MON	TUE	WED	THU	FRI	SAT
26 MINUTES 2-3x A DAY							

DISCHARGE INSTRUCTIONS

WOUND CARE

5. Wound and Dressing Care

- Your incision must be kept clean and dry.
- Your incision must to be monitored every day for signs of infection. Report any abnormal findings to your surgeon.
- The dressing used depends on your area of operation and the procedure performed. You may not even need a dressing! Your surgeon will instruct you on dressing care specific to you, and the nursing staff will help prepare you and your family/caretaker for dressing changes at home.
- **ALWAYS WASH YOUR HANDS BEFORE TOUCHING YOUR DRESSING AND WOUND! Hand washing should always be done by the person changing your dressing before and after the dressing change. Do not touch your dressing unless your hands are clean.**
- Do not scrub your incision.
- Do not use any lotions, creams, or ointments (including vitamin E) until cleared by your surgeon.
- Remember to keep your pets away from your dressing while you recover. Wound exposure to pet dander, fur, and feathers increases your chance of getting an infection.
- Wear clean clothes and sleep on clean linens. Make sure you have a clean t-shirt under your brace, if ordered by your surgeon. Please do not sleep with pets while healing.

Signs of Wound Infection:

- Redness
- Swelling
- Heat or warmth at the incision
- Excessive or foul-smelling drainage
- Oral temperature greater than 101.5° F

If you see any signs of wound infection, call you doctor immediately.

6. Nutrition

What you eat after surgery will not only affect how you feel but will also directly influence wound healing. A diet high in protein is optimal after surgery. Drink plenty of fluids and eat fresh fruits, vegetables, and fiber. In order to be sure you are getting adequate nutrients, drink Ensure or Boost. These nutritional shakes are especially important if you are over the age of sixty, had a spinal fusion, or if you have a decreased appetite after surgery.

7. Smoking

No smoking. Smoking will interfere with the healing process by decreasing blood flow to the surgical site, causing delayed wound healing, and increasing your chances of infection. Smoking also causes an increased risk of blot clots, heart disease, lung disease, strokes, cancer, surgical complications, and a 6x higher rate of a failed fusion.

DISCHARGE INSTRUCTIONS

WOUND CARE

Proper wound care is essential to your spine surgery recovery. The wound dressing you have will depend on the procedure performed. You may not even need a dressing! Look for your dressing below and you will see the corresponding instructions along with what not to do. Be sure you and your caregiver are confident with dressing care instructions before leaving the hospital.

Dermabond/Prineo/Skin Glue	
Dressing Changes	None! Your Dermabond is your dressing and should be left in place.
DO NOT	<p>Do not soak or scrub your wound. Do not cover your wound with lotions, ointments, or a dressing. This could cause your dermabond to come off before your wound is fully healed.</p> <p>You have been provided with a sterile kit that includes scissors to use to trim the edges of the Dermabond/Prineo/Skin Glue as it begins to lift. DO NOT PEEL OR PULL the dressing. Use the provided scissors and snip the raised edges. Clean the scissors with alcohol prior to each use.</p>

Gauze and Tape	
Dressing Changes	Change your dressing with the help of a caregiver. Always be sure your dressing is kept clean and dry and look for signs of infection when doing dressing changes.
DO NOT	Do not soak or scrub your wound. Do not cover your wound with lotions or ointments.

Notes:

DISCHARGE INSTRUCTIONS

PAIN MANAGEMENT

8. Pain Management

- You will be prescribed medication to help with your pain after surgery.
- Your surgeon will instruct you on what nonprescription pain medications are appropriate during your recovery as well as provide you with a list of any nonprescription pain medications to avoid.
- **If you have a spinal fusion, do not take non-steroidal anti-inflammatory drugs (NSAIDs) without permission from your surgeon.** Common NSAIDs include, but are not limited to: Ibuprofen (Advil, Motrin), Naproxen (Aleve), Ketorolac (Toradol), and Aspirin. These medications must be avoided if you have a spinal fusion.
- Do not drive while on narcotic pain medication or any medication that causes you to become drowsy.
- You may use a cold compress to the surgical region 2-3 times a day for no more than 20 minutes per hour.
- Walking and frequent repositioning will help control pain.
- It is not uncommon to have a sore throat after surgery. Gargling with warm salt water will help.
- Some arm pain may return in the next few days and may last for a few weeks. This is caused by the irritation from surgery and should improve with time.
- Notify your surgeon if the pain becomes unbearable or is not controlled by the prescribed pain medication.
- Once you get home, try to begin decreasing your use of narcotic pain medications. Your goal is to no longer need opioid pain medication 2-6 weeks after surgery. If you need assistance with reducing your pain medication, see the charts below for examples of how you can slowly decrease your pain medication doses. If you have chronic pain and have been taking pain medication for an extended period of time, your long term pain management plan will be made with your surgeon.

Do this to wean off short acting pain medicine:

1. When you start weaning off the medicine, increase the amount of time between doses. For example, if you are taking a dose every 4 hours, extend that time:
 - Take a dose every 5 to 6 hours for 1 or 2 days
 - Then, take a dose every 7 to 8 hours for 1 or 2 days
2. After step 1, start to reduce the dose. For example:
 - If you are taking 2 pills each time, start taking 1 pill each time. Do this for 1 to 2 days.
 - If you are taking 1 pill each time, cut the pill in half and take only half a pill each time. Do this for 1 to 2 days.

Be aware of pain medication side effects. Side effects include:

Dizziness, Drowsiness, Constipation, Nausea, Vomiting, Rash, Itching, Confusion, Respiratory Depression (decreased breathing), & Long-Term Dependence

DISCHARGE INSTRUCTIONS

MEDICATIONS, FOLLOW UP & CALLING THE SURGEON

9. Constipation

Taking pain medication may cause you to become constipated. Drink plenty of fluids and include fresh fruits, vegetables, and fiber in your diet. Frequent walking will also help with constipation. A stool softener (Colace) may be taken twice a day as long as you are taking pain medication.

10. Return to Work

Your surgeon will decide when you can return to work. This is based on the procedure performed and also the requirements of your job. Before returning to work, clarify if you will need to work a reduced schedule or need to be on light duty (decreased activities). You may start out with limitations and have to gradually return to your pre-procedure schedule and workload.

11. When to Call the Surgeon

Call your surgeon's office if you have any problems or concerns. You should also call the office if you experience any of the following:

- Redness, swelling, or heat at the incision site
- Increased or foul-smelling drainage; drainage that looks like water or pus
- Temperature greater than 101.5°F by mouth
- Worsening numbness, weakness, or decreased sensation in your arms or legs
- Increased pain that is not relieved by pain medication
- Difficulties with medication side effects
- Nausea, vomiting, or chills
- Worsening constipation

Call 911 immediately if you experience sudden shortness of breath, rapid breathing, sweating, confusion, or chest pain. These could be signs of a blood clot in your lungs.

My follow up appointment is on _____
at this time _____.

FREQUENTLY ASKED QUESTIONS

How do I prevent a blood clot?

Starting a walking routine will help reduce the risk of a blood clot. If you notice tenderness of the calf, swelling, red or blue discoloration, pain, and increased warmth in one leg, you may have a blood clot in your leg. **Please notify your surgeon immediately.**

Sudden shortness of breath, rapid breathing, sweating, confusion, or chest pain could be signs of a blood clot in your lungs. If you experience these symptoms, **PLEASE IMMEDIATELY CALL 911!**

How long after surgery until I see my family?

Your family contact information will be collected in Outpatient Services. When you go to the Holding Room, your family will go to the waiting room. They will be updated from the Operating Room and the Post Anesthesia Care Unit and will be able to join you once you return to Outpatient Services or get to your inpatient room.

Will I have to go to a rehabilitation facility?

The majority of our patients go home, but patients sometimes go to a rehabilitation facility to continue their recovery after surgery. This decision will be made by your spine center team with input from you and your family. Your case manager will help facilitate these arrangements and will help arrange any post-operative equipment you may need.

Do I have to go to my follow-up appointments if I am not having any problems?

Yes. After spine surgery, it is important to continue attending regular follow-up appointments with your surgeon to evaluate for proper healing.

Will I need a blood transfusion?

Most patients will not require a blood transfusion with their cervical spine surgery, but a blood transfusion may be necessary. You will be asked to sign a blood transfusion consent pre-operatively. Your surgeon may also order pre-operative blood work. If you are unable to have a blood transfusion for any reason, please discuss this with your surgeon before your surgery.

What if I have more questions?

That is okay! Some questions can only be answered by your surgeon. Look for your surgeon's picture on the first page, and the office number will be listed below. If you have general questions you can also call the Spine Coordinator at 334-293-8445.

APPOINTMENT LIST:

APPOINTMENT	DATE	TIME	NOTES

MEDICATIONS YOU TAKE AT HOME:

MEDICATION	DOSAGE	FREQUENCY	START DATE	PURPOSE	PRESCRIBING DOCTOR

NOTES:

NOTES:



Campus Directory

Main Hospital 1725 Pine Street

North Wing	Floor
Pine Street Café	1
Heart Center	2
Cardiovascular	
Intensive Care Unit	3
McGough Oncology Center	3
Mom & Baby Center	
Labor & Delivery	4
Noland Hospital Montgomery	5
Urology	6

East Wing	Floor
Emergency Room	1
Imaging	1
Outpatient Surgery	2
Progressive Care Unit	3
Pediatrics	4
Medical/Surgical Care	5
Orthopedic & Joint Center	6

Courtesy Shuttle/Security 293-8007

Goode Building	Floor
1722 Pine Street	
Health Information Management	1
JMS Health Services	1
Regions Bank	1
Sleep Disorders Center	9

West Wing	Floor
Information Desk	1
Critical Care	2
Telemetry	3
Mom & Baby Center	
Postpartum	4
Medical/Surgical Care	5
Advanced Spine Center	6

Jackson Clinic Floor
1801 Pine Street

Family Medicine Center	1
Wound & Hyperbaric Center	1
Endocrinology	3
Family/Internal Medicine	3

South Building Floor
1710 Pine Street

Human Resources	1
Education Center	1/2
Business Office	4

Park Place Bldg Floor
1758 Park Place

Jackson Clinic Vascular Surg	3
Jackson Clinic Fam Medicine	4
Jackson Clinic OB/GYN	4

