

The Spine Program

at McLaren Bay Region





Table of Contents

What is my procedure?	4
Preparing for Surgery	3
Getting your home ready	7
Recovery after surgery	10
Questions	12
Care at home	13
When to call your doctor after discharge	14
Discharge instructions and precautions	17

Your surgical checklists

Please use these checklists as a reminder of what to do before and after your surgery. Ask your healthcare provider to check all boxes that apply to your case.

Before surgery

- See your primary care physician. Have any tests completed your physician orders.
- Shower or bathe with Hibiclens.
- Cut down or stop smoking.
- Stop taking aspirin or ibuprofen.
- Do not eat or drink after ____ the night before your surgery.
- On the day of your surgery, you can take the following medication(s) with a sip of water.

- Special Instructions:

- Important phone numbers:

Physician: _____

Surgeon: _____

After surgery

- Schedule your first follow-up appointment for _____ days after surgery..
- Schedule to have a follow-up x-ray approximately _____ weeks after your surgery. Your surgeon will need these results to determine your progress at your first follow-up appointment.
- Complete your physical therapy as prescribed.
- Ask your surgeon to list which activities you can now perform:

- Special Instructions:

- Important phone number:

Pharmacy: _____

My Procedure

What is Laminectomy?

Laminectomy and laminotomy are surgical procedures that remove a small amount of bone from the spine. These procedures are not cure-alls but they take the pressure off nerves in the lower back, which can greatly reduce symptoms. These procedures are especially good at reducing pain. Most people feel almost back to normal within 1-3 months.

After you have been given anesthesia and are asleep, an incision is made near the middle of your lower back. The incision may be from 2-6 inches long depending on the number of vertebrae involved.

In a laminotomy, part of the lamina is removed from the vertebra, above and below the pinched nerve. This alone may be enough to take pressure off the nerve. In some cases disc matter or a bone spur that is pressing on the nerve is also removed.

In a laminectomy, the lamina is removed from the affected vertebra. If needed, your surgeon can also remove any bone spurs still pressing on the nerve.

What is discectomy?

Part of a disc is removed to relieve pressure on a nerve.





What is a fusion?

With a fusion the disc between the vertebrae may be removed. A bone graft is packed into the new empty space between the vertebrae. Over the next few months the bone graft and vertebrae fuse into a solid unit. The bone graft can come from a bone bank or from your own body. A small amount of bone is taken from the surface of the front of the back of your pelvic bone.

What is a cage insertion?

A cage may be used when fusing the disc space. A cage is a metal “basket” that is packed with bone graft, then placed between the vertebrae.

Preparing for Surgery

Health Exam

You may be asked to have a general physical exam with your family doctor before surgery.

Medications

*Let your doctor and nurses know all of the medication you are taking. Most arthritis medicine blood thinners and aspirin may be stopped 7 to 10 days before surgery. Be sure to ask your doctor if you are unsure about taking any medication. Writing down a list of your medications and how much you take every day will be very helpful to your doctors and nurses on the day of surgery.

Diet

Eat well balanced meals for good nutrition including a lot of fruits, vegetables and protein. Drink at least 8 glasses of water or juice per day.

Exercise

It is important that you begin to do exercises, as instructed, before your surgery. These exercises will increase your strength and build up your muscles.

Smoking

It is important for you not to smoke at least two weeks before your surgery. Ask your doctor for a prescription for smoking cessation aides such as patches or special gums.

Alcohol

If you drink every day, you may experience withdrawal after surgery. Please let your physician know if you consume alcohol daily or drink several servings of alcohol more than once a week.



Getting your home ready

Getting your home ready before surgery will make it easier for you to recover. Consider the following tips:

- ❖ Get rid of uneven surfaces and remove obstacles from pathways both inside and outside of your home.
- ❖ Make note of potential slippery/wet spots and take precautions as necessary.
- ❖ Be sure there are sturdy handrails for steps at the entrance of your home.
- ❖ Remove throw rugs and secure extension cords out of the way.
- ❖ Make sure lighting is good to prevent falls. Install night lights.
- ❖ Place emergency phone numbers on or near the phone. Use a portable phone for safety.
- ❖ Have a comfortable chair with arms and a firm seat. Do not sit in a sofa chair, rocking chair, or sofa.
- ❖ Use containers of liquid soap to prevent difficulties with dropping the bar soap in the shower.
- ❖ Be sure your bed mattress can hold you without sagging while you sit on the edge; the bed also must allow your feet to touch the floor. You may need to place a board under the mattress. The bed may need to be raised with an extra mattress or blocks under the legs, or it may need to be lowered by trimming the legs.

- > Make sure you have a nonskid surface in the bottom of your shower or bathtub.
- > Choose footwear that is secure on your feet, with soles that will not slip.
- Have a walker basket/bag to assist with carrying objects.
- Place the clothing that you wear the most in drawers that are at waist height.
- Consider having friends or family members care for your pets during your recovery so you do not trip over them.
- Arrange for rides. You may not be able to drive for several weeks or more after surgery.

Kitchen

Arrange your kitchen so that you do not have to do heavy lifting, bending or reaching.

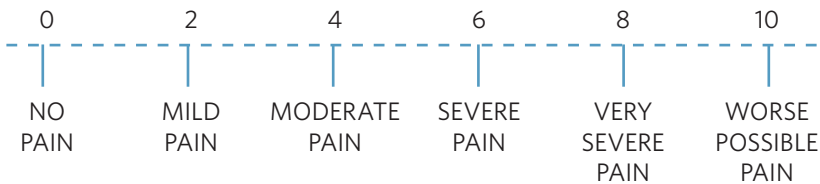
- Prepare meals ahead of time and stock up on food, especially fruits, vegetables and food high in protein.
- Prepare simple meals using stove top or counter level appliances to avoid bending.
- Store items that are needed most often on upper shelves of the refrigerator.
- Use a Lazy Susan for easier reach.
- Store supplies between hip and shoulder level. This way you can get to them without reaching or bending.

Bathroom

- Showers must have non-skid surfaces or safety mats on both the inside and outside. Watch out for wet tile floors.
- Safety rails may be recommended for showers, depending upon your individual needs.
- Use a raised toilet seat or commode.

Recovery after surgery

- You will be taken to the recovery room for approximately 1-2 hours for observation.
- It is normal to have pain after surgery; however, we need to make sure it is not severe. You will be asked frequently to rate your pain level. To gain the best pain relief, answer questions honestly when asked how much you hurt.



Rating your pain will assist nurses in providing you with appropriate pain medication. A common method is patient-controlled analgesia (PCA).

Patient-Controlled Analgesia (PCA)

- You can press a button that will give you medication through your IV when you feel pain or discomfort. You may have a PCA until the morning following surgery.
- You may be encouraged to take pain pills along with your PCA.
- You will continue to have an IV for pain medications and/or antibiotics.
- Sometimes the pain medicine can make you feel sick to your stomach. If this happens, let us know and your doctor can order something to make you feel better.

Dressing

You will have a dressing applied to your surgical area. Your doctor will instruct the nurses when to change the dressing. Do not pick at your dressing. It must be kept clean and dry.

Breathing exercises

When you wake up, you will be asked to breathe deeply and cough. These simple, but important, breathing exercise should be done every hour while you are awake to prevent any problems with your lungs. You may have a device, called an incentive spirometer, to help you.

Preventing blood clots

To improve the circulation in your legs and reduce the risk of blood clots, you may be asked to:

- Wear the special support stockings on both legs.
- Wiggle your toes and flex your ankles every hour.
- Take medication that may be ordered by your doctor to thin your blood.
- Use either foot pumps or pulsating stockings, which are to be worn while in bed.



Care at home

You will have a dressing applied to your surgical area. Your nurse will instruct you about home care of your dressing and surgical site.

Diet

You may resume your normal diet.

Hygiene

You may shower if your incision is clean and dry. If staples are still in, cover the incision with plastic wrap such as Saran Wrap. Do not take a tub bath until instructed to do so by your surgeon.

Frequent hand washing is very important to prevent infection. Wash your hands thoroughly especially after going to the bathroom. A daily shower is very important, but keep the dressing dry! Have a family member/caregiver assist with washing around your dressing and other areas you can't reach. Keep pets away from your incision and don't allow your pet to nap/sleep with you until you are completely healed.

Medications

- ✦ A prescription for pain medication may be given to you. Take your medication as directed. Call your doctor if your pain is not controlled.

Pain medicine may cause sleepiness.
Do not drive or operate machinery.

- ✦ You may be sent home on prescribed medications to prevent blood clots.
- ✦ Feel free to use our Drug Shop Pharmacy services located on the first floor.
- ✦ When you are discharged, you will be told which medications to continue taking at home.

Driving

Do not drive after surgery until approved by your surgeon.

Work

You can return to work as instructed by your surgeon.

When to call your doctor after discharge

Call your doctor if you have:

- Fever 100 degrees or greater than 24 hours
- Increased pain
- Redness, swelling or drainage from your incision
- Numbness or tingling in your arms or legs
- Pain in the calf of your leg
- Questions about medication, amount of activity or care

Each point is equally important, so please check with your doctor.

Discharge instructions and precautions

You will receive your discharge instructions before you leave.

Follow-up visit

Four to six weeks after surgery, you will return to your surgeon for your follow-up visit. He or she will check on your progress. If you have any questions about certain activities, please ask your doctor. You may be required to bring post operative x-rays with you to your follow-up visit. (Please check with your surgeon's office to see if you need to have x-rays prior to your office visit.)

Exercise

You may continue light activities at home, such as walking or even doing dishes. This will keep your muscles and joints strong and flexible so you will be able to return to the activities you enjoy. Strenuous activity is not advised until your doctor agrees.

General Instructions for after Back Surgery

Bed positioning

- Avoid positions of neck strain when sleeping. A firm, supporting mattress is recommended.
- When rolling over in bed, move your head and trunk together as one unit.
- When sleeping on your back, a soft pillow should support both your head and the curve in your back. Avoid a solid foam rubber pillow.
- When sleeping on your side, a pillow should just fill the space between your head and neck so that your head does not tilt up or down. Your knees should be bent.
- Do not sleep on your stomach.
- Avoid sleeping in a chair or in the car.

Bending and lifting

- Avoid any heavy work or lifting heavy objects (over 10 lbs.) for approximately 3 months. When you return to lifting, follow these rules:
 - Maintain the normal curves of your back.
 - Bend at the knees.
 - Use your leg muscles for strength.
 - Test the load before attempting to lift.
 - Hold the object close to your body.
 - Never twist at the waist and lift at the same time.
 - Move your feet in the direction the object is to be placed.

General mobility

Do not engage in any activities that could produce excessive strain or extreme motion of your neck. For example: Mowing lawns, shoveling snow, strenuous or competitive sports.

- Check with your surgeon following the initial recovery period (8-12 weeks) about when to begin additional exercises.
- For the first two weeks, avoid standing/sitting for long periods of time. Change positions frequently.
- Schedule rest periods during the day.

- Avoid over-exertion.
- Eat a well balanced diet, avoiding high calorie foods. If you are overweight, you are encouraged to lose weight in order to decrease the amount of strain on your back.
- Do not drive a car for 4-6 weeks unless otherwise instructed by your physician. You may ride for short periods of time if you are pain-free. When getting into a car, sit down first and then bring your legs into the car, avoid twisting your neck.
- For cervical fusions, do not drive for three months.
- You may resume sexual activity as soon as you feel comfortable enough to do so. Positions that cause discomfort should be avoided.

Rules for good body mechanics following back surgery

You may protect yourself against re-injury and prevent further discomfort to your back using correct body mechanics during activities of daily living.

Maintain the normal curves in your spine. The neck has small inward curve with the head held directly about the shoulders.

- ✧ Avoid rounded shoulders and a forward head position.
- ✧ Do not tilt your head backwards or far to one side such as in holding a phone between head and shoulders or as in tilting head when using your bifocals.
- ✧ Avoid holding your head forward against gravity for a long period of time such as when reading and writing. Avoid propping your head high on pillows for reading, sleeping, or watching television on a bed or sofa.
- ✧ When sitting at a desk, use correct table height. Do not bend over your desk. Elevate your work at an angle. Sit close to the desk with your feet flat on the floor, knees and hips at a 90-degree angle.
- ✧ Avoid rotating your head to extreme position, such as to look over your shoulder. Turn your body instead.
- ✧ Avoid reaching above shoulder height, especially with your head tilted or tipped back. Use a step stool or ask for help.
- ✧ Do not hold your head in any position for a long period of time.

Activities

Gradually increase your activities. Your activity should be guided by your level of comfort. Pain is an indication to rest or stop the activity. Following a cervical fusion, a cervical collar is often used at all times. It is recommended for 4-6 weeks or until discontinued by your neurosurgeon.

The following pages are some general guidelines to help you care for yourself while recovering at home. This guide is meant to be a supplement, not a substitute for your physician's personal care. Therefore, please feel free to call your physician if you have any questions.

Suture/staple care

- Keep the wound clean and dry at all times.
- Unless otherwise directed, leave the hospital dressing intact. If it becomes wet or dirty you will need to change it.
- Watch for signs of infection
 - increased redness around the wound
 - red streaks from the wound
 - pain
 - fever
 - swelling
 - drainage that looks like pus, or foul odor.

If these appear, call your surgeon.

- Take your temperature twice a day for 3 days.
- Showers may be taken provided the incision dressing is protected by a plastic covering such as Saran or Handi-Wrap. The entire dressing should be changed if the dressing becomes damp due to showering.
- The sutures/staples need to be inspected and removed before or after discharge depending on your procedure and the surgeon's order.

Activity

- Gradually increase your normal, light activity.
- Avoid sitting or standing for long periods of time.
- Avoid lifting more than 10 pounds until after seeing your surgeon.
- No strenuous activities or competitive sports.
- Avoid driving a car; however you may ride in a car up to one hour at a time.
- Check with your surgeon regarding wearing the cervical collar.

Diet

- You may take a stool softener if needed or directed by your surgeon.
- You may resume your previous diet as directed.

Notify your surgeon if any of the following occurs:

- Persistent pain unrelieved by prescribed medication.
- Temperature of 100 degrees or greater for 24 hours.
- Dressing is stained or soaked from incision drainage.
- If the above signs of infection appear.

Before leaving the hospital, please let your physician or nurse know if you have any questions regarding these instructions.

You should make an appointment with your surgeon for follow-up care as directed at the time of discharge. Contact your surgeon if you have questions or if any problems arise after you go home.



Any questions you may have

Please use the space provided to list questions you may have for your surgeon or nursing staff.

- 1. _____

- 2. _____

- 3. _____

- 4. _____

- 5. _____

- 6. _____

- 7. _____

- 8. _____

- 9. _____

- 10. _____

