

Welcome to Spine Class

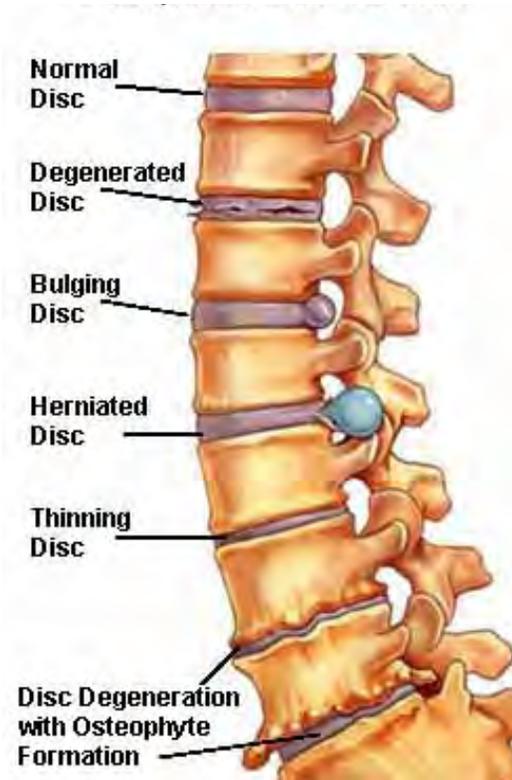
Presented by Sunrise Health

Causes of Back Disorders

- Poor Posture
- Living/Working Conditions
- Body mechanics
- Loss of Flexibility
- Decline in Physical Fitness
- Skeletal/Structural

Disc Problems

- Degenerated Disc
- Bulging Disc
- Ruptured Disc
- Spinal Stenosis



Surgical Procedures

- Lumbar Discectomy/Decompression
- Anterior Lumbar Interbody Fusion
- Posterior Lumbar Interbody Fusion
- Anterior Posterior Lumbar Interbody Fusion
- Transforaminal Lumbar Interbody Fusion
- eXtreme Lateral Interbody Fusion
- Anterior Cervical Discectomy/Fusion
- Posterior Cervical Discectomy/Fusion
- Bone Graft/Bone Morphogenic Protein (BMP)

Pre-operative Medications

- It is very important that you do not take any aspirin or blood thinners prior to your surgery.
 - Obtain instructions from your surgeon on how and when to stop taking blood thinners
 - Speak to your surgeon before resuming aspirin or blood thinners after surgery
- You should also avoid taking Vitamin E, herbal supplements and diet pills prior to surgery

Risks of Surgery

- As with any type of surgical procedure, there are certain risks associated with spine surgery. Some of these risks include:
 - Paralysis
 - Spinal fluid leak
 - Infection
 - Bleeding
 - Blood clots in the legs or lungs
 - Injury to kidneys, ureter, or vascular injury
 - Failure to fuse (pseudoarthrosis), or hardware problems
 - Bone graft pain
 - Need for additional surgery
 - Change in temperature and sensation in area
- Your surgeon will discuss the risks of surgery with you and answer any questions you have.

Pre-registration

- Is it important to complete all registration paperwork prior to the day of surgery.
- Your surgeon's office will give you a pre-registration packet that includes orders for the procedure and pre-operative testing.
 - Pre-operative testing usually consists of lab work, chest x-ray, EKG, and urinalysis
- Please call the pre-admit office to schedule a pre-admit appointment as soon as you have your surgery date scheduled

Preparing for Surgery

- At Home
 - Arrange your home so that items are not located in areas that require stretching or bending
 - Prepare meals ahead of time and freeze
 - Arrange for transportation as driving will not be allowed after surgery
- Packing
 - Pack comfortable clothes and shoes and personal hygiene items
 - Bring identification and insurance cards
 - Do not bring cash, jewelry, credit cards, or valuables
 - If you were fitted for a brace be sure to bring the brace to the hospital the day of surgery

Preparing for Surgery, cont'd

- Night Before Surgery
 - Eat a healthy dinner and avoid alcoholic beverages
 - Do not eat or drink anything after midnight the night before
- Day of Surgery
 - If you have medications that you take daily or pain medication verify with your surgeon that it is ok to take the morning of surgery with a small sip of water
 - Do not take diabetes medication or insulin the morning of surgery
 - Check in at the surgery waiting area 2 hours ahead of surgery scheduled time
 - You will be taken to the holding area to complete paper work and change into a gown and cap
 - A nurse will place an IV for fluids and medications
 - The anesthesiologist will speak with you prior to surgery to discuss health conditions and review pre-operative testing

Spine Surgery Team

- Registered Nurse (RN)
- Certified Nursing Assistant (CNA)
- Physical Therapist (PT)
- Occupation Therapist (OT)
- Respiratory Therapist (OT)
- Internist/Primary Care Provider (PCP)
- Physician Assistant (PA)
- Nurse Practitioner (NP)

Post-operative Equipment

- Oxygen
 - Prongs placed in your nose for first 24 hours after surgery to ensure you are receiving enough oxygen
 - Incentive spirometer used few days following surgery to loosen mucus, keep lungs inflated, and remove gases from anesthesia
- PCA Pump
 - Self controlled pump used first 24 hours after surgery to administer pain medication
- Foley Catheter
 - Tube placed in bladder for first 24 hours after surgery to drain urine
- Drains
 - Tube placed for 24-48 hours after surgery to drain fluid from incision site into small container
- Dressing
 - Placed after surgery to protect incision sight
- Anti-clotting Stockings
 - To assist with circulation until you are ambulatory

Pain Management

- Goal is to reduce pain, not completely take away
- Ask for pain relief when pain first begins
- Be specific (throbbing, aching, shooting, cramping, etc)
- Pain Assessment
 - Use standard pain scale
 - 0 is no pain, 10 is worst pain possible
- Pain Medications
 - IV – Dilaudid, Morphine or Fentanyl may be administered via IV
 - Oral – Start 1-2 days after surgery. Mostly commonly used are Hydrocodone, Percocet, Vicodin, and, Darvocet
 - Transdermal – Pain. May be administered if it was being used prior to surgery

First Day After Surgery

- Oxygen
- Respiratory Therapy treatments every 6 hours for 24 hours
- Incentive Spirometer (blue buddy) – use aggressively every hour while awake
- IV fluids, IV antibiotics and oral/IV muscles relaxants
- Pain pills started by mouth – depending on physician orders
- IV pain pump (PCA) – some surgeons turn off
- Catheter in your bladder – may be removed
- Drain in back
- Dressing removed and changed
- Learn dressing changing techniques
- Walk in hall with PT

Second Day After Surgery

- Wean oxygen when PCA discontinued
- Incentive Spirometer (blue buddy) – use aggressively every hour while awake
- IV pain pump turned off
- Remove bladder catheter (if not already discontinued)
- Clear liquids and advance diet if you have a bowel movement
- Remove all dressings
- Remove drain
- Toileting techniques with OT
- Showering techniques with OT (keep incision covered and dry)
- Walk in hall with PT

Third Day After Surgery

- Incentive Spirometer (blue buddy) – use aggressively every hour while awake
- Suppository or enema if your bowels have not moved since surgery
- In and out of bed without help
- Shower with OT
- Walk in hall with PT and by yourself with a walker or cane
- Go up and down stairs and complete standing exercises with PT
- In and out of bed independently
- Eat normal food if you have had a bowel movement
- Go to the bathroom independently
- Increase strength and independence level
- Pain management
- Mental and emotional preparation for going home
- Placing brace on and taking it off independently

Recovery

- Your physician will provide specific instructions on what type of brace you need, how often to wear it and for how long
- In general brace should be worn at all times when out of bed, except when in the shower
- Lumbar Brace
 - Wear tight fitting t-shirt under brace
 - Apply while sitting on the edge of the bed
- Cervical Collar
 - Hard cervical collar
 - Soft cervical collar may be used in conjunction with or in transition from hard collar

Discharge

- Your surgeon will let you go home if:
 - You can get in and out of bed by yourself
 - You can urinate without a catheter
 - You have had a bowel movement and are passing gas
 - You can eat without nausea and vomiting
 - You are taking oral pain medicines that are controlling pain
 - You can dress, toilet and shower yourself
 - You can put your brace on and remove it by yourself
 - You can walk up to 200 feet by yourself
 - You can walk up and down stairs
 - You have been “cleared” by PT and OT

Showering at Home

- Do not soak incision site in water until cleared by your surgeon
- Your surgeon may instruct you to keep incision covered while showering. This can be done with plastic wrap and surgical tape
- Do not let water flow directly on the incision site
- Do not remove steri-strips. They will come off on their own
- Showering after surgery can be a bit of challenge. Refer to your education packet for tips

Basic Principles 1-3 Months

- No Bending, No Lifting, No Twisting
 - **Do not** bend at the waist
 - **Do not** lift objects heavier than a gallon of milk
 - **Do not** twist your trunk
 - **Do not** flex hips beyond 90 degrees when sitting
 - **Do not** bend forward when seated
 - **Avoid** soft, low chairs or couches
 - **Do not** twist to left or right
- Avoid housekeeping
- No driving until cleared by your surgeon

Thank you for attending

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