

You Can Trust We Have Your Back

# Patient Surgery Guide



inspired spine

## Welcome

Thank you for choosing Inspired Spine's Surgery Program to help restore your spine function.



We are committed to providing you with the best health care experience by combining clinical excellence and patient-centered care that will get you back to your normal activity level as quickly as possible.

At Inspired Spine and associated surgery centers, you will be cared for by our highly specialized and experienced multi-disciplinary team of experts, all of whom are dedicated to ensuring you receive the best care and outcome from your spine surgery.

We strongly believe that you as a patient play a key role in ensuring a successful recovery. Our goal is to empower you with the necessary knowledge and involve you in your treatment plan at each step of your recovery. As such, this guidebook is designed to provide you with the information needed to help you and your loved ones navigate the spine surgery process before, during, and after surgery.

Thank you for trusting Inspired Spine with your spine care. We look forward to serving you.

Sincerely,

Dr. Hamid Abbasi  
Inspired Spine Helath

Dr. Sunny Kim  
Inspired Spine Helath

# General Information

## Spine Anatomy

A healthy spine supports the body while letting it move freely. It does this with the help of three natural curves. Strong, flexible muscles help, too. They support the spine by keeping its curves properly aligned. The disks that cushion the bones of your spine also play a role in back fitness.

## Three Natural Curves

The spine is made of bones (vertebrae) and pads of soft tissue (discs). These parts are arranged in three curves: cervical, thoracic, and lumbar. When properly aligned, these curves keep your body balanced. They also support your body when you move. By distributing your weight throughout your spine, the curves make back injuries less likely.

## Strong, Flexible Muscles

Strong, flexible back muscles help support the three curves of the spine. They do so by holding the vertebrae and disks in proper alignment. Strong, flexible abdominal, hip, and leg muscles also reduce strain on the back. The lumbar curve is the hardest-working part of the spine. It carries more weight and moves the most. Aligning this curve helps prevent damage to vertebrae, disks, and other parts of the spine.

## Cushioning Discs

Discs are the soft pads of tissue between the vertebrae. The discs absorb shock caused by movement.

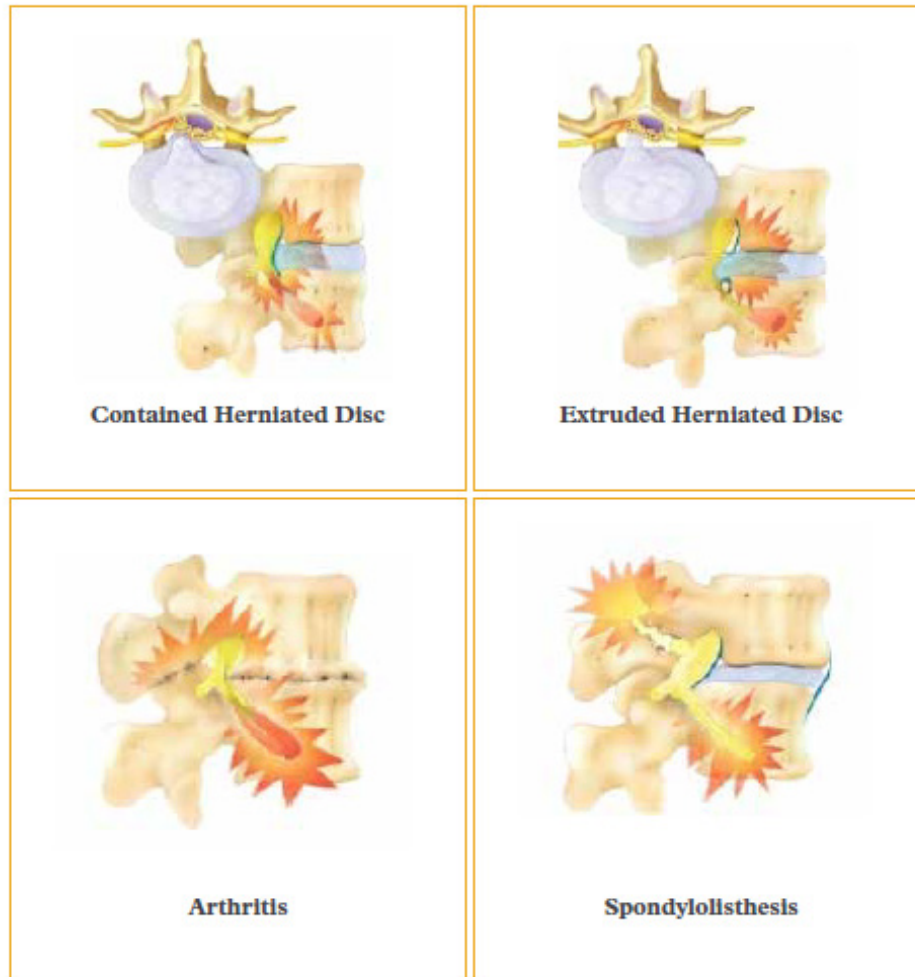
Each disc has a spongy center (nucleus) and a tougher outer ring (annulus). Movement within the nucleus allows the vertebrae to rock back and forth on the discs. This provides the flexibility needed to bend and move.



## Common Spine and Disc Problems

The most common serious back problems happen when discs tear, bulge, or rupture. In such cases, an injured disc can no longer cushion the vertebrae and absorb shock. As a result, the rest of your spine may also weaken. This can lead to pain, stiffness, and other symptoms.

- **Contained Herniated Disc** As a disc wears out, the nucleus may bulge into the annulus and press on nerves.
- **Extruded Herniated Disc** When a disc ruptures, its nucleus can squeeze out and irritate a nerve.
- **Arthritis** As discs wear out over time, bone spurs form. These growths can irritate nerves and inflame facets.
- **Spondylolisthesis** Listhesis is a condition in which one vertebra has moved forward or backward, in relation to the one above or below it. This causes a crack (stress fracture) in the areas that link the vertebrae together. This may put pressure on the annulus, stretch the disc, and irritate nerves.



# Pre-Operative Checklist

Patient's Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Discharge Transportation: \_\_\_\_\_

Discharge Disposition: \_\_\_\_\_

Post-Operative Therapy: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Allergies: \_\_\_\_\_

Notable Diagnoses:     Diabetic         Tobacco Use

Durable Medical Equipment:    Cane    Walker    Commode    Oxygen

Note: Please bring any walkers or home oxygen tanks to the hospital with you at the time of your surgery

Surgery Date: \_\_\_/\_\_\_/\_\_\_ at \_\_\_\_\_ a.m./p.m.

## Test Name Scheduled For:

Physical Exam:                    \_\_\_/\_\_\_/\_\_\_ at \_\_\_\_\_ a.m./p.m.

EKG:                                    \_\_\_/\_\_\_/\_\_\_ at \_\_\_\_\_ a.m./p.m.

Blood Tests:                        \_\_\_/\_\_\_/\_\_\_ at \_\_\_\_\_ a.m./p.m.

Include HGB A1C

Urine Test:                            \_\_\_/\_\_\_/\_\_\_ at \_\_\_\_\_ a.m./p.m.

Chest X-Ray:                        \_\_\_/\_\_\_/\_\_\_ at \_\_\_\_\_ a.m./p.m.

Pregnancy Test:                    \_\_\_/\_\_\_/\_\_\_ at \_\_\_\_\_ a.m./p.m.

DEXA:                                    \_\_\_/\_\_\_/\_\_\_ at \_\_\_\_\_ a.m./p.m.

Scoliosis Imaging:                \_\_\_/\_\_\_/\_\_\_ at \_\_\_\_\_ a.m./p.m.

\_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.

\_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.

**Provider Appointment Scheduled For:**

_____	__/__/__ at _____ a.m./p.m.
_____	__/__/__ at _____ a.m./p.m.
_____	__/__/__ at _____ a.m./p.m.
_____	__/__/__ at _____ a.m./p.m.

**Medication List**

(Include Name, Route, Frequency)

Medication	Take Day Of:	Stop Date:	Restart Date:
_____	<input type="checkbox"/>	__/__/__	__/__/__
_____	<input type="checkbox"/>	__/__/__	__/__/__
_____	<input type="checkbox"/>	__/__/__	__/__/__
_____	<input type="checkbox"/>	__/__/__	__/__/__
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_____	<input type="checkbox"/>	__/__/__	__/__/__

*Please call your surgeon if you have any improvement or any change in your medical condition*

# Pre-Operative Guide

## After Surgery has been Ordered

### **Contact your health insurance company**

Before your surgery, you will want to contact your health insurance company via the telephone number listed on your card to find out if:

- The procedure you are having done requires pre-authorization or a second opinion.
- You have any benefits for durable medical equipment (DME) like walkers, canes, commodes, etc.

**Note:** While our office will work with your insurance company to obtain pre-authorization for your surgery, it is best practice for you to call them and understand your benefits well. You can also contact them if you have any questions regarding your deductible, how much your insurance will pay, etc.

### **Medical clearance and pre-anesthesia instructions**

If you currently see a specialist, contact their office to see if you may need an evaluation for clearance prior to surgery. It is also important that you verify with your surgeon or prescribing physician which medications you will need to stop prior to surgery, and when to stop them.

### **Start pre-operative home exercise program (if tolerable)**

Since patients with spine problems are more likely to develop muscle weakness as a result of becoming sedentary and deconditioned, it is important to begin a home exercise program pre-operatively to optimize your post-operative result. You can practice using spinal precautions to get in and out of bed, as well as any other recommended exercises from your surgeon. If wearing a spinal brace, reach out to your physician prior to beginning a home exercise program.

### **Review your health care advance directive (if applicable)**

It is important that if you have an advance directive for health care, that it be current. If you do not have an advance directive and wish to formulate one, or if you have one that needs to be amended, please let your nurse on the unit know and they can contact the social worker.



## Two to Four Weeks Before Your Surgery

### **Pre-admission Screening**

Around three to four weeks prior to your surgery, you will receive a phone call from a member of the hospital pre-admission team. During this contact, a member of the pre-admission team will go over your medical history, surgical history, and medications. The purpose of this screening is to have the best surgical outcomes. Please have the following information available to you during this screening:

- Current Medications
- Medical Diagnoses
- Name and contact number of all physicians you see

## Two Weeks Before Your Surgery

### **Verify surgery date and time**

Reach out to surgery scheduling if you have not been contacted by the pre-admission team to verify your surgery date and time. Surgery Scheduling 612-474-4984

### **Stop taking vitamins and herbal supplements**

# Pre-Operative Guide

## One Week Before Your Surgery

### **Stop any medications that may increase bleeding**

Seven days prior to your surgery, you will need to stop taking any blood thinning agents. This includes NSAIDs (Aspirin, Bromfenac, Celecoxib, Diclofenac, Diflunisal, Etodolac, Ibuprofen, Ketoprofen, Ketorolac, Meclofenamate, Meloxicam, Nabumetone, Naproxen, Oxaprozin, Piroxicam, Sulindac), vitamin E, etc. *These medications may cause an unnecessary increase in bleeding during or after your surgery.*

If you are on any anticoagulants or any anti-platelet medications (Anagrelide, Apixaban, Aspirin, Betrixaban, Cilostazol, Clopidogrel, Dabigatran, Dipyridamole/aspirin, Edoxaban, Enoxaparin, Fondaparinux, Prasugrel, Rivaroxaban, Ticagrelor, Ticlopidine, Vorapaxar, Warfarin) discuss with your prescriber and your surgeon about how and when to stop taking these medications.

Always consult with your prescribing physicians prior to stopping any medications.

### **Bathing**

To reduce the risk of surgical site infection, use either anti-bacterial (Dial Gold) or chlorhexidine gluconate cleanser (CHG), as directed by your surgeon. This should be done at least three days/showers prior to your surgery. The final shower should be performed on the morning of surgery, and on this day, do not apply any deodorant or lotion afterward.

## Your Role in a Safe Surgery Experience

Patients involved in decisions about their care are more likely to have good outcomes. Follow these recommendations to take an active role in your care.

- Know your surgery site. Make sure your surgeon marks your surgical site correctly and clearly with a permanent marker (for example, on the right side not the left side).
- Understand the informed consent form. Before signing, read it carefully. Confirm your name, type of surgery and that you talked to your surgeon and agreed to the surgery. The name of your surgery is listed below.
- Ask questions. Keep asking if you do not understand the answers.
- Answer questions. Medical staff may ask you the same questions numerous times. We check and double-check with you to make sure information is correct and you remain safe.

## On the Day Before Surgery

**Fusion Patients:** You will be required to come to Inspired Spine to be fitted for a brace (if you haven't had this done already). Please call the clinic to schedule this appointment.

**All Patients:** You will also be required to have blood work drawn. This is necessary so that we can be sure the correct blood is available in the event you would need to receive it.

Inspired Spine offers discounts at several local hotels in the Alexandria area, and the concierge suites located within our headquarters in Burnsville.

**To Prevent Constipation Before Surgery:** If you are taking pain pills before your scheduled surgery, please be aware that they can cause constipation. It is best if you have regular bowel movements before your surgery. You may want to consider taking an over the counter stool softener or laxative in the weeks before your surgery. If you have questions regarding this, please reach out to your primary care provider.

**DO NOT** take a stool softener or laxative the day or evening before your surgery.

# Day of Surgery

## The Morning of Surgery

Shower or bathe using non-scented, non-abrasive soap and remove nail polish, make-up and all jewelry. Please leave valuables, and large amounts of money at home. Skin should be bare and clean on arrival; no lotion, deodorant, perfume or cologne. Remove all piercings and jewelry.

**Clean skin is your best defense against infection.**

If you have been instructed by your physician to take medications on the morning of surgery, do so with a sip of water at least 2 hours prior to your surgery.

**Do not take oral medications for diabetes on the day of surgery.**

## What to Bring to the Hospital

Personal hygiene items (deodorant, etc. as desired) glasses, hearing aids, and comfortable clothing to wear home. If you use a CPAP or BiPAP, bring your cleaned unit from home for use at the hospital. We recommend seasonal loose fitting clothing to wear the day of discharge. Slipper socks are available to all patients for walking during the hospital stay. Bring shoes to wear home. These should be flat soled. For safety reasons, DO NOT bring straight razors or electrical items. You may bring battery-operated items. Bring your brace if you were given one at the Clinic. Leave all valuables at home including jewelry, rings, cell phone, money, wallet and watches.

You must bring the following to the hospital:

- Your patient log (optional)
- A current list of your medications, which includes dosages
- Your insurance card
- Your driver's license or photo I.D.
- Your brace if you were fitted for one

# Frequently Asked Questions **Before** Surgery

## **How do I make arrangements for surgery?**

Upon deciding to have surgery, the staff at Inspired Spine will work with you to schedule your surgery date, as well as various appointments needed prior to your surgery date. This can be done immediately following your appointment with your surgeon, or you may opt to have a secretary call you at home.

## **How do I obtain insurance clearance for my surgery?**

The staff at Inspired Spine will obtain clearance from your insurance company and then your surgery will be scheduled. You will be notified if clearance is not obtained.

## **How do I obtain medical clearance for surgery?**

Your History and Physical appointment is typically performed at your local clinic up to 30 days prior to your surgery date. We encourage patients to complete this appointment at least 2 weeks prior to surgery.

## **Where should I send my medical history and the results from my physical?**

Have your doctor fax the history and physical report to 855-430-6952

## **How long does the surgery take?**

Surgery times vary greatly depending on the type of surgery you will be having. The nurse at Inspired Spine will be able to give an approximate length of surgery. Some of this time is taken by the operating room staff to prepare for the surgery.

## **Should I take my medications on the day of surgery?**

It is best to check with your family doctor as to which medications you should take. Please take medications for your heart (beta blockers), seizures, and breathing medications or inhalers with a sip of water. If you take pain medications on a regular basis, you should take them the morning of surgery with a sip of water. **DO NOT** take oral diabetes medications on the morning of surgery. When the pre-admitting nurse calls you, she/he will verify which medications are safe for you to take the morning of the surgery.

# Frequently Asked Questions **Before Surgery**

## **Please DO NOT take the following medications for 1 week before surgery:**

DO NOT take: Aspirin, Advil, Motrin, Naprosyn, Aleve, Vioxx, Celebrex, Toradol or any other anti-inflammatory medication. DO NOT take herbal supplements or fish oil. These medications can cause excessive bleeding during surgery. Stop taking blood thinners unless instructed to continue by your family doctor or surgeon. Narcotics, Ultram and Tylenol can be taken up until the time of surgery.

## **May I eat or drink before my surgery?**

DO NOT eat solid food for 8 hours before the time of your procedure unless otherwise instructed to do so. Clear liquids (i.e. water, apple juice black tea, Gatorade) may be taken up to 2 hours before a procedure for adults. Chewing gum, hard candy or mints are not permitted. You may brush your teeth. DO NOT use alcohol for 24 hours prior to surgery. DO NOT smoke or use chewing tobacco after midnight before the date of your surgery.

## **Is it alright for someone to accompany me to the hospital?**

Yes. While you are in surgery, your family member, friend or coach may wait for you in the Surgery Waiting Room. When your operation is completed and you are taken to the recovery room, your visitors will be informed and your surgeon will meet with them to discuss the surgery. Please provide us with a contact number should we need to notify someone of your progress.

ALL female patients of child bearing age: If you are under the age of 50 and have not had a hysterectomy or tubal ligation, we will need a urine sample from you on the morning of surgery.

## **Do I need to be put to sleep for this surgery?**

Yes, all spine surgeries require that you be put to sleep. This is called "General Anesthesia." You will be monitored by an anesthesiologist (a doctor who is specifically trained in this area), and certified nurse anesthetist (a nurse specially trained in monitoring patients during anesthesia).

## **Who will be performing the surgery?**

Your spine surgeon will perform the surgery. An assistant often helps during the surgery.

## **How will I know what time to come to the hospital for the surgery?**

A nurse from the pre-admitting department will call you 1 – 2 weeks before your surgery to tell you what time to come to the Surgery Center. Please note that this time is subject to change, due to changes or cancellations in the surgery schedule. You will be called the day before the surgery if your surgery time has been changed.

# Frequently Asked Questions **Before** Surgery

## **Will I need help at home?**

Yes, for the first several days depending on your progress, you will need someone to assist you with meal preparation, bathing, etc. Family members or friends need to be available to help if possible. If you do not have assistance available to you, a short-term stay at a sub-acute facility may be appropriate prior to returning home. Social Services will arrange this for you as needed. Please be aware of your insurance coverage for this if it is needed, as this can vary from person to person. Having the laundry done, house cleaned, yard work completed, clean linens put on the bed, and single portion frozen meals prepared before surgery, can reduce the need for extra help.

## **Attention Posterior Cervical Fusion Patients**

Because you will have an incision on the back of your neck, it is absolutely necessary that your hair not touch the incision. We WILL shave the back of your neck/head up to the level of the top of your ears the day of surgery. If you have long hair that will hang down and touch the incision, you will be required to wear a bonnet or keep your hair in a bun at ALL times for 5-7 days. Even clean hair has a large amount of bacteria and can result in a serious infection in your incision.

## **Stop Smoking**

It is essential to stop smoking before surgery. Smoking impairs oxygen circulation to your bone and/or fusion. Oxygen circulation is vital to the healing process. Please speak with your Primary Care Physician if you are having difficulty stopping smoking.

*Smoking can also increase your risk of complications from anesthesia.*

## **CPAP use for Sleep Apnea patients**

If you have a history of sleep apnea and use a CPAP machine, please bring your clean machine, tubing and mask with you on the morning of your surgery.

When people with sleep apnea go to sleep, they may not be aware that they are having difficulty breathing. This can cause a decrease in blood oxygen level and strain the heart, lungs and brain. Certain medications like pain killers (narcotics) may make your sleep apnea worse. Therefore, you will be required to wear your CPAP whenever sleeping while hospitalized and you should continue to use your machine at home whenever sleeping.

You will also be monitored very closely for a drop in your blood oxygen level while hospitalized.

Please bring your clean machine, with new tubing and mask with you to the hospital. A staff member from the Respiratory Care Department will inspect your machine to verify it is in proper working condition.

# Frequently Asked Questions After Surgery

## What to expect after surgery

### Post-surgery pain is normal.

Expect that your back will feel stiff and sore. You may have trouble sitting /standing in one position for long. You may have numbness or weakness along the nerve.  
(More information available at [www.inspiredspine.com](http://www.inspiredspine.com))

## Post-Op Restrictions

“BLT” Do not bend, twist, or lift more than 8 lbs until first post-op visit

Keep your back (hips to shoulders) straight

Further restrictions will be addressed at your follow-up appointment

We encourage frequent small walks (5 minutes)

Start any new activities slowly, only as your body tolerates them without pain

For Sacroiliac (SI) Fusion, toe touch weight bearing for 4 weeks on the side of surgery  
o PT will direct you on this during pre-surgical sessions





# Frequently Asked Questions After Surgery

## **OLLIF Advantages:**

- Decreased Surgical Time
- Minimal Blood Loss
- Reduced Risk of Complications
- Shorter Hospital Stays – Some Same Day
- Decreased Pain After Operation
- Faster Recovery
- Return to Work and Activities Sooner
- Smaller Incisional Areas
- OLLIF makes surgeries possible for elderly patients and those with High BMI

## **Will I lose mobility after fusion?**

By the time you need surgery, the motion in your back has likely significantly decreased. After surgery, most patients do not notice any additional decrease in mobility, but often experience an increase in mobility after surgery when their pain has resolved.

## **When Can I Return to work?**

Depending on type of surgery, number of levels involved, recovery status, and the KIND of work you do, most people can return to work within 2-6 weeks after surgery. This may be longer for physically demanding jobs.

## **Shower and bathing?**

Your incision can get wet in the shower. Do not scrub it or soak in a tub. Pat dry incision site with a clean towel.

## **Pain Control**

A Narcotic may be prescribed for the immediate post operative period (2-4 weeks)

- o Medication use will be reduced as pain levels allow

Physical Therapy can help with education for daily activities, pain control, transitions (going from one position to another) and posture

Ask staff before any additional Tylenol or Ibuprofen use

Please call in your perscriptions one week in advance

- o RX Line- (612) 474-4993

# Frequently Asked Questions After Surgery

## **Bracing after Surgery?**

You will be fitted for your brace in clinic prior to surgery, if approved by insurance

Wear the brace for 4 weeks when ambulating

Wear the brace for 4 months while in any vehicle

## **Bone Growth Stimulator (BGS) after Surgery?**

Necessary to help facilitate faster bone growth

You will receive it at your first post-op visit if approved by insurance

Wear BGS for 4 hours daily for 9 months following surgery

BGS is designed to wear over clothing or brace

## **Why do I have so many small incisions?**

Multiple small incisions are made to insert and place the fusion device inside – These incisions heal quicker than large incisions. For each disc that needs to be operated on, you can expect a bilateral incision to allow for screw placement.

## **How does the OLLIF procedure take the pressure off my spine?**

In open surgery the muscles are cut to get to bone. The bone is then cut to open space for the nerves; this is invasive and risky and destabilizes the spine.

OLLIF restores the anatomical height of disc to its normal physiology. Some call it indirect decompression; we call it anatomical and physiological decompression, we restore it as nature intended.

## **What is a Discogram?**

This is a diagnostic test used to identify the source of the pain. The method is painful, but it is necessary as it is designed to pinpoint the problematic disc by “getting the diseased disc to cry out in pain.”

By reporting the severity of your pain on a 1-to-10 scale after the disc has been pressurized, we can determine the source of the pain. If the pain level does not change during this procedure, this is not the source of the pain.

# Medication Refills

## How To Get Your Medication

Medications that you are prescribed at discharge are only for a minimal amount of days. Once you are discharged from the hospital call our prescription line at (612)474-4993, to expedite the medication refill process. Our medication policy requires 7-day notice for all medication refills. If any other questions arise please call our office at (952)405-9760

If you are being followed out of our Burnsville office, please call Inspired Spine at **(952) 405 9760** for all refill requests. Refill requests must be in by Tuesday at 4 PM to be filled on Friday.

Please leave a detailed message including the name of the medication, dose and which pharmacy you would like to use. All medications will be monitored through the prescription drug monitoring program. Due to this monitoring, prescriptions will only be completed weekly on Tuesdays, as we require ample time for medication requests to be received and approved. Prescriptions can be picked up at our Alexandria location or mailed directly to the pharmacy. Since many prescriptions are for controlled substances, please expect drug screening to occur at random intervals.



# Post- Surgery Care

## Pain Management After Surgery

If you're having surgery, it's natural to have concerns – or even fears – about the pain following the procedure. Pain is expected after surgery. Pain medications are a key part of your recovery. Well-controlled pain using pain medications can speed healing and lead to fewer complications.

The time to talk about post-surgical pain relief and pain medications is before you have surgery. Being prepared can lead to more effective pain management.

- Discuss previous experiences with pain. Before surgery, talk to your doctor or nurse about your experience with different methods of pain control. Mention what worked for you and what didn't.
- Talk about chronic pain. If you have chronic pain, you'll likely have to deal with that pain in addition to the post-surgical pain. And your body may be less sensitive to pain medication if you're taking medications for chronic pain. Discuss this in detail with your doctor or nurse to establish your plan of care before surgery.
- Make a list of your medications. Include all prescription and over-the-counter medications, plus any supplements or herbs you've taken in the past month. Your doctor and nurses need to know about anything that might interact with post-surgical pain medications.
- Be honest about your alcohol and drug use. Tell the staff if you're a recovering alcoholic or have a history of other addiction. If so, you can plan for pain control that minimizes the risk of relapse.

If you're currently using alcohol or drugs – even those that have been prescribed for you or street drugs – let your doctor know. Withdrawing from these substances can be difficult, and the post-surgical period is not the time to try it.

- The amount of pain medications used before surgery will have a direct effect on pain management after surgery. It is best to limit or decrease the amount of pain medication you use for several weeks before your surgery.
- Ask questions
  - Find out how severe the pain typically is after this type of surgery, and how long it lasts.
  - What kind of pain medications will be given before and after surgery?
  - What are the possible side effects of these medications?
  - What can be done to minimize side effects?
- Discuss your concerns about pain medications. If you're afraid of side effects or overdosing on pain medications, talk to your doctor or nurse. He or she can help you understand strategies to safely manage your pain, such as combining medications or using patient-controlled analgesia – a system that allows you to give yourself a dose of pain medication by pushing a button.

# Post- Surgery Care

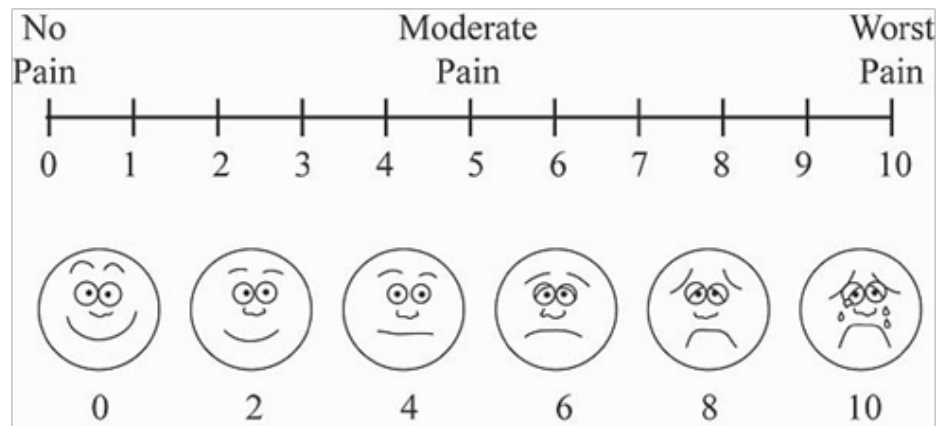
## Pain Management After Surgery Continued

Post-surgical pain control requires balancing benefits and risks. If your pain medications are too strong, you may have side effects, such as sleepiness, nausea or vomiting. But if pain medications are too weak, you may experience unnecessary pain.

Pain limits your ability to breathe deeply, cough, walk and perform the activities necessary for a speedy recovery. The goal is finding the right balance for you at each point during and after the procedure.

Doctors often rely on intravenous medications to relieve pain during and immediately after surgery. These techniques are typically used until you're able to take pain medications by mouth. The type of pain medication you receive may depend partially on the type of surgery you have because the intensity of pain and effectiveness of certain drugs varies by surgery.

You will be asked to rate your pain on a scale from 0 to 10 with 0 being no pain and 10 being the worst pain you have ever had.



People respond to medications differently. That is why pain medications are often provided at the patient's request (prn – "as needed"). However, you should be aware of limitations regarding how much and how frequently you can take them. For example, "every 4 hours" infers you cannot take a second dose of the medication until 4 hours have passed. A medication tracking form is available for your use at home in the back of this Guidebook. Always take medications as prescribed by your physician. Ask if you have questions.

Again, you should expect some pain. Our goal is to keep you as comfortable as possible while limiting the side effects of the pain medication. The pain will get better.

# Post- Surgery Care

## Tips for Comfort

The tips you learn in the hospital for pain control will also work when you go home. Below are some helpful reminders:

- **Timing:** Remember that pain medication takes time to work, so try to take pain medication at least 20 – 30 minutes before activity (ex: exercises or walking).
- **Positioning:** Position and reposition yourself for comfort. You should change your position every 45 minutes or so throughout the day. Use pillows as needed to aid in comfort. Laying on your incision may not be comfortable. Try lying on your sides to promote comfort. Placing a pillow between your knees may also help.
- **Ice:** Use ice for pain control. Applying ice to your incision will decrease discomfort. Do not apply ice directly to your skin, and do not use for more than 20 minutes each hour. Place the icepack in a pillowcase for a light layer of protection.
- **Relax:** When you are relaxed, pain medications are able to work better. This is because your muscles aren't tense and signals of fear and anxiety aren't flooding your brain.
- **Breathe:** By focusing on your breathing, you can relax tense muscles and take your mind off your pain. Slow deep breathes help reduce pain.
- **Music:** Try listening to soft, relaxing music or distracting yourself by reading or watching TV.

When your pain is better, start taking your medication less often. Gradually wean yourself from prescription medications to a non-prescription pain reliever. Do not take more than 4,000 mg of Tylenol® (Acetaminophen) in a 24-hour period. Be aware that other prescription and non-prescription medications may contain Tylenol® (Acetaminophen).

- **If your pain does not decrease, or gets worse, call your doctor.**

**Burnsville - (952) 405 9760**

**Alexandria- (320) 763 8888**

# Post- Surgery Care

## Managing Nausea and Vomiting

Nausea and vomiting are two of the most distressing side effects of general anesthesia and pain medications. It is not possible to prevent these symptoms in all patients, but your anesthesia provider can take many steps to help. The anesthesia provider and nurses can give anti-nausea medications to help avoid symptoms. If you have had severe symptoms after anesthesia in the past, alert your surgeon and the nurses who will care for you pre-operatively. Some of the best medications to prevent post-operative nausea and vomiting are most effective when taken before surgery.

Nausea and vomiting can also be caused by an "ileus". An ileus is when your intestines have stopped the normal pumping action that is necessary to push food through your intestinal tract. This can be a side effect of narcotic pain medications. The staff will monitor you for early signs and symptoms of an ileus and treat you accordingly.

Sometimes medication can be irritating to your stomach and nausea and/or vomiting may occur. Taking your pain medication with food may help prevent nausea.

Remember, if you have been lying down, get up slowly. Side effects of pain medications include: respiratory depression (not breathing as deeply or regularly as needed), temporary forgetfulness, sleepiness and dizziness.

While taking narcotics, you should not do potentially hazardous activity such as driving, operating machinery, etc. We recommend sitting while showering, until you know how your body will respond.

## Managing Sleepiness and Dizziness

Narcotic medications can cause increased tiredness. If able, try taking these medications only before bedtime to limit drowsiness.

Be careful when you sit or stand up. Take a minute for your body to adjust to your position change. Use a walker if needed for stability.

# Post- Surgery Care

## Managing Constipation and Bowel Care

Following surgery your bowel regimen may change. You may go less often if you are eating less, moving less, or taking pain medications that contain narcotics (which increase the risk of constipation).

A diet high in fiber will help regulate your bowels. You may also take Metamucil (psyllium) or a similar fiber supplement. Metamucil is a bulk fiber, which is safe to take every day. Stool softeners are also very effective.

- Eat 2-3 servings of fruit a day. Fresh fruit with skin and/or seeds usually has more fiber, so try to include fresh apple, pear, apricots, or berries in your daily intake. Fresh citrus and dried fruits can also be good choices.
- Include whole grains in the form of breads, cereals, and crackers as well as oats, brown rice and whole wheat pasta to provide roughage and promote regular bowel movements. Wheat bran can also be added to foods, using 1-3 teaspoons, starting small and gradually adding more.
- Be sure to drink plenty of fluids. Eight, 8 ounce glasses of water are recommended per day. Drink less water close to bedtime, to minimize the need to get up in the middle of the night.
- Get regular exercise. Be sure to perform your home exercise program, including walking.

Constipation is the most common side effect of pain medication. When you are taking pain medication, you may only have a bowel movement every second or third day. You may need to take a laxative or stool softener.

If you are unable to have a bowel movement for 2 days, an over the counter stool softener or mild laxative such as Milk of Magnesia or PERI-COLACE (docusate sodium/casanthranol) can be used. Take according to manufacturer's instructions.

If you become uncomfortable, stop passing gas, or your abdomen becomes bloated for at least 3 days, call your doctor.

While hospitalized, the nursing staff will provide you with stool softeners and laxatives as needed and ordered by your doctor.



# Post- Surgery Care

## What Can I do to Promote a Rapid Recovery?

### **Activity**

Whether you go home the day of surgery or are admitted to the hospital, returning to normal activities, such as sitting up and walking as soon as possible, is an important part of a healthy recovery. It will be uncomfortable but it is very important to get up and walk several times per day. Many patients find it encouraging having a family member or friend help for the first few days. The sooner you get up and move, the quicker you will recover.

Being active as soon as possible after surgery helps prevent a number of complications. Activity promotes good blood circulation, improves how well your lungs and heart work, and maintains muscle strength.

### **Eating, drinking and smoking**

Good nutrition is an important part of your recovery. Follow the general guidelines below, unless your doctor gives you specific instructions otherwise.

- It is common to have an upset stomach after surgery. You may not feel like eating. Gradually add bland foods to your diet, such as dry toast or crackers.
- Pain medicine can cause constipation. Eat a high-fiber diet to soften bowel movements and prevent constipation. Foods with fiber include grains such as wheat bran, corn and rye. Many fruits and vegetables also contain fiber.
- Eat foods high in protein.
- Drink lots of liquids.
- Do not smoke or use tobacco products for two weeks after surgery – even better, stay smoke-free for life. Not smoking improves healing and reduces the risk of infection or complications in your lungs.

# Preventing Complications

## Blood Clots

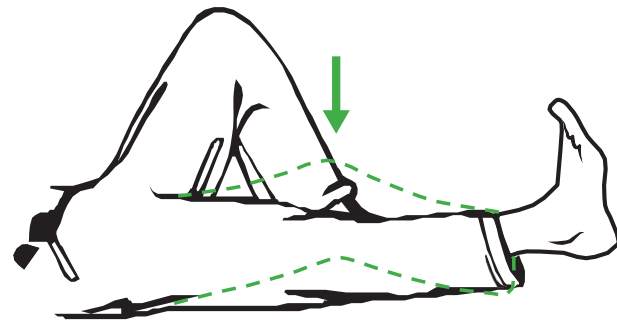
After surgery, you may be at risk for developing blood clots. Your surgeon may recommend you wear graduated medical compression stocking supports or take prescription medicine to prevent blood clots. You also can help prevent blood clots by doing leg exercises. Your nurse will teach you how to do the following leg exercises.

**Do these exercises four to six times a day.**

### Quad sets:

Press the backs of your knees into the bed by tightening the front of your thighs. Hold for six seconds; relax.

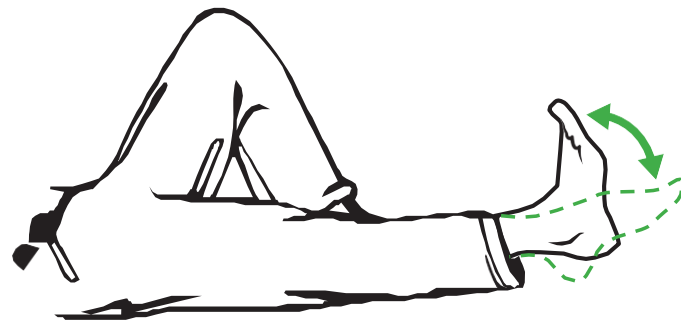
Repeat 10 times.



### Ankle Pumps:

Bend your feet toward you (use your ankles to flex your feet) and away from you (point your feet).

Repeat 10 times.



## Pneumonia

Too much bed rest after surgery can cause fluid to build up in your lungs. This may cause pneumonia. To help prevent pneumonia, your doctor may have you use an incentive spirometer. This device helps you to keep your lungs clear by breathing deeply and slowly. You will be instructed on the use of this device by your nurse or respiratory therapist.

### Another breathing exercise:

- Inhale deeply, hold your breath for a second or two, and then exhale completely while coughing. Repeat five to ten times. Do this exercise four to six times a day.

# Preventing Complications

## Drive Home From the Hospital

Please keep in mind the following things:

- You will want to allow time to get out of the vehicle and move around after 1 hour and every hour thereafter. It is suggested to stop and walk around. This will keep you from getting stiff and sore.
- Bring small pillows along to aid in comfort and positioning.
- It is a good idea to ask for pain medication right before you leave the hospital. If your drive is exceptionally long, plan to fill your pain prescriptions locally so you will have that medication available for the trip home.

Your family member or person who is driving you home should fill those prescriptions before you leave the hospital. Ask the nurses for local pharmacies and business hours.



# Preventing Complications

## Going to a Nursing Home/ Rehab Facility

Most patients go home after surgery. In the rare exception that you need other care, the decision to go to a Nursing Home/Rehab Facility or swing bed will be made collectively by you, your surgeon, social services, therapy services, and your insurance company. Every attempt will be made to have this decision finalized in advance, but it may be delayed until the day of discharge.

Someone responsible needs to drive you, or the hospital can help you arrange for transportation. You may be responsible for payment of the transportation. The nursing staff will complete your transfer papers. A physician from the sub-acute facility will be caring for you in consultation with your surgeon. Expect to stay 5 – 10 days, based upon your progress. Upon discharge home, the Nursing Home/ Rehab Facility staff will give instructions to you. Take this Guidebook with you.

Please remember that Nursing Home, Rehab Facilities and swing bed stays must be approved by your insurance company/Medicare prior to stay. A patient's stay in either type of facility must be done in accordance with the guidelines established by Medicare or your insurance carrier. Your progress will be monitored by your insurance company/ Medicare while you are in the hospital. Upon evaluation of your progress, you will either meet the criteria of Nursing Home/Rehab Facility or swing bed care, or your insurance company/Medicare may recommend that you return home with other care arrangements. Therefore, it is important for you to make alternative plans pre-operatively for your care at home.

In the event that your insurance company does not approve Nursing Home/Rehab Care, you can go to a Nursing Home or Rehab and pay privately. Keep in mind that insurance companies do not get involved in arrangements for caregivers or pet care. These are issues you need to address before admission.

# Preventing Complications

When to Call your Surgeon's Office- (952)405-9760

- Any new changes in sensation or weakness
- Any signs of infection
- Chills
- Temperature greater than 101.0 degrees
- Any redness, swelling, or warmth around the incision
- Any increased, yellow or cloudy, or foul smelling drainage from your incision
- If incision site separates
- Any signs of a blood clot
- Pain, swelling, redness, or warmth in your calves
- Increase in pain
- Vomiting
- Any bowel or bladder changes

## **Please call 911 if you have:**

- Fainting
- Dizziness
- Difficulty breathing/shortness of breath
- Chest pain not relieved by rest or medication
- Disorientation

# Body Mechanics and Positioning

## Physical Therapy

A physical therapist helps take care of patients in all phases of healing, from initial diagnosis through the restorative and preventive stages of recovery. Physical therapy may be a standalone option, or it may support other treatments.

There are several exercises that your doctor may recommend to help gain strength in your back. We recommend the following;

## How to Complete a Leg Roll

### 1. Roll Onto Your Side

- While lying on your back, bend right knee and place right arm across chest
- Roll all in one movement to the left
- Reverse to roll to the right
- Always move as a unit



### 2. Getting Out of Bed

- Once you completed the log roll and are on your side, drop your legs over the side of the bed
- Push yourself up to a sitting position
- Remember to keep your trunk aligned with your legs



### 3. Standing Up

- Flatten your stomach muscles to keep your back from arching
- Use your arm and leg muscles to push yourself to a standing position

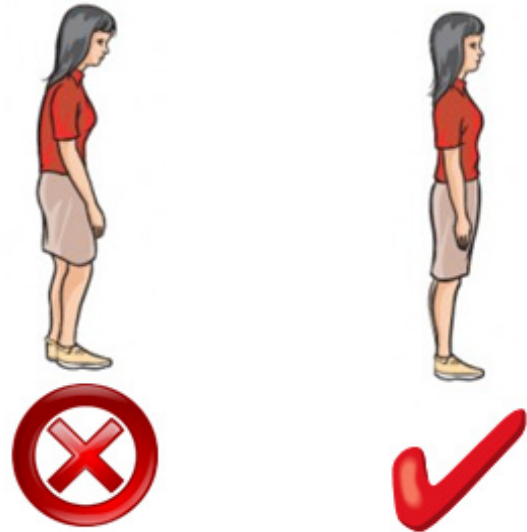


# Body Mechanics & Positioning

## How to Maintain Good Posture

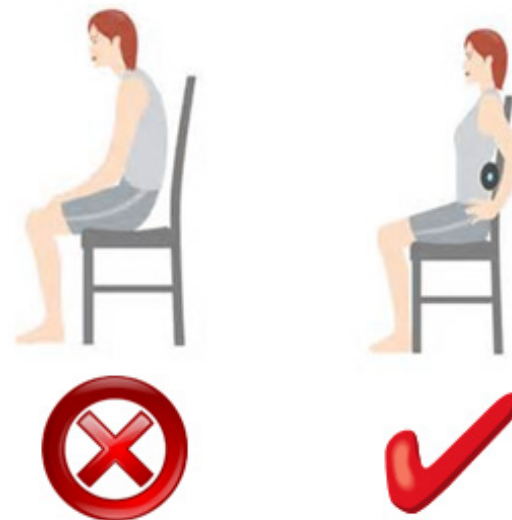
### Tips for Good Standing Posture

- Keep your head high
- Keep your shoulders back
- Let your arms hang free
- Keep your stomach in
- Keep your knees straight with your feet slightly apart
- Keep a small arch in your lower back



### Tips for Good Sitting Posture

- Sit upright with your head facing forward
- Keep your shoulders back and relaxed.
- Use a lumbar roll to support your lower back
- Keep your hips level with your knees. Avoid crossing your legs
- Keep your feet flat on the floor.



# Body Mechanics and Positioning

## Sleep Positioning

For the first few weeks after surgery, you may need to rest often during the day. While resting or sleeping it is important to follow your precautions. Do not sleep on a waterbed or airbed unless your doctor says it's OK.

Do not sleep on your stomach. The best positioning for sleeping after surgery is on your back or on your side. Use the log roll technique described on the previous page to assist you when getting into and out of bed.

### Sleeping on Your Back

When lying on your back, place a pillow under your knees to ensure proper alignment of your spine. A pillow with neck support may also be helpful.



### Sleeping on Your Side

If you prefer to sleep on your side, place a pillow between your knees for support. Using a neck support may also be helpful.





# Body Mechanics and Positioning

## Walker Instructions

Proper fitting helps you use your walker safely and effectively. When fitting your walker, stand up straight and wear the shoes you will normally use to walk. If your walker doesn't feel right, ask your doctor, nurse, or physical therapist (PT) to check the fit.

### Getting to Know Your Walker

A walker gives more stability than crutches. Some walkers have wheels, others do not. Your healthcare provider will help you choose the best type of walker for your needs. Follow any special instructions you are given.

### If a Walker Fits

- Your wrists are even with the handgrips when your arms hang at your sides.
- Your arms are slightly bent at the elbows when your hands are on the grips.

**To check fit: Stand in the center of the walker. Make sure that the walker is locked open and that all four legs are on a level floor.**



### Precautions

- If your walker does not have wheels, it should have nonskid rubber tips to prevent slipping. Change tips that look worn.
- If you're using a folding walker, be sure you know how to lock it open. Check that it's locked open before use.
- Keep all four legs of the walker at the same length.
- Keep your back straight. Don't hunch over the walker. Your arms are slightly bent at the elbows when your hands are on the grips.

# Body Mechanics & Positioning

## Using a Walker on Stairs and Steps

To use your walker, you need to learn new ways to get around in your home and other places you need to go. If you have to use stairs, try to have someone below to guard you. A guard can stop you from falling if you lose your balance. **“Up with the good and down with the bad”** is an easy way to remember which leg to use first.



## Precautions

- Remove things that may cause you to fall, such as throw rugs or electrical cords.
- Arrange your household to keep the items you need handy. Keep everything else out of the way.
- Keep your hands free by using a backpack, fanny pack, apron, or pockets to carry things.

## Using Your Walker to Go Upstairs

- Turn the walker sideways so the crossbar is next to you.
- Put the front 2 legs of the walker on the step above you.
- Hold the walker with one hand and the handrail with the other.
- Support your weight evenly between the handrail and the walker.
- Step up with the good leg.
- Next, bring your injured leg up.
- Then move the walker up to the next step.

## Using Your Walker to Go Downstairs

- Turn the walker sideways so the crossbar is next to you.
- Put the back 2 legs of the walker on the step beside you.
- Hold the walker with one hand and the handrail with the other.
- Support your weight on your good leg.
- Step down with the bad (injured) leg.
- Support your weight evenly between the handrail and the walker.
- Slowly bring your good leg down.
- Then move the walker down to the next step.

# Body Mechanics & Positioning

## How to Get In and Out of a Chair

A straight-backed chair with arms will be the easiest to use when you first return home. It may be difficult to get out of soft-cushioned or lounge chairs. Choose a chair with a seat that is level from front to back. Always sit with your buttocks as far back into the seat as you can. It may be helpful to use a towel roll, lumbar support pillow, or small pillow to support the hollow of your back. Be aware of your posture while you sit.

### Tips for How to Sit Down in a Chair

- Back up until you feel the chair against the back of your legs
- Reach back with both hands. Grip the arms of the chair and slowly sit down.
- Be sure to keep your back straight, following your precautions

### Tips for How to Get Out of a Chair

- Keep your back in good alignment while you slide forward to the front edge of the seat.
- Keep both feet flat on the floor
- Put both hands on the arm rests
- Push straight up with your arms and legs while you keep your back in the proper posture



# Body Mechanics & Positioning

## How to Get In and Out of a Car

When you are driving or riding in a car for a long time, be sure to stop and stretch every 30 to 60 minutes. You may need to stop and stretch more often, especially right after surgery. It is important to follow your doctors recommendations regarding wearing your brace while riding in a car. Always wear a seatbelt while in the car. The following are tips for how to get into and out of your car while following your surgical precautions.

### Getting in a Car - Step 1

- Back up to the car seat. Reach for the back of the seat with one hand, the dashboard with the other.
- Slowly bend your knees and lower yourself onto the edge of the car seat. Keep your back in proper posture.

### Getting in a Car- Step 2

- Once seated on the car seat, bend at your hips as you slide back on the seat.
- When you are far enough back, bend your knees and pivot on your buttocks to bring in your legs.

**Do not twist your body.**

### How to Get Out of a Car

- Reverse above sequence to get out of the car.
- Be sure to pivot on your buttocks and stay in proper back alignment.
- Use the back of the seat and dashboard to assist you to push up to a standing position.



# Body Mechanics & Positioning

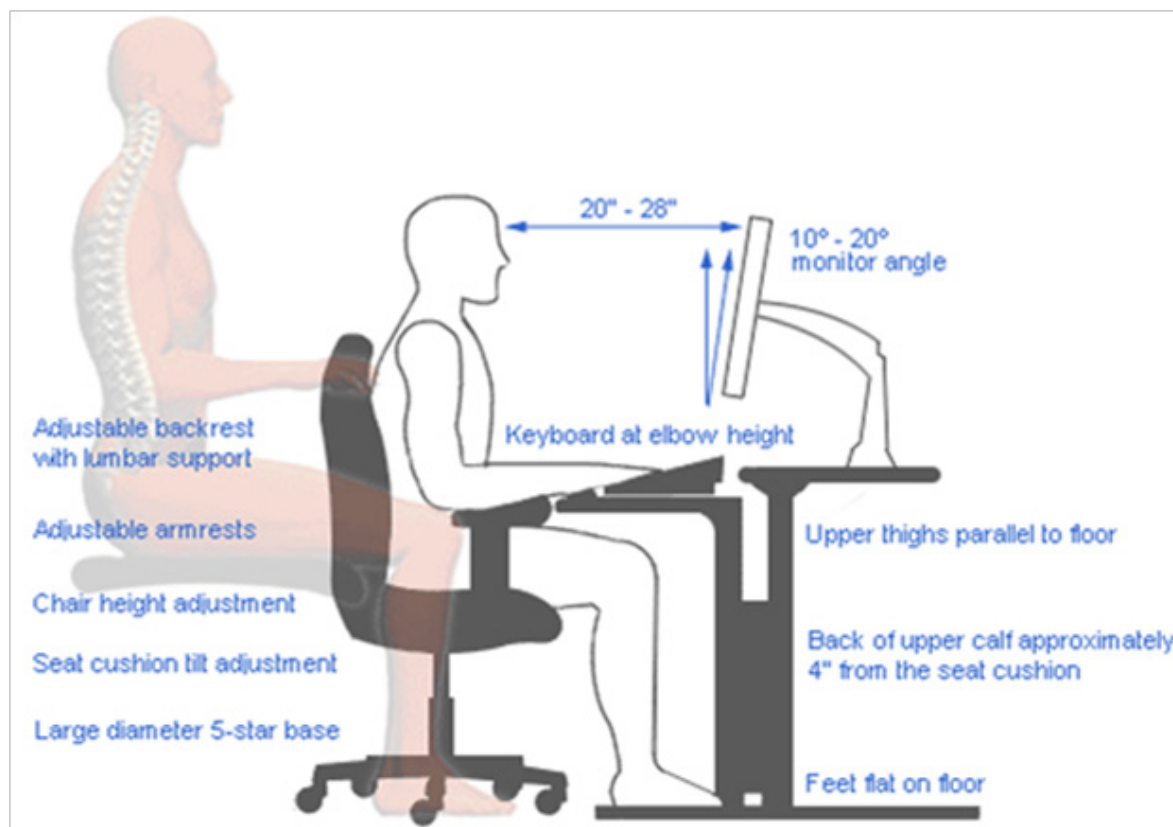
## Posture

You likely won't return to work until after a follow-up visit with your doctor. You and the doctor can discuss a timeline for when you will be ready to return to work. This decision will be based on how well you feel and the type of work you do.

Once you are able to return to work, be sure to follow any suggestions your doctor has provided as well as your bending/lifting/twisting precautions. The following are some suggestions or guidelines to follow when you do return to work.

- Keep your posture straight and avoid any motion of bending, twisting, reaching, or pulling.
- Change your position every 30 to 60 minutes
- Inform your employer that you may need to take rest breaks throughout your day.
- Follow the lifting restrictions that your doctor gave you.

If you work at a desk, the image below will be a guide for following proper ergonomic set-up of your work station. Be sure to adjust your monitor height to keep your neck in alignment with the rest of your spine. Also, using a lower back/lumbar support may be helpful while sitting in your desk chair.

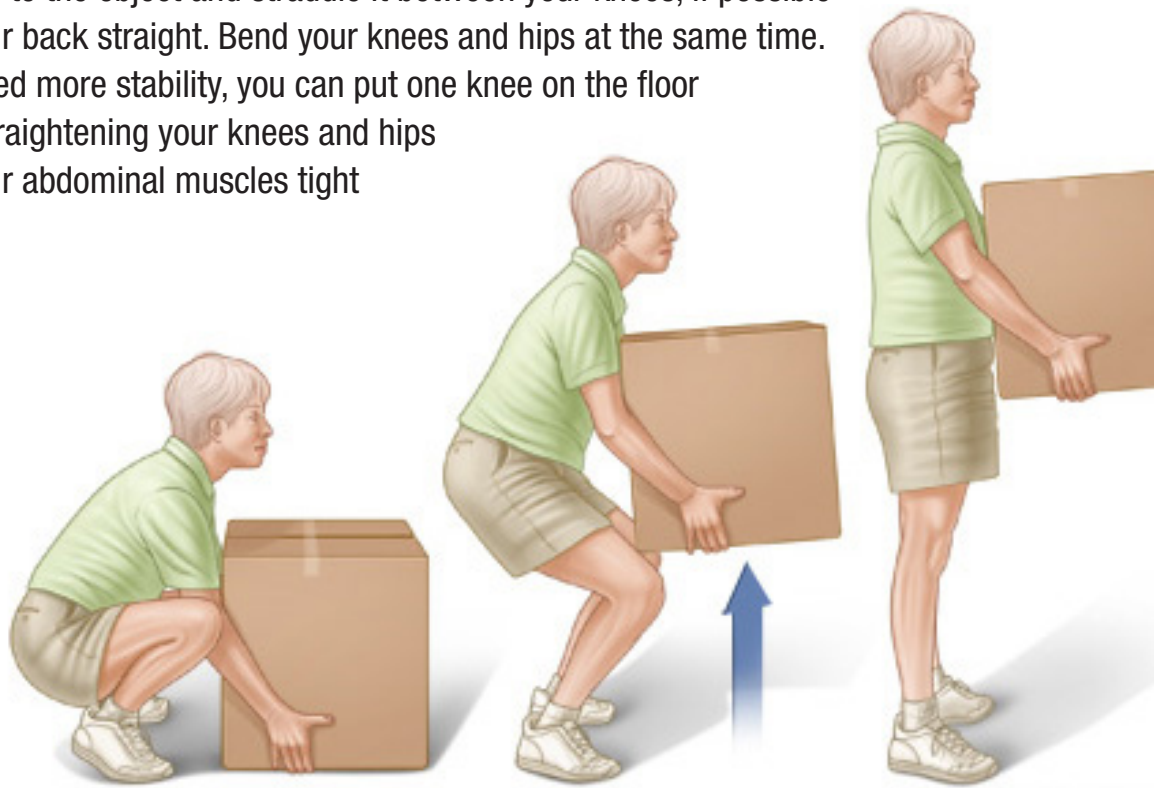


# Body Mechanics & Positioning

## How to Bend and Reach Correctly

Be sure to start bending/reaching only when your doctor says it's OK. Also, be sure to follow your lifting precautions based on your doctor's recommendations. Follow these recommendations when bending.

- Work within your comfortable reach range and avoid stretching
- Put your feet shoulder distance apart with one foot forward to reach across a table surface. Use one hand to balance yourself on the table or counter.
- Do not bend or reach your feet when you are getting dressed.
- Rearrange your home and/or office so you don't do repetitive bending and reaching above you head and below your knees. For example, sort your laundry on a table.
- Utilize a reacher for grabbing items that are too high or too low to help you avoid bending if possible.
- If you cannot avoid reaching, lift the leg opposite to the arm being used to reach in order to keep your back straight (see image to the right).
- Determine the weight of the load. Have someone help you if the weight of the load is heavier than your lifting precautions
- Avoid twisting or turning. Reposition your feet to avoid twisting at your waist
- Use your legs to supply most of the force you need to lift
- Bend your legs, not your back
- Get close to the object and straddle it between your knees, if possible
- Keep your back straight. Bend your knees and hips at the same time.
- If you need more stability, you can put one knee on the floor
- Lift by straightening your knees and hips
- Keep your abdominal muscles tight



# Body Mechanics & Positioning

## How to Take a Shower or a Bath

Please refer to the occupational therapy discharge instructions for information about bathing. If you had a lumbar fusion it is suggested you wait at least 3 weeks before taking a bath so you do not soak your surgical site in water. Consider adding grab bars or rails in the bath/shower to help with balance and support. Using a long-handled sponge is helpful to reach your back and feet. A hand-held shower is helpful for washing your hair.

- Have someone nearby the first couple of times you take a shower for safety and to help you as needed.
- Stand or sit in the shower to wash your hair. Remember to keep your spine/posture in alignment following your precautions while showering.
- When you dry, pat your incision dry with a clean towel.
- Having a mat or slip guard in the shower/bathtub will help to prevent you from slipping or falling
- To avoid twisting or bending in the shower you can use:
  - o A long-handled scrub brush or sponge
  - o A hand held shower head
  - o A bar of soap inside nylon can be tied to the faucet to avoid having to bend down to gather the soap.

## How to Shop for Groceries

- To reach items that are low, squat or put one leg back and use the opposite hand to reach.
- Pack your grocery bags lightly.
- If possible, have someone from the grocery store carry out your bags and help you load your vehicle.
- When unloading your vehicle be sure to follow your lifting precautions
  - o Put your feet shoulder width apart, get close the grocery bag, and grasp it with both arms and lift. Be sure not to bend or twist.
  - o Make multiple trips to the vehicle to ensure you do not lift too much.

# Body Mechanics & Positioning

## Caring for a Small Child

If you have small children, arrange for help while you're recovering. Be aware of your lifting precautions, especially initially after surgery.

- Put the changing table on a raised surface or adjust the height to prevent bending.
- Use a reacher to pick up small objects, such as toys, from the floor.
- If the child is able to stand, have him or her stand on a chair or step stool while you do the activities with him/her.





# Body Mechanics & Positioning

## Laundry

Doing regular work around the house can be hard on your back. If possible, have someone help you with household chores until you have fully recovered. If you can't have someone else help you, please follow these guidelines for household chores.

### Top-Loading Washer

- If using a laundry basket, be sure to follow lifting precautions from your doctor. Use a smaller laundry basket to reduce the weight.
- Place the basket on a counter near the washer if available. If basket is on the floor, use a reacher to grab items while avoiding bending and twisting while loading the washer.
- To unload the washer, put one leg back and use the opposite hand to lift clothes out. A reacher may also be used to lift clothes out. Lift only one or two items at a time.

### Front-Loading Washer

- If you can, a front-loading washer is best to use because you can complete the activity from a kneeling/squatting/sitting position.
- Again, remember to use small laundry baskets to transfer laundry in order to follow your lifting precautions.
- Place the basket in front of the washer. You may kneel, squat, or use a low stool to load or unload the clothes. Avoid bending and twisting. Remove a few articles at a time.

## Dishes

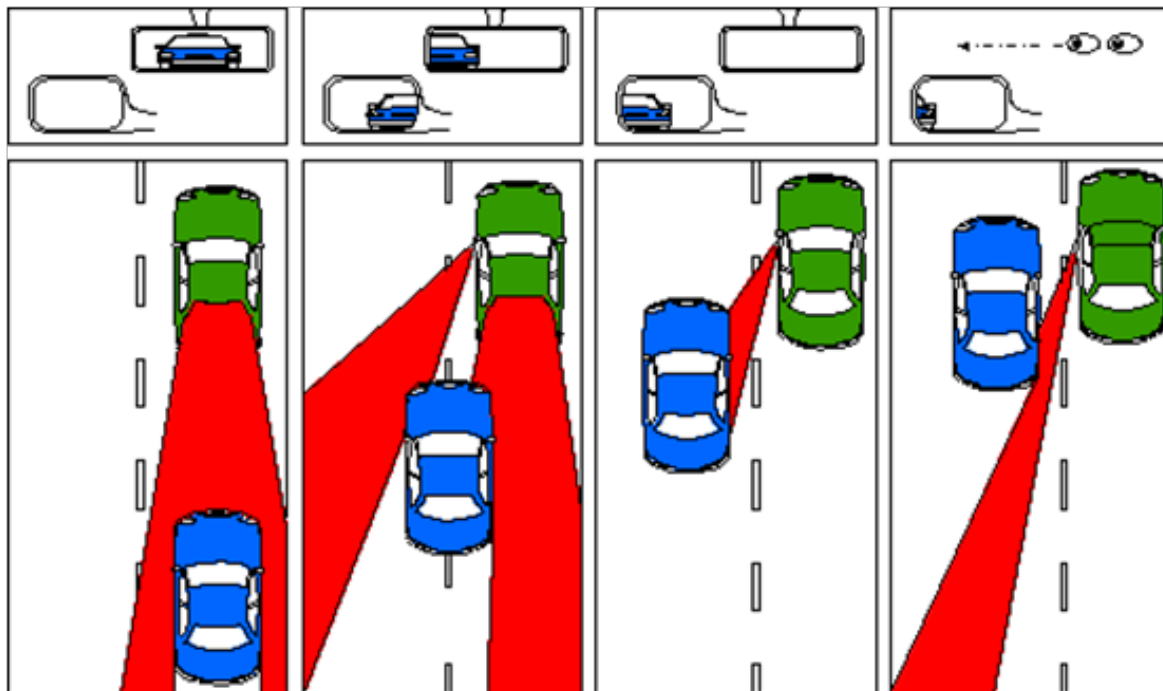
- Place one foot on a small footstool under the sink or use a high bar stool to sit on while washing the dishes.
- Wash dishes as usual, trying not to twist or bend over the sink.
- If you have a dishwasher, kneel or squat to one side preventing you from bending to gather the items.
- When putting dishes away, be aware of your lifting precautions. Also, be sure to keep your spine in alignment when reaching/squatting to the lower cupboards.

# Body Mechanics & Positioning

## Car Mirror Adjustment to Overcome the Blind Spot

The following information has been recommended by George Platzer, a member of the Society of Automotive Engineers, and published in his paper in 1995.

1. The first step is to adjust the rear-view mirror to do exactly that - give you a view directly to the rear. Position it so that it best covers your view straight out the rear window. Don't bother tilting it to one side or the other to assist with your view of traffic to either side of your car. That's what the side mirrors are for.
2. Next, lean your head to the left until it just touches the driver's side window. Then, adjust your left side mirror so that you can **just barely** see the side of your car on the inside edge of the mirror.
3. Now lean your head to the right towards the car's center line and adjust the right side mirror so that you can **just barely** see the right side of your car on the inside edge of the mirror.



Your three mirrors will now offer a panoramic view of the area behind and to the sides of your car. You should NOT be able to see the side of your car when your head is perfectly upright. Here's how the system works in traffic. The inside mirror is your primary mirror. It shows you everything except the blind zone. The outside mirrors show you only the blind zones. When changing lanes, first look in the inside mirror to observe traffic to the rear. Then look in the outside mirror to see if there's a car in the blind zone. A car passing from behind will first appear in your center rearview mirror. Before it leaves that mirror, it will appear in the side mirror, and as it passes from the side mirror's view, it will appear in your peripheral vision.



# Occupational Therapy

The purpose of Occupational Therapy is to teach you how to do routine/daily activities while following your surgical precautions.

The Occupational Therapist will teach you how to use tools (adaptive equipment) to bathe and get dressed without hurting your back. You will also be taught how to use proper body mechanics to complete the routine things you do every day.

Using proper body mechanics every day from now on is a necessity. Every time you move your body improperly, it may cause damage to your back.



# Occupational Therapy

## Lumbar Fusion

### Precautions

- No bending or twisting at the waist – Avoid running/jumping up/down/or falling
- No bath or whirlpool for 3 weeks
- No lifting more than 8 pounds for 2 weeks, then 15 pounds for 6 weeks, and no more than 35 pounds for 6 months.

### Dressing

- Have all clothing set out and sit in a chair while dressing
- If able, cross legs to bring legs up to put on pants/underwear/socks/shoes. If unable, adaptive equipment or assistance from others may be needed.
- Wear loose, comfortable clothing, such as elastic-waist pants, slip-on shoes, and front- button shirt

### Bathroom Suggestions

- Brushing teeth/washing face at sink- use washcloth and basin/cup to spit
- Toileting- use toilet riser or grab bars if toilet is too low. Do not twist for hygiene
- Use long-handled sponge to shower
- Use tub bench for transfer in/out of bathtub, or shower chair in tub/walk-in shower. Be sure tub/shower has non-skid surface

### Household Activities

- Gather all items before completing activity/tasks
- Sit on stool while doing dishes, ironing, etc.
- Keep your shoulders and hips aligned while loading/unloading dishwasher, washer/dryer, etc. It is important to do these tasks without twisting your torso and back.
- Squat or use reacher to pick objects up off of low surfaces

### Work Activities

If you plan to return to work, your occupational therapist can assist you with workstation evaluation

### Other Things to Remember

- Place ice at your surgical site several times a day for 15-20 minutes to decrease swelling and discomfort.
- Walk at a comfortable pace for short distances several times per day, it is alright to climb stairs.
- Avoid sitting longer than 30-60 minutes at a time the first two weeks.
- Avoid static standing (standing in one position for long periods of time).

# Occupational Therapy

## Cervical Fusion

### Precautions

- No bending or twisting at the neck – Avoid running/jumping/falling.
- No lifting more than 8 pounds for 2 weeks, then 15 pounds for 6 weeks, and no more than 35 pounds for 6 months.
- Wear cervical brace if your doctor has recommended one.

### Dressing

- Have all clothing set out and sit down while dressing.
- Wear loose, comfortable, easy-to-dress-in clothing, such as elastic-waist pants, slip-on shoes, and front-button shirt (if wearing brace).
- Use caution when pulling garments over your head to avoid pressure in any direction on the spine.

### Bathroom Suggestions

- If balance is a concern, use a tub bench or tub transfer bench for bathing. Be sure the tub/shower has non-skid surface.
- Grab bars, a toilet safety frame, or a toilet riser may be helpful if you have difficulty lowering to or rising from the toilet. Remember, you may not be able to bend your neck forward to see where you're going to land.

### Eating/Drinking

- Use a straw, a wide-mouthed cup/glass, or a “nosey cup” for beverages. (Ask your OT about the “nosey cup”.)
- Soft foods will be easier to chew and swallow within the cervical collar, if you have one. Your throat may be sore from the surgery. Take small bites while eating.

### Leisure

- When reading, make sure your reading material is positioned at eye level. You may accomplish this by supporting your book on the edge of a table or on top of pillows stacked in your lap.
- Complete hand-held activities at eye level, taking frequent rest breaks.
- If working on a computer, make sure your monitor is positioned at eye level.

### Work Activities

If you plan to return to work, your Occupational Therapist can assist you with a workstation evaluation

### Other Things to Remember

- You may place ice at your surgical site several times a day for 15-20 minutes to decrease swelling and discomfort.

# Occupational Therapy

## Microdiscectomy

### Precautions

- Follow physician recommendations
- No lifting more than 8 pounds for 1st 2 weeks than 15 pounds for next 6 weeks and no more than 35 pounds for 6 months.

### Dressing

- Ok to bend and twist as tolerated.
- Have all clothing set out and sit in a chair while dressing
- If able, cross legs to bring legs up to put on pants/underwear/socks/shoes. If unable, adaptive equipment or assistance from others may be needed.
- Wear loose, comfortable clothing, such as elastic-waist pants, slip-on shoes, and front- button shirt.

### Bathroom Suggestions

- Ok to shower 2nd day post-op, No bath or whirlpool for 3 weeks.
- Toileting- use toilet riser or grab bars if toilet is too low.
- Use long-handled sponge to shower
- Use tub bench for transfer in/out of bathtub, or shower chair in tub/walk-in shower. Be sure tub/shower has non-skid surface

### Household Activities

- Gather all items before completing activity/tasks
- Sit on stool while doing dishes, ironing, etc.
- Keep your shoulders and hips aligned while loading/unloading dishwasher, washer/dryer, etc. It is important to do these tasks without twisting your torso and back.
- Squat or use reacher to pick objects up off of low surfaces

### Work Activities

If you plan to return to work, your occupational therapist can assist you with workstation evaluation

### Other Things to Remember

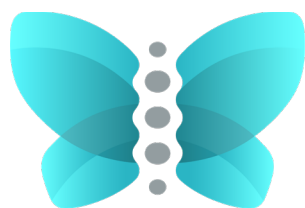
- Place ice at your surgical site several times a day for 15-20 minutes to decrease swelling and discomfort.
- Walk at a comfortable pace for short distances several times per day, it is alright to climb stairs.
- Avoid sitting longer than 30-60 minutes at a time the first two weeks.
- Avoid static standing (standing in one position for long periods of time).

## More Information Available

Call **952-405-9706**  
or visit us at  
[www.InspiredSpine.org](http://www.InspiredSpine.org)

Inspired Spine Health  
1601 Hwy 13-E  
Burnsville, MN 55337

Tristate Brain & Spine Institute  
6600 Hwy 29-S  
Alexandria, MN 56308



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