

Your Guide to Spine Surgery

WHAT TO EXPECT



└ NewYork-Presbyterian
└ Columbia University Medical Center

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Dear Patient,

Welcome to New York-Presbyterian Hospital/Columbia University (NYPH/CU). In an effort to help you get the most out of your hospital experience, we have developed this guide to:

- 1) Prepare you for your surgery and hospital experience
- 2) Optimize your recovery while in the hospital and later at home

This is only a general guide. Not all patients have the same medical conditions or needs. Therefore, if your physician or therapist make any changes from this book-those are the instructions you will follow!

As one of the top medical centers in the country, NYPH/CU offers surgery to patients whose complex medical conditions may have prevented them from having surgery at other institutions. Our staff is committed to performing with excellence. Our common goal is to help you, our patient, achieve optimal success from your surgery. Safety is our #1 concern. Before, during, and after surgery, everything we do focuses on your safety.

You can help improve your results from surgery by becoming an active, helpful part of the NYPH/CU team before, during, and after your surgery. We hope that you will continue what the team has taught you long after you have left us. You are the key to a successful recovery!

This guide outlines your participation. Therefore, it is important that you and your home care helper(s) read this book carefully and refer to it throughout your hospitalization. Bring this book with you to the hospital so you can refer to it as needed.

Sincerely,
New York-Presbyterian Hospital/Columbia University
Department of Orthopaedic Surgery

BASICS ABOUT THE SPINE

Although many spinal conditions do not require surgery, some do. Now that you and your surgeon have decided on surgery, let's review some basics.

Anatomy of the spine

A healthy spine:

- (1) Protects the spinal cord and nerves that travel within the spine to and from other parts of your body
- (2) Supports your body while allowing it to move so you can comfortably bend, sit, twist, turn, and lift.

These functions are possible because of the structure of the spine. Twenty four bones, called vertebrae, make up the mobile spine. These vertebrae are connected to each other by joints (facets) and soft tissues such as discs and ligaments. Each disc has a soft center (nucleus pulposus) and a tough outer layer (annulus fibrosus). This arrangement allows the vertebrae to move and absorb pressure.

When viewed from the front the normal spine is straight. When viewed from the side, the spine has three natural curves: the cervical (neck) curve, the thoracic (chest) curve, and the lumbar (lower back) curve. When these three curves are in their normal alignment, your body is balanced and your weight is distributed evenly so your spine is less vulnerable to strain or injury.

You need strong, flexible muscles to support your spine. Your lower back strength is very important, since this area supports the weight of your body. However, a variety of conditions may affect the spine, and lead to pain, numbness, spasms, weakness, tingling, stiffness and/or deformity.

COMMON TYPES OF SPINE SURGERY

Decompression

- **What is this?** – Surgery to remove pressure from compressed (pinched) nerves
- **How is this done?** – Bone or soft tissue which is pressing on the nerves is removed
- **Examples** – “laminectomy”, “discectomy”

Fusion

- **What is this?** – Surgery to make two or more bones heal together
- **How is this done?** – The bones are prepared to allow them to unite. Additional bone (bone graft) or related products are often used to help the bones grow together.
- **Examples** – Lumbar (low back) or cervical (neck) fusion; Scoliosis (spinal curvature) fusion

Instrumentation

- **What is this?** – Placing metal devices (rods, screws, hooks, plates, cages, etc) in the spine to hold the bones securely in place while the bones heal.
- **How is this done?** – Anchors (such as screws) are placed into several bony levels of the spine. These anchors are then connected together (rods, plates, etc).
- **Examples** – Scoliosis instrumentation, anterior cervical plate

Please feel free to ask your surgeon any questions about what your operation involves.



THINGS TO DO BEFORE SURGERY (YOUR PRE-OP CHECKLIST)

1. Discuss With Your Surgeon:

- The planned surgery and the anticipated recovery
- Any allergies (especially to medications, food)
- Any special concerns (living situation, return to work etc)
- Medications, specifically Aspirin and/or blood thinners (you must discontinue taking any anti-inflammatory medications and birth control pills ONE week prior to surgery)
- Obtaining ALL outside pre-op x-rays and scans (MRIs, CT, Myelograms, Discograms, etc) prior to surgery

2. Complete Your Pre-op Testing

Our Surgical Scheduling office will assist you in setting up surgery and any necessary tests. You will call them to set up the dates for surgery and pre-op testing appointments at (212) 305-0622. You will undergo diagnostic testing (xrays, EKG, blood tests, urine etc) to clear you for surgery

When these appointments have been arranged, enter them here:

Date _____ Time _____ Location _____

Date _____ Time _____ Location _____

Bring your medical history information and a list of your current medications to the Pre-op Testing appointments.

You may have an Anesthesia Consult as part of your Pre-op testing.

You must inform the anesthesiologist and nurse about any problems you may have encountered with medications in the past. You must also inform them of ANY medications you have taken in the last 30 days, including over the counter medications, dietary supplements or herbal supplements.



YOUR PRE-OP CHECKLIST (continued)

Pre-op testing and Medical Clearance should be done here at NYPH/CU for several reasons:

- There will be fewer delays in getting results (lab tests, x-rays).
- Your NYPH doctor can see you in the hospital after surgery.
- You will become familiar with our center (getting here, parking, getting around the hospital etc.)

Under some circumstances Pre-op testing cannot be done at NYPH/CU. In these situations, we will need your help to make sure that all of the information needed to clear you for surgery is sent to us here at NYPH/CUMC in a timely fashion.

- Whenever possible, it is best for your local doctor to talk directly with the appropriate doctor at NYPH.
 - Please remind your outside physician to fax all information to us at: (212) 305-7314
3. Contact the Pre-op Educator (212) 305-3521
 - Free Pre-Op Education is offered to help you prepare for your surgical procedure. Pre-Op education will help answer many commonly asked questions.
 4. Prepare your home for when you return from the hospital. For helpful hints, please see page 30
 5. Cigarette smoking reduces your ability to heal and therefore can affect your outcome from surgery. If you smoke, you should stop as soon as possible before surgery.



YOUR PRE-OP CHECKLIST (continued)



6. Stay in Touch
 - If your physical condition changes during the week before surgery – cold, rash, cough, fever, or upset stomach – notify your surgeon. He or she may want to reschedule your surgery.

7. Follow instructions the day before surgery
 - On the business day prior to surgery a nurse from the operating room (OR) will call you to tell you when and where to come on the day of surgery, review your pre-op instructions, and answer your questions.

 - Do not eat or drink anything after **midnight** the night before surgery unless otherwise instructed. If your internist instructs you to take any medication the morning of surgery, do so with a **small** sip of water. If you have questions about this, confirm with your internist.

 - Do not use alcohol or sedatives 24 hours before surgery.

 - If you are delayed in getting to the hospital on the day of surgery please call (212) 305-2573.

For your convenience, you may want to use the “Key Contacts” list located on the last page of this binder to keep track of names and phone numbers.

PLANNING FOR YOUR HOSPITAL STAY (continued)

WHAT TO BRING TO THE HOSPITAL

✓	ITEM
	A written list of all medications (include any you may have stopped before surgery).
	Flat athletic or walking shoes that are non-slip.
	Short, lightweight bathrobe (Short bathrobes help prevent tripping while walking) It is best to wear hospital gowns after surgery. They are less restricting and easier to get on and off. They can be changed at any time. The hospital also provides non-slip socks.
	Personal toiletries. The hospital provides basic toiletry items. If you prefer special types of soaps, deodorants, or hair products, please bring them with you.
	Eyeglasses instead of contact lenses are preferred. (They are easier to take off and less likely to get lost in the hospital).
	Dentures: we will provide a container which you must use (When you remove them, make sure to keep the container on your bedside table, not on the bed or food tray).
	If you have a Health Care Proxy, please bring it in. If you need one, please ask in the admitting office or on the hospital floor.
	Telephone numbers of people you may want to call.
	Insurance Information.
	Small amount of money for newspapers, items from gift cart, phone services, etc.
	A book, magazine or hobby item to help you relax.

PLANNING FOR YOUR HOSPITAL STAY (continued)

We suggest that you bring your own medications in case our pharmacy does not carry your specific medication. Bring all prescription medications in their original containers so they can be identified by the hospital pharmacist. The nursing staff will keep the medications for you and administer them as prescribed.

WHAT **NOT** TO BRING TO THE HOSPITAL

ITEM
Valuables
Jewelry
Large amounts of money
Electrical Appliances (Note: electric razors and battery operated appliances are the only appliances you may bring to the hospital.)
Expensive electronics (example: iPods, laptop computers)

Personal articles and clothing should be limited to those that fit into a single, **small** piece of luggage (the size of an airplane carry-on). There is **very little storage space** in your hospital room. We suggest that you pack lightly.

Cash in excess of \$20.00 should be deposited in the hospital safe when you arrive or should be sent home with your family. Although we respect your property rights, the hospital staff cannot be responsible for your personal property.

ANESTHESIA & PREPARATION FOR SURGERY

Anesthesia

General anesthesia is the type of anesthesia administered for spine surgery. After your intravenous line (IV) has been placed the anesthesiologist “puts you to sleep” using a combination of medications so you are completely unaware of surgery. This kind of anesthesia generally requires a breathing tube (intubation). Tell the anesthesiologist and nurse about any problems you may have had with medications in the past.

Your Anesthesiologist in the Operating Room (OR)

While in the operating room, you are monitored constantly by your anesthesiologist. Many things are monitored, including blood pressure, heart rate, and temperature. The use of these monitors will be discussed by your anesthesiologist.

Urinary Catheter (Urine Collection System)

A tube that goes in you bladder is placed prior to surgery once you are asleep in the OR

Blood Transfusion

During surgery every effort is made to minimize blood loss and the need for transfusion. We often use a “cell saver” machine which gives back some of the blood lost during surgery, thereby reducing the need for blood transfusion.

Nevertheless, blood transfusion may still be necessary during or after surgery, depending on your procedure and medical condition.

Many people inquire about donating blood before spine surgery. For a variety of reasons, we generally do not recommend that you or your family/friends donate blood prior to surgery.

DURING SPINE SURGERY

Here are some examples of things you might expect with spine surgery:

Positioning

- Depending on the type of surgery, you will be placed on your back, on your side, or face down. Every effort is made to put you in a safe and comfortable position. However it is common to have some temporary aches, pains or swelling after surgery from being in one position for a long time.

Antibiotics

- These medications are routinely used during and after surgery to prevent infection.

Evoked Potential Monitoring

- Specially trained technicians place small leads on your limbs and head to monitor nerve function during surgery

Possible Overnight Intubation

- After a long surgery it may be best to keep your breathing tube in place overnight for your safety. For your comfort, you will be kept sedated until shortly before the tube is removed (extubation).

AFTER YOUR SPINE SURGERY

General Information:

After surgery, you will need careful monitoring as you gradually wake up. You will most likely be moved directly from the Operating Room either to the Intensive Care Unit (ICU) or to the Recovery Room. The Recovery Room is also called the PACU (Post Anesthesia Care Unit).

In the PACU or ICU your heart (cardiac) and lung (respiratory) function will be monitored while your anesthesia wears off. The Registered Nurses in these units have advanced training in the post-operative care of patients undergoing surgery.

An anesthesiologist and your surgical team will monitor your recovery in the PACU or ICU.

You will remain in PACU or ICU until your general condition is stable. Your doctors will decide when you are ready to be transferred out of the PACU or ICU. You may be transferred either to the Step-Down Unit (SDU) or the hospital floor. The SDU provides additional monitoring as necessary.

While you are in the PACU or ICU visits from family & friends are limited.

Family members can stay overnight only if you are in a private room (not ICU / SDU).

Visiting hours: 10am-10pm

AFTER YOUR SPINE SURGERY

Once you are out of surgery, here are some things to expect:

- **Vital signs:** Your vital signs, such as blood pressure, pulse, respiratory rate and temperature, are taken frequently after surgery. Your circulation, your strength, and your sensation will also be checked regularly.
- **Surgical dressing and drainage:** You will have a dressing which covers the surgical site. You may also have drains (small plastic tubes) near the surgical site which help to remove bloody fluid from under the skin and muscle. Both the dressing and surgical drain will be removed several days after surgery.
- **Exercise:** You will be asked to exercise your legs often in order to prevent complications.
- **Venodynes:** You will have special wraps (called venodynes) placed on your lower legs after surgery. These wraps are attached to a pump that inflates and deflates them. Venodynes are to be worn during the first several days after surgery to help prevent blood clots.
- **Urine Catheter:** It is likely that you will have a catheter that collects your urine into a bag (Foley Catheter). This catheter is necessary since large amounts of fluid are given during and after surgery. The catheter is removed once you are able to get out of bed. The first void is the most difficult once the catheter is removed.
- **Constipation:** The combination of anesthesia, inactivity, and strong pain medications (narcotics) will slow down your digestive system. Therefore, you may not have a bowel movement for 5-7 days following surgery. You may be given stool softeners. We recommend that you drink lots of water, eat fruits, vegetables, and high fiber foods, and limit red meat and cheese.

AFTER YOUR SPINE SURGERY

- **Numbness/Tingling:** You may experience numbness, slightly different sensation (“pins and needles”), and even some mild weakness in your arms and/or legs after surgery. You may feel some numbness or tingling in the skin around your incision. You also may have some stiffness, particularly with movement. These symptoms often diminish with time. Most patients find them to be minor compared to the pain and limited function they experienced prior to surgery.
- **Cerebrospinal Fluid (CSF) leak:** With any spine surgery there is a possibility of a spinal fluid leak. If this occurs we usually keep you in bed for a few days until it seals.

PAIN MANAGEMENT PROGRAM

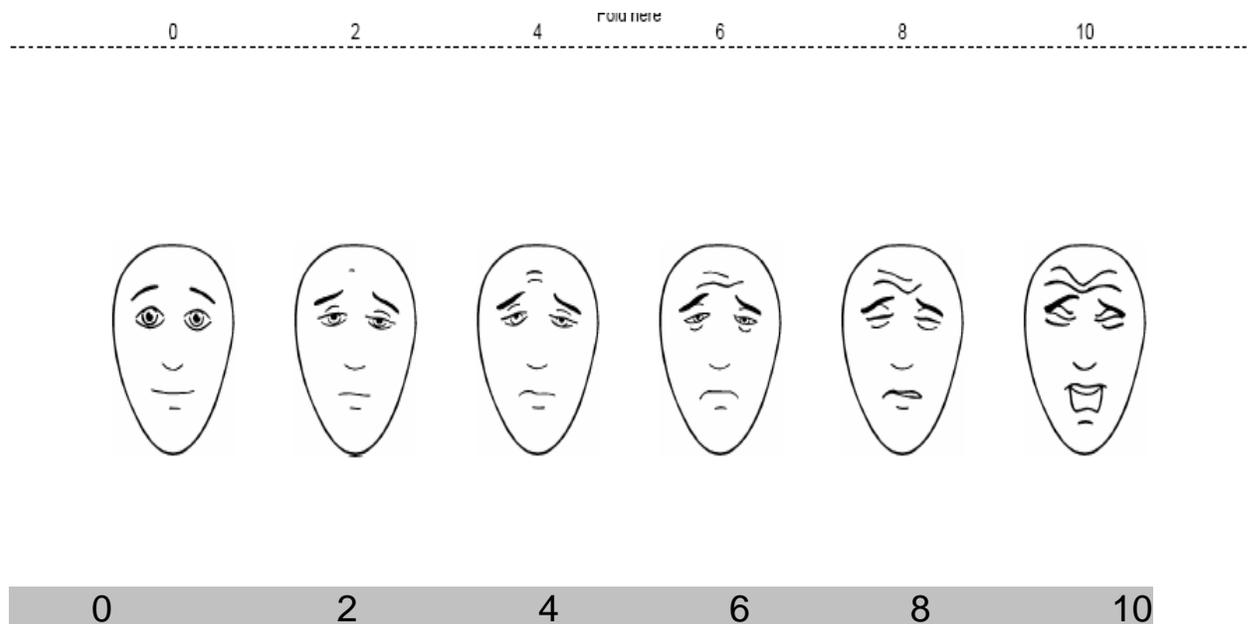
Following surgery, the anesthesiologist and surgeon will take care of your pain. A Nurse Practitioner from the Anesthesia Acute Pain Service may also visit you.

Because there are no clinical tests to measure pain, you must be ready to tell the staff what your pain feels like, where it is located, and if it changes. Sometimes pain is constant, other times it comes in bursts. Pain can be sharp, burning, tingling, or aching.

You will be asked to rate your pain by using the Pain Scale:

"These faces show how much something can hurt. This face [point to left-most face] shows no pain. The faces show more and more pain [point to each from left to right] up to this one [point to right-most face] – it shows very much pain. Point to the face that shows how much you hurt [right now]."

From Pediatric Pain Sourcebook, www.painsourcebook.ca
Version: 7 Aug 2007 CL von Baeyer



PAIN MANAGEMENT PROGRAM (continued)

We want you to be as comfortable as possible and to participate in your recovery.

Following surgery, most patients will have PCA (Patient Controlled Analgesia). When you have a PCA the pain medicine is given to you through your intravenous line (IV) which is a small catheter that goes directly into your vein. It allows you to control the amount of pain medicine you receive by pressing the button. You decide when you need medicine to be comfortable. You do not need to call the nurse in order to receive your pain medicine.

If the medicine is making you sleepy (a sign that this is enough medicine for now) then you will be too sleepy to push the dosing button. REMEMBER, in order to keep this method of pain control safe, EVERYONE must follow the rules. Only **you** as the patient, are allowed to press the dosing button! If a well-meaning family member or friend pushes the button, especially when you are sleeping, the built in safety precautions are bypassed, and you may receive a dose of medication that is unsafe!

If you feel that you are not getting enough pain relief, tell your nurse.

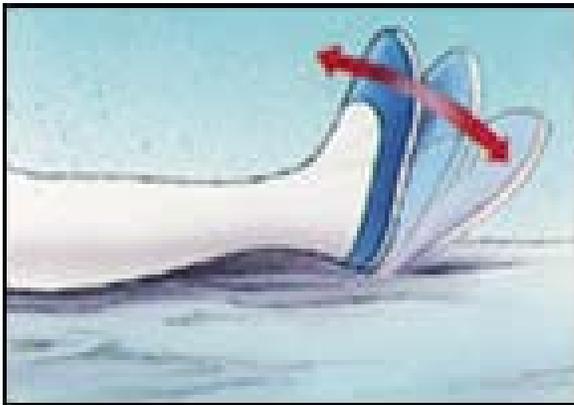
A member of the Acute Pain Service visits daily when you are receiving medication by the PCA pump, even if your pain is under control.

Within a few days after surgery, you will be switched to oral pain medication (pills) and you will be ready to ease into more activities.

PREVENTING CIRCULATION PROBLEMS

Soon after surgery, you will be asked to perform gentle exercises. These exercises, such as ankle pumps, quad sets and gluteal sets, will help prevent circulation problems. They will also strengthen your muscles.

To improve your circulation, YOU will need to do each of these exercises 10 times each, every hour while awake.



Ankle Pumps & Circles

Move your foot up and down and in circles rhythmically by contracting the calf and shin muscles.

Perform this exercise periodically for two to three minutes, two or three times an hour starting in the recovery room.

PREVENTING CIRCULATION PROBLEMS (continued)

Quad Sets

The quadriceps muscle is in your thigh and helps to straighten your knee
Tighten your thigh muscle.

Try to straighten your knee.

Hold for 6 seconds.

Repeat this exercise approximately 10 times during a two minute period, rest for one minute, and repeat.

Gluteal Set

Your gluteal muscles are in your buttocks and help move your hips

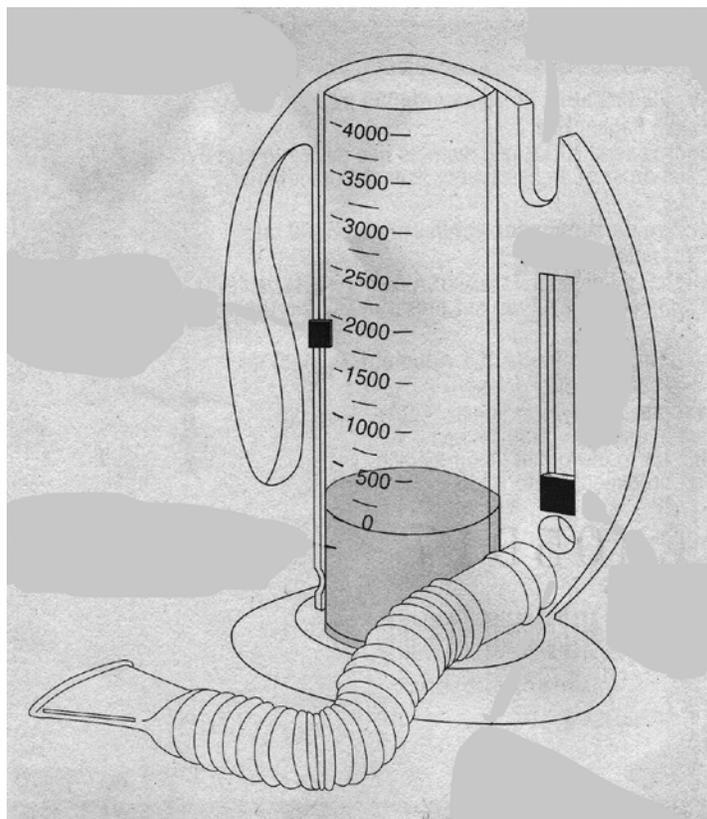
Pinch your buttocks together.

Hold for the count of 6, then relax.

PREVENTING LUNG PROBLEMS

Normally you clear your lungs by taking deep breaths. However, when you have pain or drowsiness after surgery your normal breathing pattern can change. You may no longer be able to clear your lungs properly. Therefore, you will be given an inspiriometer by the nursing staff who will show you how to use it (see picture below).

This inspiriometer is a simple device that will help you to take deep breaths. Deep breaths expand the small air sacs in your lungs and to clear out any mucous from your respiratory system. This will help prevent fever and pneumonia. We recommend that you use your inspiriometer 10 times an hour for the first several days after surgery.



Inspiriometer

PREVENTING LUNG PROBLEMS (continued)

Coughing: Another excellent way to help clear your lungs

Coughing is one of your body's ways to clear your lungs at any time...not just after surgery.

1. Breathe in deeply through your nose.
2. Hold your breath and count to 5.
3. Breathe out slowly through your mouth
4. On the 5th deep breath, cough from your abdomen as you breathe out.
5. Make a habit of doing this 2-3 times hourly.

REHABILITATION FROM SPINE SURGERY

You need time to heal

- After surgery:
 - your skin must heal to prevent infection
 - your muscles must heal to regain strength.
 - your bone must heal to restore structural stability (if you had a fusion).

Each of these healing processes takes place over different periods of time.

- Since there are many different kinds of spine surgery, please discuss your anticipated recovery timeline with your surgeon.

Your daily therapy sessions

Physical Therapy (PT) and Occupational Therapy (OT) are often necessary parts of your recovery.

- A physical therapist helps with strengthening, range-of motion, walking, balance, and endurance.
- An occupational therapist helps you regain independence with your activities of daily living (ADL) which include dressing, bathing, and using the toilet. Your occupational therapist may order you Adaptive Equipment or Devices to help you become more independent.

Your therapists will instruct you in your exercise program, which is directed toward improving your functional mobility.

The therapists will also go over precautions you must observe during the healing phase.

Initially, the therapists will assist you in sitting up at the edge of the bed (dangling your feet).

Next, the therapist will help you stand, possibly with the use of a walker or a cane.

As the days progress after surgery, you will increase the frequency and distance of walking. You may also practice stair climbing prior to discharge.

- For the first few days after surgery, most patients benefit from taking pain medication 30-45 minutes prior to their therapy session. You should discuss this with your nurse and/or therapist.

REHABILITATION (continued)

Planning for recovery and living at home

- After surgery we recommend arranging to have a family member or close friend assist you with the routines of daily living: cooking, shopping, cleaning, laundry etc. Their assistance is needed most during the first several weeks following surgery. You will not be allowed to do these activities until cleared by your surgeon.
- If help from your family/friends is not enough, you may qualify for Certified Home Care services. If your doctor prescribes physical therapy and/or skilled nursing care at home after discharge and if your insurance covers these services, you may qualify for some personal care assistance. If available, this assistance is time-limited.
- Before your surgery, check with your doctor to see if you will have any special medical needs after your discharge from the hospital.

REHABILITATION (continued)

Remember, you make the difference. It is extremely important that you understand that **your** motivation and **your** participation in **your** therapy program are vital for **your** recovery.

Your active participation in your own care **will speed** your rehabilitation. You can help by:

- Being aware that pain in the surgical area is to be expected. You may have some pain with increase in activity. Medications should help decrease your discomfort. With time your pain should decrease – therefore, be as active as possible.
- Eating is an important part of getting well. Our nutrition team is here to assist you with any special needs. Please feed yourself-it is part of your therapy, as is bathing, and brushing your teeth.
- “Get up and Go”, as requested. Please sit at the edge of the bed, transfer to a chair, walk when asked, and exercise as directed. These activities, eventually done several times a day, are helpful in your recovery.
- Inform your doctors and nurses about any problems or questions you have.

DISCHARGE INSTRUCTIONS

○ Prescriptions

- Just before discharge, your doctor or nurse will give you medication prescriptions for you to fill at your own pharmacy.
- **If any of your personal medications are with the nurses or stored at the hospital, make sure you get them back at this time.**
- **Please Note:** Following fusion surgery, avoid NSAIDs (non-steroidal-anti-inflammatory-drugs) for 1 year as they may interfere with bone healing. These include Aspirin, Advil, Motrin, Ibuprofen, Aleve etc.

○ Activity

- Walk around inside and outside
- Go up/down stairs, but don't overdo it
- Walker or cane usually not needed
- No vacuuming, lifting laundry baskets or heavy items
- Avoid **B**ending, **L**ifting, and **T**wisting ("BLT")
- Driving (*for spinal fusion patients*) - Avoid going in the car (either as passenger or as a driver) at least until first follow-up visit at 6 weeks.

For other types of spine surgeries, please check with your surgeon to find out when you are cleared to drive.

You may find that you tire easily – this is normal and part of the healing process.

DISCHARGE INSTRUCTIONS continued

○ **Physical Therapy**

- Early –already started in the hospital (getting out of bed, walking, getting to bathroom, etc)
- Later – usually starts at 2 weeks for non-fusion patients but at 3 months for fusion patients (building strength and endurance)

○ **Surgical site care**

In general, wound care after spine surgery is very simple.

- ✓ Clean your hands before and after caring for your surgical site.
- ✓ Please keep the surgical incision dry at all times.
- ✓ DO NOT wear tight fitting clothes over the incision.
- ✓ To avoid friction on the surgical area, you may tape a dry sterile gauze over the incision.

Do not shower until 5 days following surgery. You may not take a bath until cleared by your surgeon (usually at least one month following surgery).

- Remove all dressings prior to taking shower
- Put a chair or stool in the shower so you can sit down if you get tired or have pain
- The wound can get slightly wet, but avoid soap or direct spray from the shower
- When finished, gently blot the wound dry with a sterile gauze, then place a new dry sterile gauze over the wound (with two pieces of tape) so there is no chafing/irritation from your clothing.

DISCHARGE INSTRUCTIONS continued

To prevent infection, don't put any creams or lotions on the wound for at least 3 months.

Although infections rarely happen after surgery they can be serious. Check the surgical site daily for the following signs of wound infection:

- a. Increased redness
- b. Increased swelling
- c. Increased pain
- d. Excessive drainage
- e. Oral temperature greater than 101.5 F

If any of the above symptoms occur, notify your surgeon immediately.

○ **Pain Management**

1. Take your pain medications as prescribed by your doctor. Remember to take them before the pain becomes too severe.
2. In the event that the pain medication does not work, or you are experiencing unpleasant side effects, do not hesitate to call your prescribing doctor.
3. If you are taking medication, AVOID alcoholic beverages.

DISCHARGE INSTRUCTIONS (continued)

Protection against infection: Antibiotic Prophylaxis

An infection involving the spine following surgery can be very serious. Since an infection can come from any source, you must protect yourself if you undergo any procedure that could increase this risk. For example, a simple dental cleaning allows bacteria to enter your bloodstream and to possibly reach your spine.

As a general precaution - Be sure to remind your doctor and dentist that you have had spinal surgery so that they may prescribe appropriate antibiotics prior to any procedure.

To prevent infection you should take an antibiotic one hour before having any of the following procedures:

- All dental care (including routine cleanings)
- Skin Biopsy
- Podiatry procedures which involve cutting into the skin
- Cystoscopy
- Colonoscopy/Endoscopy
- Dermatologic procedures which involve cutting into the skin

These precautions should be followed for **one year**.

DISCHARGE INSTRUCTIONS (continued)

Follow-Up Appointment Schedule (depending on procedure & physician)

Good post-operative care is an essential part of your surgery. This is done through regularly scheduled visits with your surgeon.

- Follow-up appointments allow you to ask questions and discuss any concerns.
- Follow-up appointments allow your surgeon to examine you and check your incision, take x-rays, and order any necessary tests or medications. Here is a typical schedule for follow-up appointments:
 - 6 weeks
 - 12 weeks (3 months)
 - 6 months
 - 1 year
 - 2 years
 - After 2 years-check with your surgeon

Remember, always feel free to call at anytime with any questions!!

Additional specific discharge instructions

Discharge to home/rehabilitation facility – anticipated discharge time 10 AM

- For those of you who are going home, please arrange for your ride to pick up you up at 10AM

Your surgeon may have additional instructions for you to follow upon discharge. You can record them here as a reminder. This is also a good place to make notes about any questions you may have.

HOME RECOVERY & HELPFUL HINTS

Recovery At Home

During the first few weeks at home, you will adapt what you learned at the hospital to your own setting. The following tips may be helpful:

1. Use a firm chair with armrests – it is easier to get up and down from a firm seating surface with armrests.
2. Follow these general safety measures:
 - Be sure all walking areas are free of clutter.
 - Remove throw rugs.
 - Watch for pets and small children.
3. Store items within easy reach, not in high or low cabinets.
4. Prepare meals ahead of time and store in freezer. (Helpful hint: go grocery shopping before surgery and have your favorite home delivery numbers handy).

HOME RECOVERY & HELPFUL HINTS (continued)

Your Daily Activities

During your recovery from spine surgery, it is normal for some symptoms to remain, for some to disappear, and for others to improve over time. It is also normal to be tired after surgery; this fatigue gradually decreases as you recover and as you increase your daily activities.

Walking

- Walk every day to increase your strength and endurance
- Wear good walking shoes (preferably non-slip)
- Walk on even, level surfaces

Stairs

- Stairways should be well lit
- You should hold onto the railing
- Wear shoes to prevent falling
- After spinal fusion surgery, frequent stair use may be limited at first. Arrange things so that you do not have to climb stairs very often

Avoid Bending, Lifting and Twisting!

- Follow the movement precautions you learned from your nurse and therapist while in the hospital. Your surgeon will tell you when and if you can move beyond these limitations.

Exercises

- Check with your doctor before starting any exercise routine
- **Some discomfort after exercise is normal**, especially during your first few weeks at home

HOME RECOVERY & HELPFUL HINTS (continued)

Remember, you make the difference!

Your active participation is a major part in your recovery.

Although you may want immediate results, the healing process cannot be rushed. Please remember to allow time for your recovery from the conditions that existed before surgery and from the surgery itself. Please give yourself time to get better.

The following websites may help you to further understand your condition:

WEBSITES:

- SRS.org (Scoliosis Research Society)
- AAOS.org or AAOS.com (American Academy of Orthopaedic Surgeons)
- spine.org (North American Spine Society)
- scoliosis-assoc.org (Scoliosis Association)

OTHER HOSPITAL SERVICES

Social Work: Social workers at New York-Presbyterian Hospital provide services to patients of all ages – from children to adults – who are admitted to our Hospital or who are seen on an out-patient basis. As part of your health care team, the professional social work staff helps patients and families understand and cope with medical, psychological, and social issues related to their illness. Our social workers offer many services to help patients during their treatment. These include:

- Counseling
- Patient Advocacy
- Discharge planning

Pastoral Care: The Pastoral Care Department has trained pastoral care providers: ecumenical chaplains, ordained ministers, priests, rabbis, Eucharistic ministers, who are available to you and your family upon request. Services are televised on channel 6 in patient rooms. Additional holiday and special services are held throughout the year.

CONTACT NUMBERS:

Pastoral Care 212.305.5817 or ext. 55817

The Pastoral Care Office is open Monday through Friday, 8:30AM – 5PM in the Presbyterian Hospital building, next to the Security Department & Garden Café.

The PAULINE A HARTFORD MEMORIAL CHAPEL is adjacent to the office in separate building is always available for meditation.

KEY PEOPLE TO KNOW		
CONTACT	NAME	EXTENSION
SPINE SURGEON		
PHYSICIAN		
PHYSICIAN		
SURGICAL SCHEDULING		
PRE-OP EDUCATOR		
NURSE MANAGER		
NURSE PRACTITIONER		
RESIDENTS		
SOCIAL WORKER		
CASE MANAGER		
PHARMACY		
PT/OT/REHAB		

This information is brief and general. It should not be the only source of your information on this health care topic. It is not to be used or relied on for diagnosis or treatment. It does not take the place of instructions from your doctor. Talk to your health care providers before making a health care decision.

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