



Patient Pathway to **RAPID RECOVERY**

Spine Surgery



Contact Information

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Welcome to Arizona Specialty Hospital!

Hello!

You've made the decision to have spinal surgery. So what happens next?

At Arizona Specialty Hospital, our experienced doctors and staff members will be with you at every step of your journey to a successful surgery and recovery.

We understand that the more you know about what happens before, during and after your surgery, the easier the experience will be on you, your family, and any other caregivers.

This patient workbook includes helpful information you'll need to achieve a positive surgical result, including:

- How to prepare for surgery
- What to expect on surgery day
- How to successfully recover at home

You are our valued patient. You are also a very important member of our care team. If you need anything, just ask. We will be here to help.

Thanks again for choosing Arizona Specialty Hospital.

Warmly,

Barbara McWilliams, CEO

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Arizona Specialty Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Arizona Specialty Hospital is a facility in which physicians have an ownership or investment interest. The list of physician owners or investors is available to you upon request.

Information presented in this material has been reviewed and approved by the Governing Board or Medical Executive Committee (MEC) of the facility. The Governing Board and MEC are comprised of physicians and leadership and oversee patient safety, quality assurance, performance improvement, and compliance with the applicable requirements of accrediting agencies, and state and federal laws. This material was developed in consideration of local community healthcare standards and practices.

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FINANCIAL CONSIDERATIONS

Understanding Fees

At Arizona Specialty Hospital, we help you understand how much your surgery will cost and how much you will have to pay out of your own pocket.

Here's what you need to know:

Hospital:

- Your surgeon will give us specific procedure codes so we can estimate our charges for your procedure
- One of our insurance verifiers will contact your insurance company and find out how much they will pay
- Facility fees include the cost of using our facility, our staff, and any medical supplies we use during your surgery
- If you are seen by the in-patient hospital physician, (e.g., if you stay overnight and in some cases for same-day discharges) your insurance will also be billed by the hospitalist

Surgeon:

- You will receive a separate statement from your surgeon's office for their services
- Please contact their office to find out how much of the surgeon's charges you may have to pay yourself

Anesthesia:

- You will receive a separate statement from the anesthesiologist
- The anesthesiologist and anesthesia providers are not employees of Arizona Specialty Hospital
- Please contact them directly if you have any questions about their services

Neuromonitoring:

- If your surgeon chooses to use neuromonitoring during your surgery, you may receive a separate bill from the neuromonitoring company
- If you have questions about neuromonitoring, please contact them directly

Physician's Assistant:

- If your surgeon uses a First Assistant (FA), you may receive a separate bill for the FA's services

Lab Work:

- If you need to have lab work done while at the hospital, you may receive a separate bill from the lab company
- Please contact them directly if you have any questions about their services

Feel free to
contact us at:

602-797-7700

Durable Medical Equipment:

- Hospital fees do not include costs for durable medical equipment such as walkers and braces
- Your nurse navigator and surgeon will help you decide if you need to buy any equipment to help with your recovery

Questions to Ask Your Insurance Company

1. Is the anesthesiologist or anesthesia group in my network?
 - a. If the answer is no, is there a process to follow to receive full benefits because this is the anesthesia group that the surgeon uses?
2. Does my policy cover *neuromonitoring*?
 - a. If the answer is no, is there a process to follow to receive full benefits because the surgeon uses neuromonitoring?
3. Does my policy cover *outpatient physical therapy care*?
 - a. How many sessions are covered in a calendar year?
 - b. What is my co-payment for each visit?
4. Does my policy cover durable medical equipment?
Is there a co-payment?
 - a. Back brace _____
 - b. Raised toilet seat _____
 - c. Shower chair _____
 - d. Walker or cane _____

PREPARING FOR SURGERY

The Team Approach

At Arizona Specialty Hospital, our team is focused on helping you and your family get ready for your spinal surgery. You'll receive support from every member of your care team — before, during and after surgery.

Support for Family Members and Caregivers

You'll want to choose a family member, close friend, or caregiver to help you prepare for your surgery and throughout your recovery. This person will become an important member of your support team. This person will need to drive you to and from the hospital and stay with you for 2-3 days after surgery.

Before your surgery, it's a good idea to:

- **Review *this workbook*** with your family, friends and caregivers
- **Introduce *your doctor*** to the key members of your support team
- **Attend a *coaching or education session*** together so the therapist or nurse can help family members learn how to help you at home

You'll want to choose a family member, close friend, or caregiver to help you prepare for your surgery and throughout your recovery.



The #1 Way to Prevent
the Spread of Germs!

Preoperative Work-Up

Most arrangements for the tests will be made through either our hospital or your doctor's office. They may include one or more of the following:

- Laboratory tests
- History/physical examination
- X-rays
- Dental clearance (within 6 months)
- Screening for MRSA (Methicillin Resistant Staphylococcus Aureus)
- Other evaluations if you need them

Lowering Your Risk of Infection

Arizona Specialty Hospital follows a comprehensive program to help reduce your risk of developing an infection after surgery. This includes bacterial infections like MRSA.

What is MRSA?

Specific bacteria — called Methicillin Resistant Staphylococcus Aureus or MRSA — are organisms that may cause an infection after an operation.

Patients who are most likely to get this infection already carry MRSA organisms in or on their nose, hands or skin (without symptoms) before surgery.

You will need to take special precautions to prevent these organisms from entering your incision after surgery.

How to Prevent MRSA Infection

You may receive an antibiotic nasal swab in the preoperative area that will help to remove bacteria that can reside here. This will help to decrease the risk of infection.

Preoperative Skin Preparation

Preparing your skin is an important first step toward preventing infection. Two days before your surgery date, your doctor would like you to shower with a special soap called Chlorhexidine Gluconate (CHG). This soap helps remove as many germs as possible to help prevent infection around your surgical site.

Please follow the instructions given to you by your surgeon.

Nicotine and Your Recovery

If you smoke, or use any form of tobacco, you need to know:

Smoking/nicotine may be the single most important factor that leads to complications after surgery!

To lower your risks during recovery, you should stop using all tobacco products at least 6 weeks before your surgery and for at least 6 weeks after surgery. This includes any kind of tobacco or nicotine replacement product, e-cigarettes or chewing tobacco.

Please talk to your doctors today about the best way for you to stop smoking.

Medications

Your health care team will ask about any medications you take. Some drugs can affect anesthesia or cause excessive bleeding during surgery. ***It is important to tell them about all your medications including:***

- Prescriptions medications
- Blood thinners
- Aspirin
- Diabetic medications
- Steroids
- Over-the-counter medications
- Vitamins
- Dietary supplements
- Herbal supplements

Avoiding Alcohol Before and After Surgery

Studies have shown that drinking too much alcohol can have harmful effects on different systems in your body. We know that drinking alcohol also increases your risk for complications after surgery. Negative effects of alcohol include:

- Increased risk of infection
- Increased stress
- Flare-ups of other health problems
- Increased bleeding risk
- Slows the healing process
- Can lead to severe alcohol withdrawal symptoms

Alcohol and Anesthesia

General anesthesia is very safe and most people do not experience serious problems. The type of surgery you have and how healthy you are before surgery are factors that can affect how you respond to anesthesia.

If you drink, you need to know that having alcohol in your body during surgery can cause your body to react negatively to the anesthesia medications. This can happen because alcohol increases urination, which can lead to dehydration. Even if you are only mildly dehydrated, it could cause problems with your anesthesia.

REMEMBER: You must have an open and honest conversation with your surgeon about any nicotine, alcohol, and drugs that you use. Discuss with your surgeon how to safely decrease alcohol intake and stop drinking three days before your surgery at a minimum.

Finally, you should never drink alcohol while you are taking pain medication or sleep aides.

Be open and honest with your surgeon about nicotine, alcohol, or drug use

Talk to your physical therapist before you buy any medical equipment

Eating Healthy

Eating healthy is even more important when you are recovering from surgery. Your body will burn a lot of energy as it heals. In the weeks before your surgery, start replacing unhealthy foods and drinks with healthier, more nutritional choices. Also, let your doctor know about any weight loss, diet concerns, and stomach or digestion problems.

After surgery, your body needs enough calories and good nutrition to fully recover. Eating the right foods after surgery can lower your risk of infection, speed up healing, and increase your strength and energy.

One of the best ways to eat better is to eat “whole foods.” These are foods that remain as close to their natural form as possible. ***Whole foods like fresh fruits and vegetables, whole grains, and lean protein can help your body heal.***

Assistive Equipment

There are many types of medical equipment that can make it easier for you to move around more safely and comfortably as you recover.

Your surgeon or physical therapist will talk with you about the type of equipment you may need after your spinal surgery. ***Do not buy any equipment unless your surgeon or PT recommends you get it.***

Your insurance may not cover many of these items. But you can buy them yourself at many chain pharmacies, super centers, and home medical stores. Here’s a list of some of the most common assistive items.

Personal Aids:

- Walker with wheels
- Crutches or Cane
- Long-handled grabber
- Sock aid
- EZ-slide shoehorn (metal)
- Elastic shoe laces

Bathroom Aides:

- Elevated toilet seat
- Toilet seat riser
- Shower chair
- Grab bar for shower/tub
- Hand-held shower head
- Long-handled bath sponge

Home Safety

Making your home a safe place to recover is an important part of getting ready for surgery. You may find it harder to move around for several weeks after surgery. Use this list to help identify things around your home that could cause problems during recovery.

All areas:

- Make sure all areas are wide enough for a walker
- Keep all areas well lit
- Keep the floor clear of clutter, cords, and throw rugs
- Always wear non-slip shoes and never wear socks on tile and hardwood floors
- If you have pets, ask someone to help you feed and care for them

Recovery area:

- Stay on the ground floor of your home for the first few weeks after surgery
- You may have trouble getting in and out of beds that are too high or too close to the floor
- Set up your recovery area so it's comfortable and convenient with:
 - Bathing and grooming supplies
 - Extra clothes, socks, rubber soled shoes
 - Snacks and bottled water
 - Things to read, extra glasses, power strip for charging devices
 - Extra pillows to help you be more comfortable
 - Blanket or throw to cover your body
 - Small container to store your medications
 - Long-handled grabber for reaching objects

Stairs:

- Talk to your surgeon or nurse navigator if you have stairs in your home

Bathroom:

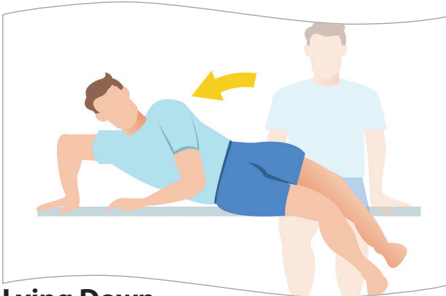
- Don't use bath oils or gels that could cause you to slip in the shower or tub
- Use a shower stool or chair with strong rubber grips on the legs
- Consider installing temporary or permanent hand rails
- Check for water on the floor before stepping in or out of the shower

Kitchen:

- Try not to kneel, bend, or stretch to reach kitchen items or food
- Move items that you use the most to counter level
- Keep healthy food, snacks, and water bottles at counter level
- Always watch for water or spills on the floor
- Fix 2 weeks of meals and snacks before your surgery

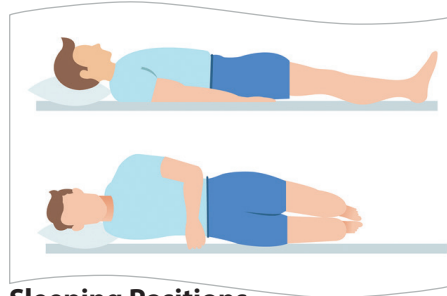
Getting In and Out of Bed

Please do not attempt to get out of bed the first time on your own. After your surgery, there is a higher risk of falling. Your family should not try to get you out of bed. You will be instructed on how to get into and out of bed using the log roll method.



Lying Down

- Sit on your bed, closer to the head of the bed than the foot of the bed
- Scoot back onto the bed as far as you can
- Lower yourself onto your side using your arms to help guide and control your body (at the same time, bend your knees and pull your legs into bed)
- Keep your knees bent and roll onto your back (keep your shoulders and hips together as a unit as you roll)
- Your shoulders and knees should always point in the same direction



Sleeping Positions

- On your back, place a pillow under your head and another pillow under your knees
- On your side, place a pillow under your head and another pillow between your knees



Getting out of Bed

- While lying on your back, bend your knees
- Roll onto your side (keep your shoulders and hips together as you roll)
- Place your bottom hand in front of you at chest level and slowly raise your body as you lower your legs toward the floor
- Take a few breaths on the edge of the bed and move your feet before standing up
- Do not stand up if you feel light-headed or nauseous (if the symptoms do not settle, lie back down on your side again)

Getting In and Out of a Vehicle

- If possible, use a car with lots of leg room
- If you have fabric seats, a plastic bag or sheet will help you slide more easily
- If you ride in the front seat:
 - Move the seat back as far as possible to give you room to move your legs around
 - Slightly tilt the seat back to give you more room to lean back as you swivel in



Back up to seat



Reach back to the seat



Slowly lower yourself onto the seat (It may be helpful to use the door frame for support)



Bring your feet in one at a time and adjust the seat to your comfort (Your caregiver may assist you by lifting your legs behind your knees)

REMEMBER: If you have a long ride home (longer than 45 minutes), you will need to stop, get out and walk around every 30 minutes due to sitting precautions

THE DAY BEFORE SURGERY

Preoperative Phone Call

The day before your surgery, a nurse will call you in the afternoon to answer any final questions and tell you what time to arrive at the center.

During this phone call, we will also remind you which medications you can take the morning of your surgery with a small sip of water.

Medications to take the morning of surgery:

What to Bring to the Hospital

Things to bring or do:

- Advanced directives
- Any medical equipment you have been asked to bring
- Loose-fitting clothing
- Rubber soled shoes (no slippers or flip flops)
- Cases for eye glasses, contact lenses, or removable dental items
- Home medication(s) if instructed to bring them by the Pre-Admission Testing Nurse. Prescription medications must be in their original packaging with the pharmacy label

Things to leave at home:

- Valuables like jewelry or electronics

THE DAY OF SURGERY

Preoperative Area

Before surgery, different members of your care team will come in to speak with you and review your medical history and lab reports. You may be asked the same questions more than once. For your safety, all team members need to know about your medical history and health on the day of your surgery.

Nursing Staff

The nurse will help you change into a gown and get ready for surgery.

This process includes:

- Confirming your consent for surgery and anesthesia
- Checking your vital signs
- Starting an IV and giving you any preoperative medications
- Cleaning your surgical site with special soap to help prevent infection

Anesthesia Care Team

All anesthesia care is directed by board-certified anesthesiologists. The type of anesthesia you receive is based on your medical history, your preferences, and the type of surgery you're having. In the preoperative area, your anesthesia provider will talk to you about:

- The risks and benefits of the anesthesia plan for your surgery
- What to expect when going under and waking from anesthesia
- An overview of general anesthesia and other measures to control your pain and nausea

Multimodal Anesthesia

Multimodal pain management is an important part of caring for surgical patients. This process uses two or more pain relief medications (or techniques) to give you the best levels of pain control. The combination of medications, and how they are given, targets different pain receptors in your body.

Patient benefits include:

- Less nausea, vomiting, and heavy sedation (opioid side effects)
- Eases inflammation and soothes nerves that are injured during surgery

Operating Room

A nurse and anesthesiologist will take you to the operating room in a bed and help you move to the OR table. People will be in the room with you getting ready for surgery. Most patients do not remember much after this point. The total time for the surgery will be different for each person.

Recovery Room (PACU)

A nurse will be at your bedside to help you wake up from anesthesia. You will have oxygen to help you breathe and wake up. You may feel sleepy and disoriented during the first hour of recovery. The nurse will be right there to monitor your vital signs, pain, and other side effects of the anesthesia and surgery.

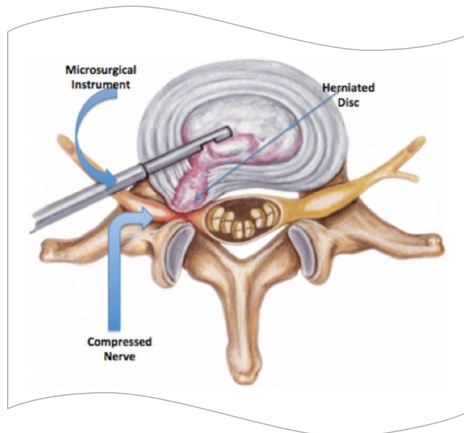
YOUR SURGERY AND RECOVERY

Understanding Spinal Surgery

Chronic back pain related to conditions such as a bulging or herniated disc, sciatica, spinal stenosis, and degenerative spondylolisthesis can be debilitating and significantly affect your quality of life. The type of procedure your surgeon will perform, is based on your spinal condition and medical history.

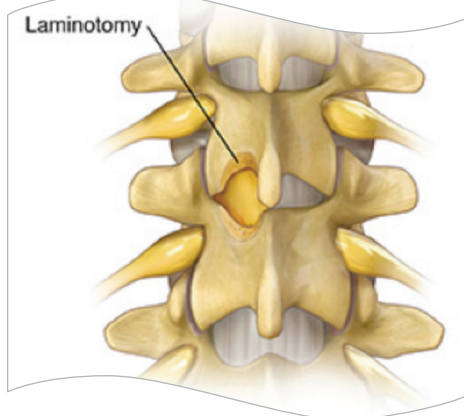
Spinal Decompression

One of three treatments may be performed to relieve pressure on one or more pinched nerves in the spinal column.



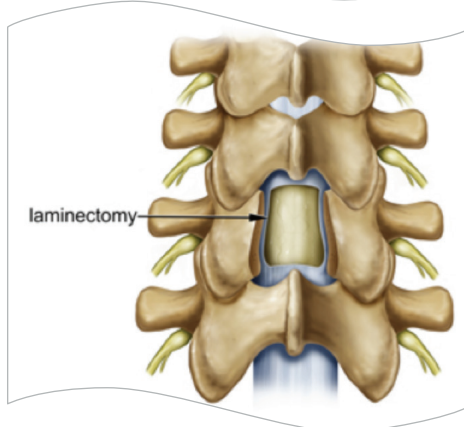
□ Micro Discectomy

A minimally invasive or traditional surgical procedure in which a portion of a herniated disc is removed by way of a surgical instrument or laser, while using an operating microscope for magnification.



□ Laminotomy

A minimally invasive or traditional surgical procedure in which a portion of the lamina (a bone in the back of the spinal canal) is removed. The removal of a piece of bone is sometimes enough to take pressure off a nerve.

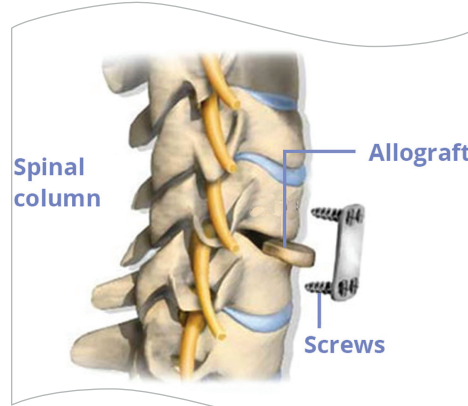


□ Laminectomy

A minimally invasive or traditional surgical procedure in which a small portion of the arch of the vertebrae (bone) is removed from the spine to alleviate the pressure on the pinched nerve.

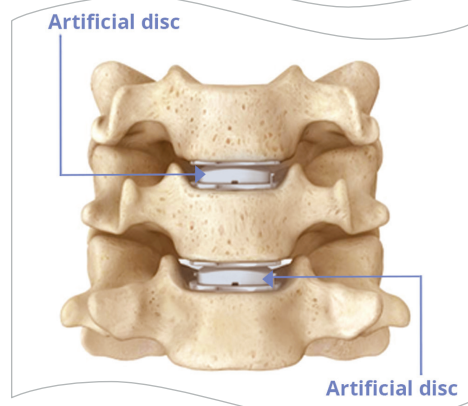
Spinal Fusion

A fusion involves bone graft placement around the spine during surgery. The body then heals the grafts over several months – similar to healing a fracture – which joins, or “weld”, the vertebrae together. Your surgeon may perform one of seven different types of fusion procedures.



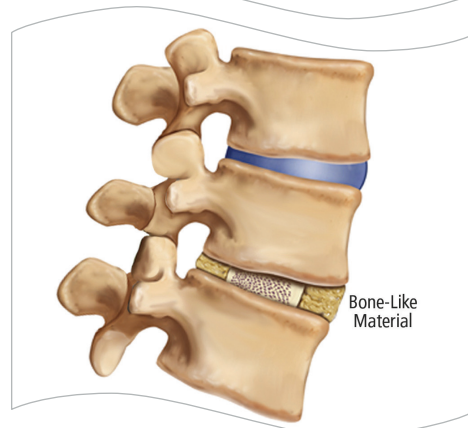
□ Anterior Cervical Discectomy and Fusion (ACDF)

Used to reach the cervical (neck) area of the spine, this surgery is performed through a small incision in the anterior (front) of the neck. The intervertebral disc is removed and replaced with a small plug of bone, which in time will fuse the vertebrae. In some cases, a titanium plate and screws may be added to provide additional stabilization.



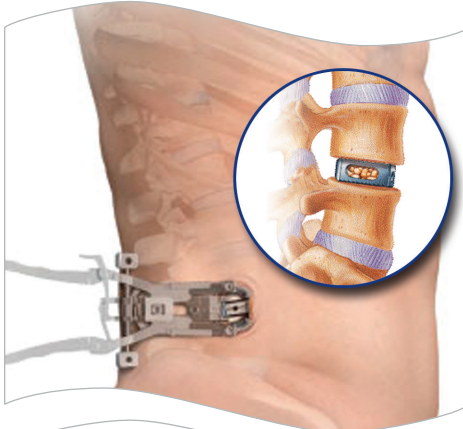
□ Cervical Artificial Disc Replacement (CADR)

An artificial disc (also called a disc replacement, disc prosthesis or spine arthroplasty device) is a device that is implanted into the spine to imitate the functions of a normal disc (carry load and allow motion).



□ Bone Grafting

A transplant of bone or bone-like material to repair or rebuild an area of bone loss. The graft is used to fill an empty space that was a result of disease, injury, or a surgical procedure. The tissue can be from an area of the skeleton (yours or a donor) or from man-made material.



□ **Lateral Interbody Fusion**

Differs from traditional procedures because the surgeon accesses the space between each spinal disc from the patient's side, rather than from the front or back position.



□ **Lumbar Interbody Fusion**

A type of spinal surgery that involves removing damaged disc material and inserting a bone graft between two vertebrae in the "lumbar" or "lower region" of the spine. The surgeon accesses your spine through an incision in your back that may be traditional or smaller, depending on the procedure, in order to relieve pressure on nerves and fuse the vertebrae together.

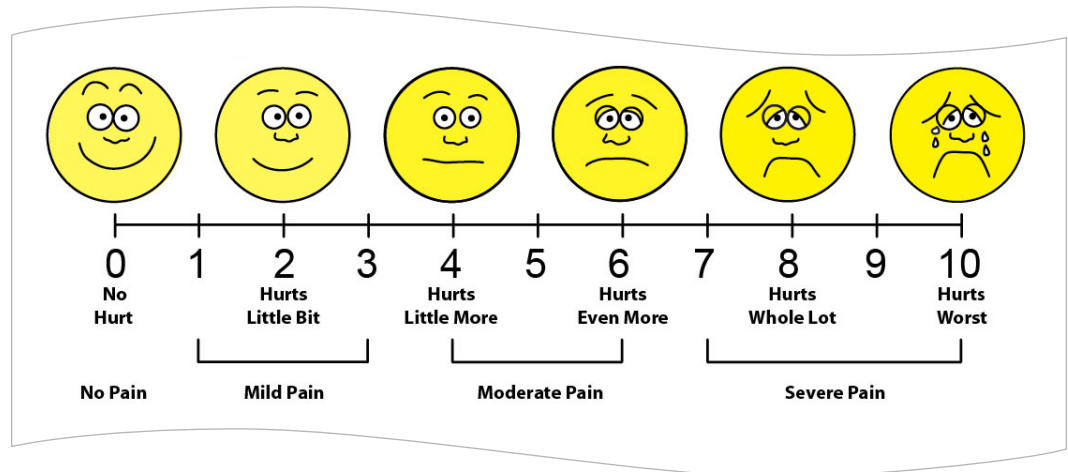


□ **Lumbar Spinal Fusion**

Causes the vertebrae in the lower back to grow together. This is often combined with a laminectomy, laminotomy, or discectomy to relieve pressure on nerves. The goal of the lumbar fusion is to have the two vertebrae fuse (grow solidly together) by joining the 2 or more joints in the back of the spine into one. As a result, there is no longer motion between those vertebrae. Additionally, fusing the vertebrae together, may stop the formation of bone spurs at that location, further reducing pain and potential nerve injury.

Pain Assessment and Management

The best way for our team to help you manage your pain is by clearly communicating how bad it hurts. If you are feeling any pain, please let your doctor or nurse know right away.



You will need to be as clear as possible about your pain. For example, we need to know:

- Where are you feeling pain?
- How often do you feel pain?
- On a scale of 0 to 10, where 10 is the worst pain you can imagine, how would you rate your pain?
- Is there anything that makes the pain go away?

It is important to understand that you will be in some kind of pain after surgery. The goal of pain management is a tolerable level of pain to meet your functional goals, not to eliminate all pain. Please tell your nurses when you are uncomfortable. Pain medications will be available. If staying overnight, you will need to request pain medication as needed.

Postoperative Care

You have worked hard to get your body ready for surgery and recovery. We want to help you go home as quickly as possible. While you're at our center, your care team and nurse will help you meet these goals:

- Be able to move from lying down, to sitting up, to standing with a helper standing nearby
- Be able to move yourself from one place to another, including:
 - Getting on and off the toilet safely with a helper standing by
- Learn to use adaptive equipment to do everyday activities (like getting dressed) with a helper standing by
- Explain to us that you understand how to safely get in and out of a car
- Explain how your recovery may affect your family and how you will answer their questions

TIP: It's helpful to practice these movements at home before you have surgery.

DISCHARGE PLANNING

Going Home After Surgery

At Arizona Specialty Hospital, we understand that the best place for you to recover from spinal surgery is at home. That's why we start planning and helping you get ready for discharge well in advance.

Before your healthcare team will allow you to go home, you will need to meet these important conditions:

- You are medically stable
- You have met the postoperative goals set by your care team
- You have set up your postoperative appointment with your surgeon
- You have set up your postoperative physical therapy sessions if ordered by your surgeon
- A family member or caregiver will be there to help when you get home

Staying Overnight at the Hospital

In some cases, your care team will determine that an overnight stay is necessary, your safety and other factors considered. If you do stay overnight, you will be seen by the hospital physician and a physical therapist for evaluations before discharge and recovery at home.

Tips for Recovering at Home

- Be patient – it may be several weeks before you return to most normal activities
- Not moving to avoid pain will ultimately contribute to more pain
- Take prescription pain medication only as directed by your surgeon
- Do not take over-the-counter anti-inflammatory medications (aspirin, ibuprofen, Aleve®, Advil®) without your doctor's approval
- Use your assistive devices the way you have been shown
- Follow the range of motion exercises that your surgeon provides to help prevent stiff, sore muscles and increase your flexibility
- Wear support stockings (TED Hose) if your surgeon recommends it
- Eat a well-balanced diet
 - Drink lots of fluids and eat more fruits and fiber
 - Remember the meals you prepared before your surgery
 - Take a multi-vitamin capsule every morning for at least one month

Signs of Infection

Call your doctor if you see any of these signs of infection:

- Pus or drainage
- Redness and hot to the touch
- Bad smell coming from the wound
- Pain or sore to touch
- Fever or chills

Preventing Surgical Site Infection

- Wash your hands often with soap and water
 - Always wash before touching your incision
 - Have others clean their hands before touching you
- Clean your body (shower) regularly after you are cleared by your surgeon
 - Do not get any water on a traditional wound dressing
 - Pat dry (don't rub) a waterproof wound dressing
 - Do not bathe or soak in the bathtub
 - Do not apply creams or lotions close to your incision

Signs of Blood Clots

Call your surgeon right away if you have:

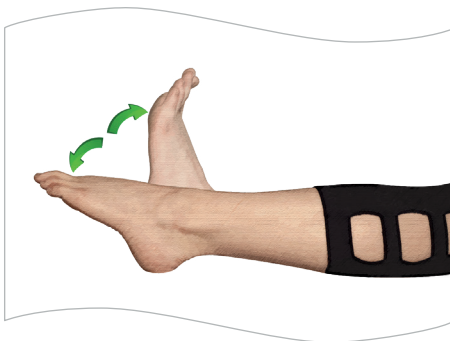
- Pain and swelling in both legs
- Redness and warmth to the touch
- Leg pain that gets worse when you bend your foot
- Leg cramps (especially at night and/or in your calf)
- Skin discoloration
- New shortness of breath or seeing low oxygen levels on a home oxygen sensor

**Call 911
or go to the
closest ER
if you experience
chest pain or
shortness of breath**

Preventing Blood Clots

Ankle pumps combined with early and frequent walking will be necessary to help prevent blood clot formation.

The exercises below are important in clot prevention, so it is very important that you know these prior to surgery.



Ankle Pumps

Bend ankles to move feet up and down, alternating feet



Heel Slides

Bend one leg at a time, allowing the foot to be flat on the surface (keep opposite leg straight)



Gluteal Squeezes

Squeeze buttocks muscles as tightly as possible while counting to ten

Blood Thinners (Also Called Antiplatelet Drugs or Anticoagulants)

Why is this drug prescribed?

Anticoagulant medications, also known as blood thinners, make it harder for your body to form blood clots. Clots that form in your blood vessels can be dangerous if they move into another part of your body. For example, if a clot moves to your lungs (pulmonary embolism), it can cause a strain to your heart or make it hard to breathe.

Aspirin is the most common blood thinner medication. Please follow your doctor's directions for taking aspirin the same way you would for taking a prescription medication.

When should it be used?

Your doctor will let you know when to start taking anticoagulant medication. It is very important that you take this medication *at the same time every day*. Be consistent.

What special instructions should I follow while using this drug?

Your doctor will decide how much anticoagulant you need. Follow your doctor's instructions exactly. Too much of the anticoagulant can cause you to bleed more. Too little of the anticoagulant may allow a harmful clot to form.

When you are discharged from the hospital, you will receive instructions about the type of anticoagulant your surgeon wants you to take. You should follow these directions carefully and contact your doctor's office if you have any questions.

What should I do if I forget to take a dose?

Take the dose you missed as soon as possible on the same day. But DO NOT take a double dose of anticoagulants the next day to make up for the dose you missed. If you forget to take a dose, please tell your doctor.

What side effects can this drug cause?

The most common side effect is a higher risk of bleeding complications.

AFTER SPINAL SURGERY

Making a Full Recovery

After surgery, it's important to closely follow your doctor's instructions. Healing the area where you had surgery is the first step toward making a full recovery.

It is normal to feel pain after spinal surgery. You can expect a moderate amount of pain during the first two weeks. After that, you may have mild pain for several more months. This happens as your bones fuse with the implant.

You may have more pain during your physical therapy sessions. Schedule your pain medications so that you will be taking the medications 30-45 minutes before physical therapy.

Walking is very important to a successful recovery. But you should not walk too much – or too little. Ask your doctor or physical therapist how much walking is right for you. Here are some more helpful guidelines:

Precautions

- If a neck or back brace is ordered, always wear it as prescribed by your surgeon
- Avoid exercise unless prescribed by your surgeon
- You will receive spine precaution instructions that are specific to your surgical procedure at the time of your discharge
- If you have any questions or concerns about your spine precautions, please contact your surgeon's office
- To maximize your recovery, follow these precautions for three months after surgery, or as directed by your surgeon — always remember "B-L-T"
 - **B** - No Bending forward at your waist; avoid slumping posture and rounding of your back
 - **L** - No Lifting more than 8 to 10 pounds or as directed by your surgeon (a gallon of milk weighs 8 pounds)
 - **T** - No Twisting at the waist



- B -

No Bending forward at your waist; avoid slumping posture and rounding of your back



- L -

No Lifting more than 8 to 10 pounds or as directed by your surgeon. A gallon of milk = 8 lb



- T -

No Twisting at the waist

Sitting

- Don't sit for longer than 20 minutes at a time for the first two weeks after surgery
 - This is increased to 40 minutes by four weeks
- You may sit in a recliner fully reclined (with your neck brace on if ordered by your surgeon)
- You should return to bed or go for a short walk if you start to feel uncomfortable
- Periods of sitting can be repeated many times a day with rest lying down in between for 30 to 60 minutes
- Practice good sitting posture
 - Do not cross your legs
 - Ensure feet are on the ground — legs must not be elevated in an extended (straight) position on a stool
 - Your knees should be just below the height of the hips
 - Ensure you are centered in the chair, and not leaning to one side
 - Gently tilt your pelvis forward so that you are not slouching back onto your tailbone — pillow can be placed behind the back for comfort and to keep the spine straight
 - Gently draw your shoulder blades back, opening out the front of the chest
 - Gently lift the back of your skull off the tip of your spinal column (think tall) and ensure your chin is not poking out

Standing

- Stand with your feet hip width apart
- Ensure there is weight going through both heels (do not stand with your weight all on one leg, or with weight through the balls of your feet)
- Relax your knees
- Gently draw in your lower tummy (transversus abdominus) and pull up your pelvic floor
- Gently draw your shoulder blades back
- Gently lift the back of your skull off the top of your spinal column (think tall)
- Avoid wearing high heels

Stairs

- Limit stair climbing to once or twice per day, which may increase as your endurance increases
- You should carefully walk up or down stairs with support
- Always use the railing for support and balance

Sleeping

- “Log roll” to get in and out of bed (see page 24)
- The head of your bed should not be raised more than 30 degrees while lying down without your brace
- Talk with your surgeon about best tips for sleeping
- It is normal to have trouble sleeping at night due to pain or discomfort at the surgical site — getting up and moving around may help
- You can nap during the day, but DO NOT stay in bed all day
- Ensure that your mattress has sufficient support (medium firmness) and your pillow is not too thick or too flat (your neck should be in the midline position)

Driving

- Your doctor will let you know when you can start driving again — normally, that will be 2-4 weeks after your surgery
- You must be off of all narcotic pain medication and have quick reaction time

Your surgeon will decide how soon you can start physical therapy and which activities will be the most helpful for your recovery. In most cases, you will gradually return to normal daily activities and return to physical activity around six weeks after surgery.

Lifestyle Changes

After spinal surgery, most patients can move around without pain and return to most normal activities. But you may need to avoid certain physical activities. Your doctor will tell you what exercises you can and cannot do

After your spine has healed, you’ll be able to enjoy most low-impact activities, including walking, hiking, swimming, and golf. Your surgeon or physical therapist will tell you which activities are appropriate for you.

It’s also important to stay at a healthy weight to reduce the strain on your implant. If you smoke, try to stop. Not smoking will improve your circulation and help maintain healthy tissue around all your joints and spine.

THANK YOU

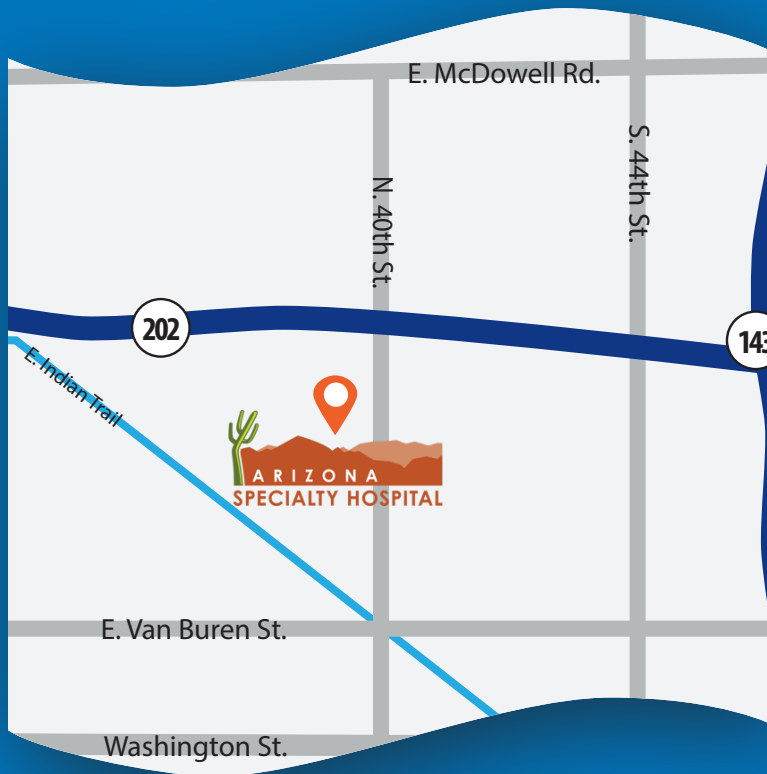
Thank you for choosing Arizona Specialty Hospital for your spinal procedure. We care about you and will do everything we can to help you have a successful surgery and recovery. If you have any questions at any time, please contact your nurse navigator. We are here for you whenever you need us!

Sincerely,

Your Arizona Specialty Hospital Care Team

Notes:

Lined area for notes with 20 horizontal lines.



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