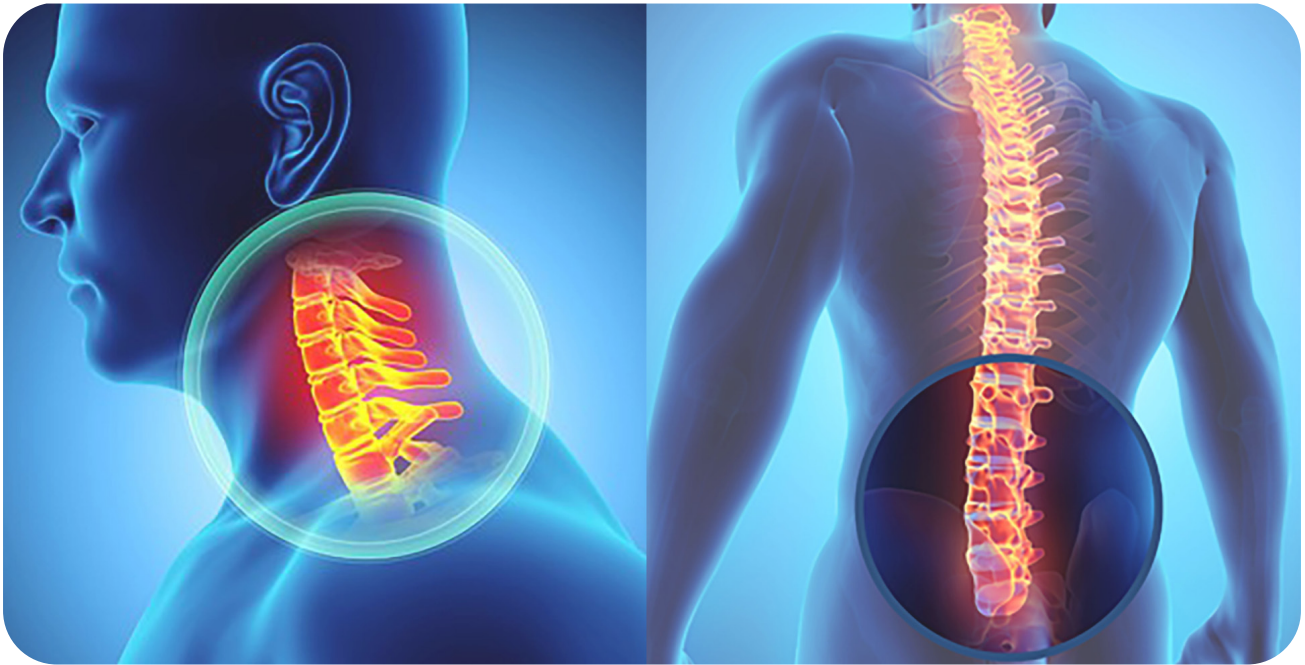

A GUIDE TO YOUR SPINE SURGERY EXPERIENCE



This guide will help prepare you for your upcoming spine surgery at UnaSource Surgery Center. Being informed and prepared will be a large factor in your surgery's success.

Please review this booklet, share it with the friends and family members who will be assisting you during recovery, and bring it with you to all events related to your surgery.

UnaSource
Surgery Center

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Spine surgery is a general term for a variety of surgical procedures performed to treat acute and chronic spine disorders. Disorders of the spinal column can originate from an acute or traumatic injury or may be chronic due to degenerative changes from wear and tear of the bone, joints, and cartilage over time. Outpatient spine surgery centers treat degenerative conditions such as herniated discs, degenerative disc disease, and spinal stenosis. Surgeries commonly performed in the outpatient setting include: kyphoplasty, cervical and lumbar laminectomy, discectomy, disc replacement and fusion. Traditionally, spine surgery has been an inpatient surgical procedure. With the introduction of minimally invasive techniques, modern pain relief protocols, and improved anesthetic techniques, surgeons can safely perform spine surgery on an outpatient basis.

OUTPATIENT SPINE SURGERY IS THE SAME AS TRADITIONAL SPINE SURGERY BUT THE PATIENT CAN GO HOME ON THE SAME DAY OF SURGERY. THIS ALLOWS PATIENTS TO RECOVER IN THE COMFORT OF THEIR OWN HOME INSTEAD OF OVERNIGHT IN A HOSPITAL.



Surgical intervention is considered when conservative, non-surgical methods such as rest, application of heat or ice, over-the-counter analgesics, physical therapy/exercise programs, and epidural injections are not successful in reducing pain and improving mobility.

Indications for surgery include but are not limited to:

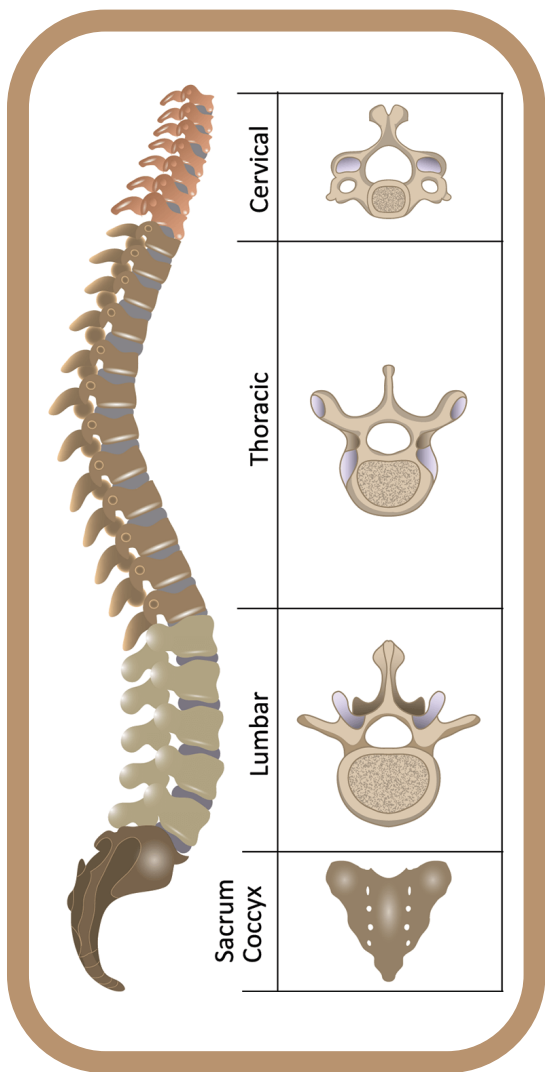
- Nerve compression and/or pain from disc herniations or bone spurs which causes numbness, pain, and motor weakness
- Degenerative disc disease resulting in non-manageable back pain.
- Spinal cord compression causing motor deficits, and possibly, bowel/bladder dysfunction.

Advantages of outpatient spine surgery may include:

- Rapid recovery
- Decreased hospital stay
- Improved pain management protocols
- Early mobilization
- Fewer complications
- Improved outcomes
- Increased patient satisfaction



Spine Surgeries Done at UnaSource:



Anterior Cervical Discectomy and Fusion (ACDF)

<https://www.spine-health.com/video/anterior-cervical-discectomy-and-fusion-acdf-video>

Anterior cervical discectomy and fusion (ACDF) is performed to relieve nerve and spinal cord compression resulting from degenerative or herniated disks in the neck. During the procedure, one or more dysfunctional discs are removed, and then two or more vertebrae are stabilized and fused together using spinal instrumentation. Before surgery is recommended, several tests are performed to determine the exact cause and severity of the neck or arm pain. Tests may include x-rays, MRI scans, CT scans, EMG tests or myelograms.

Laminectomy

<https://www.spine-health.com/video/lumbar-laminectomy-surgery-video>

Cervical/Lumbar laminectomy is a surgical procedure that creates space by removing the lamina, the back part of a vertebra that covers your spinal canal. Also known as decompression surgery, laminectomy enlarges your spinal canal to relieve pressure on the spinal cord or surrounding nerves.

Discectomy

<https://www.spine-health.com/video/lumbar-microdiscectomy-surgery-video>

Lumbar discectomy is the surgical removal of a portion of or the entire intervertebral disc. A herniated disc (also called a slipped, ruptured or bulging disc) occurs when the nucleus, the soft, gel-like material inside the disc, pushes out through a crack in the disc's tougher exterior. A discectomy is performed to relieve the pressure a herniated disc places on a spinal nerve.

Spinal Fusion

<https://www.spine-health.com>

Spinal fusion permanently immobilizes two or more adjacent vertebrae using spinal instrumentation. A bone graft or a bone like material is placed within the space between two spinal vertebrae. Metal plates, screws and rods may be used to stabilize the vertebrae until the bone grows and fuses the vertebrae together.

Kyphoplasty/Vertebroplasty

Kyphoplasty is a surgical procedure to treat vertebral compression fractures primarily caused by osteoporosis. A needle is inserted through your skin into your vertebra under x-ray guidance. A balloon is inflated to create space where bone cement is injected to stabilize the vertebrae.

SPINE SURGERY RISKS

As with any major surgery, there are a number of potential complications related to spine surgery. The general risks of spine surgery include: heart attack, stroke, infection, pneumonia, bleeding, blood clot, urinary dysfunction, and nerve or blood vessel damage. This list is not all-inclusive.

Infection

To reduce the risk of a surgical site infection, your nose will be swabbed with betadine swabs. You will also shower with Chlorhexidine Gluconate 4% (CHG) skin cleanser for 2 days before surgery and on the morning of your surgery to reduce the bacteria on your skin (see page 11). On the day of surgery at UnaSource Surgery Center you will receive an antibiotic.

To reduce the risk of a surgical site infection:

- ★ Practice good hygiene during your recovery
- ★ Wash your hands
- ★ Wear clean clothes
- ★ Use clean linens and bedding
- ★ Avoid touching the bandage on your wound

Pneumonia

To reduce the risk of pneumonia:

- ★ Stop smoking now. Smoking increases your anesthesia risks, increases your risk of pneumonia after surgery, and slows tissue repair at the site of your surgery.
- ★ Deep breathe. After your surgery during your recovery, take at least 10 deep focused breaths every hour while you are awake. Try to do this as long as you are taking pain medication.
- ★ Avoid others who are sick, especially those with a cough.

Bleeding

To reduce the risk of bleeding:

- ★ Stop taking anti-inflammatory medications 7 days prior to surgery, or as directed by your surgeon. Examples of these medications are: Motrin, Aleve, Mobic, Naprosyn, aspirin, etc.
- ★ If you are on blood thinners such as Coumadin (warfarin), Plavix, Xarelto, Eliquis, Lovenox or aspirin – you may need to stop taking these medications prior to surgery. Talk to your surgeon and prescribing provider to determine what is best for you.

Blood Clot

Blood clots commonly form in the legs. A blood clot that lodges in the veins of the leg is called a deep vein thrombosis (DVT). To reduce your risk of a DVT, your surgeon will prescribe a blood thinner such as aspirin for you to take after your surgery. You will also be prescribed a sequential compression device (SCD) and wraps to wear on both legs; the SCD will be worn for 2 weeks during times when you are resting at home. UnaSource Surgery Center will give you the SCD on your day of surgery.



To reduce the risk of a blood clot:

- ★ Get up and walk; moving around keeps your blood circulating.
- ★ Perform ankle pumps and rotate your ankles clockwise and counter-clockwise every hour while at rest.
- ★ Contract your thigh muscles every hour you are awake.
- ★ Stay well hydrated.

Urinary or Bladder Issues

After surgery it can be difficult to urinate and your stream may be weak. You will be required to urinate prior to discharge. Turning on a faucet may help bring on the urge to urinate. Notify your surgeon if you are not able to urinate within 6 hours after you are discharged from the center.

Nerve Damage

All patients will notice numbness in the skin around the incision site. The area of numbness usually decreases in size over time.

COMPLICATIONS RELATED TO SPINE SURGERY

▶ Dural tear/cerebral spinal fluid leak

A dural tear occurs when the thin, protective covering over the spinal cord is torn or punctured. A dural tear identified during surgery can be repaired immediately. On rare occasions, the dural tear is not identified during the procedure and causes spinal fluid to leak from the spinal canal resulting in a spinal headache after surgery. While most dural tears heal without incident, it is important to notify your surgeon if you experience a persistent or worsening headache following your procedure.

▶ Injury to blood vessels or nerves within and surrounding the spine

▶ Recurrent disk herniation

▶ Persistent pain

▶ Spinal cord injury



PREPARING FOR OUTPATIENT SPINE SURGERY

UnaSource Surgery Center Spine Surgery Experience Timeline*

*your individual experience may vary

2-4 Weeks Before Surgery	Watch the Spine Surgery Education video on https://www.unasourcesurgery.com/spine-surgery/
	Stop taking certain medications as instructed.
	UnaSource Surgery Center Patient Registration may call to verify your demographic and insurance information.
	Look for an email from our RN ortho coordinator with steps to take before surgery.
2 Days Before Surgery	Start showering with Chlorhexidine Gluconate.
1 Day Before Surgery	Shower with Chlorhexidine Gluconate.
	UnaSource Surgery Center will call between 3-5pm with your surgery arrival time.
	Wash bedding and towels.
	Do not eat after midnight.
3 Hours Prior to Arrival	Drink a carbohydrate-rich drink 3 hours prior to arrival, such as 100% no sugar added white grape juice, or Ensure Pre-Surgery Clear. (Instructions do not apply to insulin dependent diabetics)
Day of Surgery	Shower with Chlorhexidine Gluconate at home prior to surgery.
	Replace bedding with fresh linens prior to surgery.
	Take the medications you have been instructed to take with only a sip of water.
1 Day After Surgery	A UnaSource Surgery Center ortho coordinator will call to follow up.
	Call your surgeon's office to schedule follow-up appointment.
2 Days After Surgery	A UnaSource Surgery Center ortho coordinator will call to follow up.
7 Days After Surgery	A UnaSource Surgery Center ortho coordinator will call to follow up.
30/60/90 Days After Surgery	You'll receive a follow-up email from UnaSource.



EAT WELL

It is important to eat healthy foods before surgery. Tell your doctor if you have trouble eating or if you have not been very hungry. Also tell your doctor if you have lost weight without trying or cannot eat at all. Your doctor may want you to see a dietitian, who can help you work out an eating plan. A lab test called an "albumin" level may be ordered to see if you are at extra risk for problems after your surgery because of your nutrition or for other reasons.

BLOOD SUGAR CONTROL

If you have diabetes, you know how important good blood sugar control is. Your doctor needs to know what your recent blood sugar test results have been. On the day of your surgery, your doctor should check your blood sugar before your operation.

Having surgery puts stress on your body, and stress can affect your blood sugar level. Blood sugar that is too high or too low can cause serious problems. Keeping blood sugar in control before, during, and after surgery will reduce your risk of infection in your incision and will help you heal better.

Even if you haven't been told you have diabetes, your doctor may want to check your blood sugar. Many people have high blood sugar and don't know it.

QUIT SMOKING

Smoking increases the risk for many problems after surgery. It can:

- Make it hard for you to breathe
- Make an infection in your wound (incision) more likely
- Increase your chance of having a heart attack

Ask your doctor about how to quit smoking. Quitting will not only reduce these risks but also improve your overall health and even add years to your life.

MEDICINES

Your doctor needs to know what medicines, over-the-counter drugs and supplements, and herbal remedies you are taking. Some of these can increase your risk of bleeding. Your doctor will tell you which ones to stop taking and when to stop them before surgery.

Some medicines should not be stopped. If you are taking one of these, your doctor will make sure the hospital staff knows so that you get the right medicines before and after surgery.

Nutrition before Surgery

Your doctor wants you to recover well from your upcoming surgery. Good nutrition will help get your body ready for surgery, heal better after surgery, and fight infection, too. Eating enough calories, protein, vitamins, and minerals will all help speed your recovery. Here are some tips to get your body in good nutritional shape before surgery:

Eating to Heal

- Eat foods that will help your body heal. Good choices are **protein-rich** foods, **whole grains**, **fruits**, **vegetables**, and **dairy** products.
- Eat at least **three times a day**. Don't skip meals.
- Include protein-rich foods with each meal. Some healthy choices are lean meat, fish, poultry, beans, eggs, cheese, nuts, tofu, milk, cottage cheese, yogurt, and protein drinks.
- Drink at least **6 to 8 eight-ounce cups** of fluid each day to stay well hydrated.
- Add a **daily protein drink** if you cannot eat enough food.

What Else Can I Do to Prepare for Surgery?

Your doctor may ask you to meet with a registered dietitian. If you need to improve your nutrition, gain weight, lose weight, or control blood sugar levels before surgery, a registered dietitian will work with you to create a nutrition plan to help you meet your goals.

Registered dietitian contact information: _____

Supplements

Infection is possible after any surgery. Your doctor may suggest a special supplement drink that can help fight infection and decrease complications by nearly half. These drinks are called **immune modulating** supplements. Talk with your doctor about whether this kind of supplement is right for you.

You can find out more about immune modulating supplements and how to make your surgery safer at facs.org/strongforsurgery.

Quit Smoking

Before Your Operation

SURGICAL PATIENT
EDUCATION PROGRAM
Prepare for the Best Recovery

Did you know that before surgery is the best time to quit smoking?

- ✓ You will decrease your risk of complications.
- ✓ Hospitals are a smoke-free environment, so you won't be tempted.
- ✓ The quit rate is much higher when you quit before your operation.

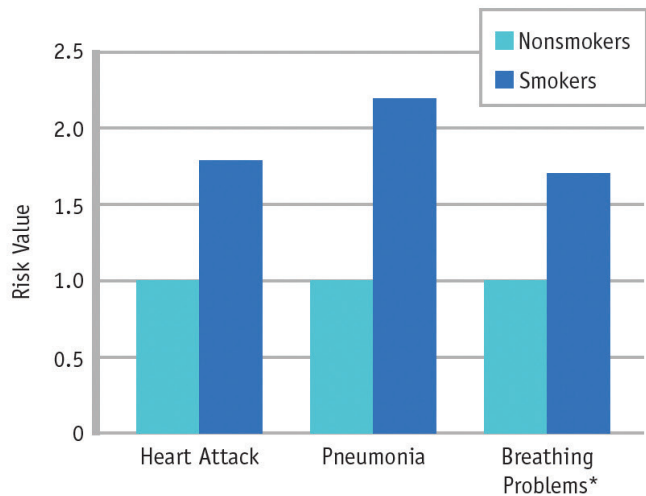
Do your part and quit now! *Your surgical team is here to help.*

Smoking Increases Your Risk of Heart and Breathing Problems¹

Smoking increases the mucus in the airways and decreases your ability to fight infection. It also increases the risk of pneumonia and other breathing problems. Airway function improves if you quit 8 weeks before your procedure.

The nicotine from cigarettes can increase your blood pressure, heart rate, and risk of arrhythmias (irregular heart beat). The carbon monoxide in cigarettes decreases the amount of oxygen in your blood. Quitting at least 1 day before your operation can reduce your blood pressure and irregular heart beats.

Smokers have an increased risk of blood clots and almost twice the risk of a heart attack as nonsmokers.



*Breathing problems such as coughing, wheezing, and low oxygen levels are increased in smokers.

A smoker is **2.2 times more likely to get pneumonia** than a nonsmoker. So if a nonsmoker has a 10 percent risk, a smoker has a 22 percent risk.



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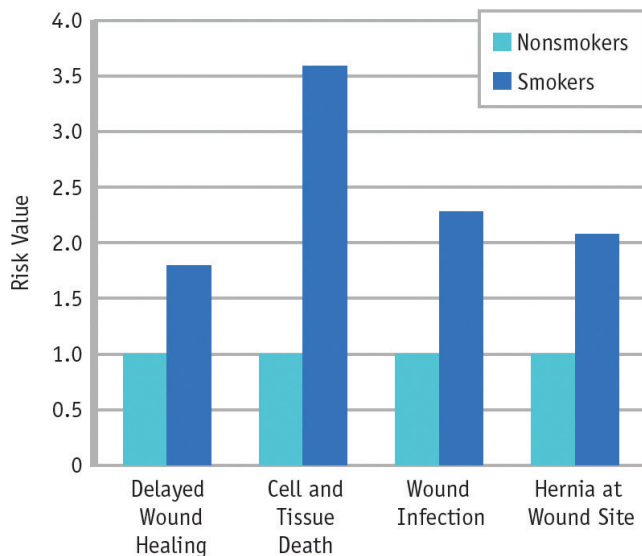
100+years

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Quit Smoking

Before Your Operation

Smoking Increases Your Risk of Wound Complications²



Oxygen is needed for your tissues to heal. Smoking can decrease the amount of blood, oxygen, and nutrients that go to your surgical site. **A smoker has almost 4 times the risk of tissue damage at the surgical site.**³

Smoking interferes with all phases of wound healing. It also decreases the ability of the cells to kill bacteria and fight infection. Having a wound infection increases the average length of stay by 2 to 4 days. Quitting 4 weeks before a surgical procedure reduces postoperative complications by 20 to 30 percent.

Studies identify that patients who smoke have:

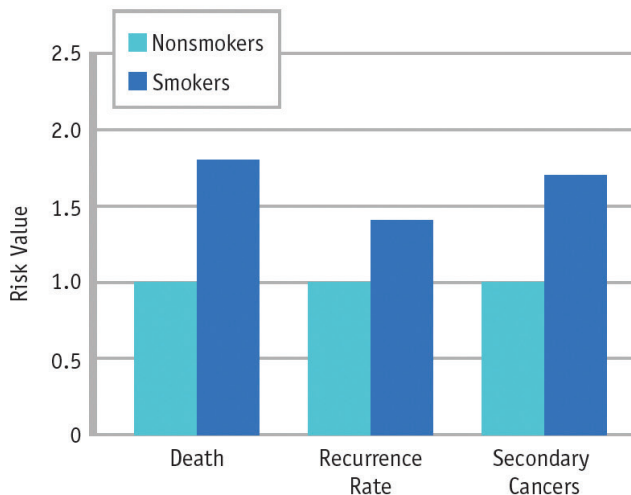
- Increased wound infection and splitting open of the wound in patients having general surgery or hip and knee replacements.
- Increased sternal (chest bone) wound infection after coronary bypass surgery.
- Increased wound necrosis (tissue death) after mastectomy and breast reconstruction.
- Increased incisional and recurrent inguinal hernias.
- Lack of bone healing after orthopaedic surgery.
- Delayed healing and tissue death in plastic surgery.
- Greater pain intensity and higher amounts of narcotics needed for pain control.

Smoking Cessation at the Time of Surgery May Be the Best Time to Quit

- Smoking cessation counseling before a surgical procedure increases the quit rate.
- Multiple approaches (counseling plus medication) work best to help you stay quit for life.
- You will most likely be receiving pain medication after surgery, which will decrease your withdrawal effects.



Smoking Increases Your Risk of Cancer Recurrence⁴



In cancer survivors, **continued smoking increases the risk of death** from cancer and other diseases. It also increases your risk of developing another cancer.

Secondhand smoke causes lung cancer in both children and adults who don't smoke.⁴

Medical Clearance

Your surgeon may require a medical or cardiac evaluation prior to surgery. You should see your primary care doctor and/or cardiologist if this is required. The results of the medical evaluations need to be sent to your surgeon's office.

Dental Work

If you have not seen a dentist in the past 6 months, make an appointment as soon as possible for a dental exam. You should not have any major dental work or a cleaning in the month prior to your spine surgery or for 3 months after your surgery.

Medications

Stop taking the following medications 14 days prior to surgery, or as directed:

- Anti-inflammatory (Motrin, Aleve, Mobic, Naprosyn, aspirin, etc)
- Vitamins and Supplements (fish oil, calcium, glucosamine)
- Rheumatologic (Enbrel, Remicade, Methotrexate)

Medications to take before surgery	Medications to stop taking before surgery

If you are on blood thinners such as Coumadin (Warfarin), Plavix, Xarelto, Eliquis, Lovenox or aspirin – you may need to stop taking these medications prior to surgery. Continue taking pain medication and narcotics, as well as blood pressure, diabetic, and heart medications.

Betadine Swab

Your nose will be swabbed with a betadine swab the day of surgery to eliminate any Staphylococcus Aureus bacteria that may be present. Thirty-five percent of the population carry this bacteria in their nose, which can transfer to your skin. Studies have shown that eliminating this bacteria from your nose prior to surgery reduces the risk of a surgical site infection.

Chlorhexidine Gluconate 4% (CHG) Skin Cleanser

Showering with this soap has been shown to decrease the bacteria level on your skin which may reduce your risk of a surgical site infection. Plan to purchase the CHG skin cleanser and shower with it the 2 days prior to your surgery and on the morning of your surgery before you leave your home for the Center.

Preparing for Recovery at Home

You must have a support person who will accompany you to UnaSource Surgery Center on the day of your surgery and stay with you for the first few days after surgery. It is ideal that your support person also watches our online spine surgery education video.

Make sure pathways between rooms are clear & well lit:

- Remove doormats and throw rugs
- Secure floor-level cords
- Remove clutter from the floors
- Arrange furniture so you have wide, clear paths
- Add nightlights to bedrooms, halls & bathrooms



Pets can be a trip hazard too!

Complete shopping, housekeeping and laundry prior to your surgery date:

- Put newly laundered linens on your bed the morning of your surgery and ensure you have a supply of clean bath towels – using clean linens and towels may reduce the risk of getting a surgical site infection
- Move items you will need or frequently use in the kitchen, cupboards & bathroom to waist level for easy access
- Get a shower chair
- Get a long handled bath brush or sponge
- Consider getting a raised toilet seat
- Prepare for meals and shop in advance



WHAT TO EXPECT ON YOUR DAY OF SURGERY

Day Before Surgery

UnaSource Surgery Center will call between 3-5pm the day before your surgery to notify you of your arrival time. For those having surgery on a Monday, this call will be made on the Friday prior to your surgery date. You are typically asked to arrive at UnaSource Surgery Center 1.5 hours prior to your scheduled surgery time. During this phone call, the UnaSource team member will review medication instructions, let you know when to stop eating and drinking, and answer any questions you may have.

Your Surgical Experience

On your day of surgery, the support person accompanying you to UnaSource Surgery Center must be a responsible adult. Wear loose, comfortable clothes and non-skid, sturdy shoes. Do not wear jewelry or contact lenses. Remember to bring:

- Driver's License
- Insurance Cards
- Any durable medical equipment prescribed by your surgeon (brace, walker, etc.)

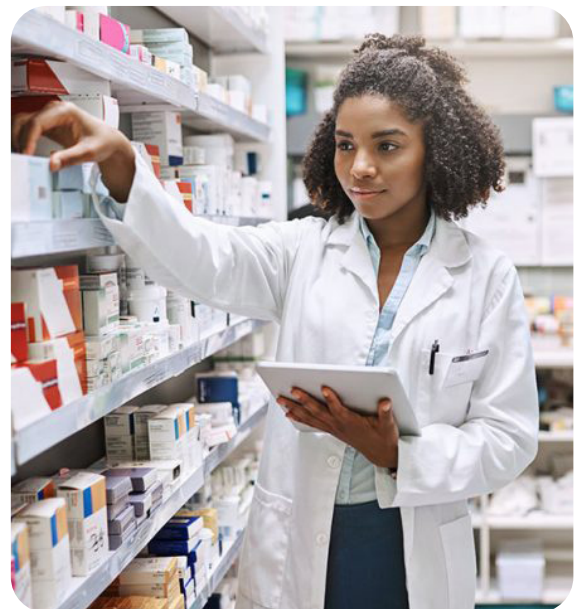
After you have registered at the Front Desk, you will be escorted to a private Patient Care room; the person accompanying you will join you after you are admitted. You will meet the anesthesiologist who will talk about the type of anesthesia that will be used during your surgery. Before surgery, the anesthesiologist may provide a peripheral nerve block to keep you comfortable after surgery.

During your surgery, the responsible adult accompanying you at UnaSource will wait in our Lobby. Refreshments, Wi-Fi, reading materials, television and comfortable seating are available for your waiting guest.

After surgery you will return to your private Patient Care room for recovery, and your surgeon will speak with the person accompanying you in our private consultation room.

Once you wake up you will be offered something to drink and a light snack.

While you are recovering, the person accompanying you may get any ordered prescriptions filled at the pharmacy located in the building adjacent to UnaSource Surgery Center (4600 Investment Drive). Any other pharmacy may not have all of your prescribed medications available.



Your Team of Professionals

Surgeon
Physician Assistant
Anesthesiologist
CRNA (Nurse Anesthetist)
Pre-Operative Nurse

Operating Room Nurse
Surgical Technologist
Recovery Nurse
Clinical Technician/Nursing Assistant
Neuromonitoring Technician

Discharge Planning

A registered nurse will review all of your surgeon's orders and instructions with you and the person accompanying you. You will receive copies of all the orders and instructions.

Brace Usage

Your surgeon may instruct you to wear a brace following surgery. If so, depending on your specific procedure, this brace will be either a cervical brace (c-collar) or a back brace. The purpose of wearing a brace is to limit spinal movement during healing, and to reduce pain and facilitate healing of injured structures.

Be sure to follow your surgeon's orders regarding your brace, and call his or her office if you have any questions or concerns.

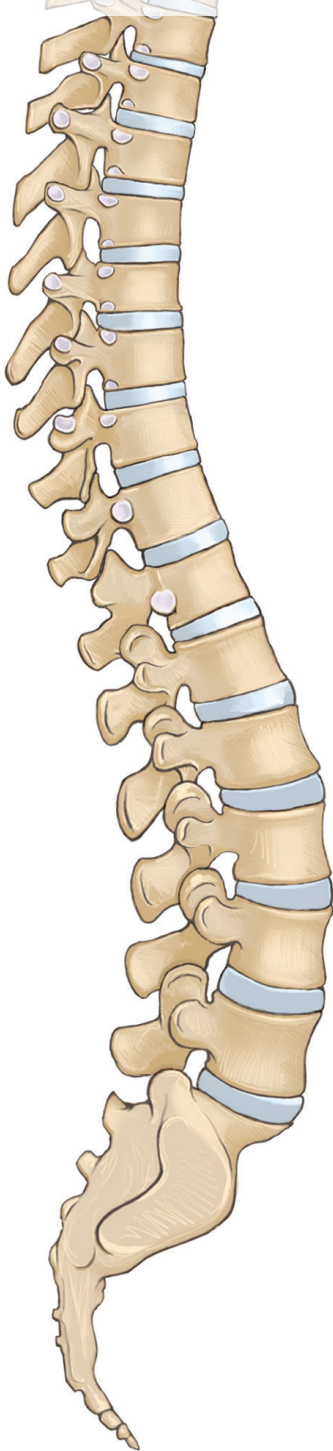
Important Brace Precautions

- If prescribed a back brace, always wear some type of form-fitting undershirt or t-shirt under it.
- Your skin will need frequent observation when your brace is first used. Be sure to look for red marks. Most times this is normal.
- Good skin care requires proper brace cleaning and frequent skin exams by you and a family member.
- **DO NOT USE CREAMS OR LOTIONS** under your brace. If dry skin occurs, call your surgeon for suggestions. You may use a humidifier, if necessary.
- A snug fit is essential for efficacy and optimal healing. If you wear your brace loosely, it will move around and possibly rub against the skin, causing skin problems. **WEAR YOUR BRACE AS TIGHTLY AS POSSIBLE WITHOUT AFFECTING YOUR BREATHING.** This is the most effective way and will cause the least irritation.
- Initially, your brace may be loosened slightly during meals, if needed. Eating smaller portions more frequently may help you.
- If you experience a skin breakdown (sore, red, raw skin), notify your surgeon.
- You may need to make an earlier appointment with your surgeon if brace or skin problems continue.

WHAT TO EXPECT DURING RECOVERY



The Michigan Spine Surgery Improvement Collaborative (MSSIC) is a statewide quality improvement collaborative involving neurosurgeons and orthopedic surgeons with the aim of improving the quality of care of spine surgery. The objective of this collaborative is to heighten patient care outcomes while consequently increasing efficiency of treatment.



The Benefits of Early Walking After Spinal Surgery

Walking soon after spinal surgery is one of the most important things that you can do to speed your recovery process and prevent complications. The numerous benefits of early walking include:

- Faster wound healing
- Improved blood flow
- Improved lung function
- Enhanced muscle tone

Early walking after spinal surgery helps prevent many surgical complications, including:

- Infections
- Pneumonia
- Blood clots
- Urinary tract infections
- Urinary retention

Walking to Help Prevent Postoperative Urinary Retention

What is urinary retention?

Urinary retention is the inability to completely empty the bladder. Postoperative urinary retention is a common complication of surgery and anesthesia.

What can I do to help prevent urinary retention after my surgery?

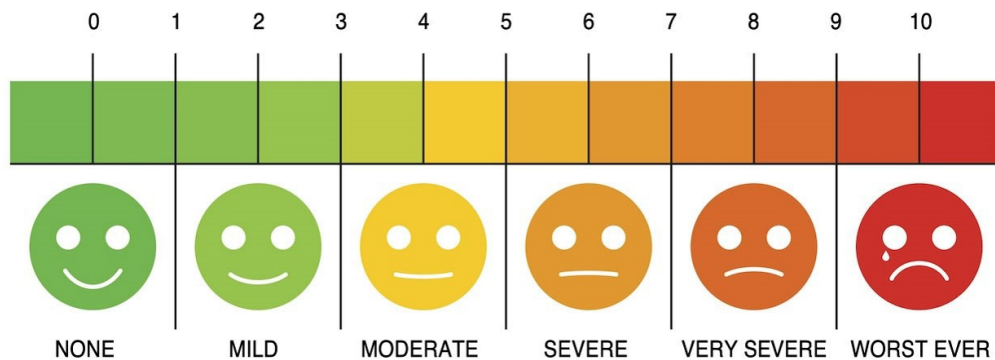
WALK! The sooner, the better! As is noted above, walking soon after surgery can help decrease your chances of urinary retention.

Please let your provider know if you have a history of urinary retention, or if you are experiencing any symptoms of urinary retention prior to your surgery. Symptoms of urinary retention may include:

- Weak dribble or stream of urine
- Difficulty starting to urinate
- Difficulty fully emptying the bladder
- Loss of small amounts of urine during the day
- Inability to feel when bladder is full
- Increased abdominal pressure
- Lack of urge to urinate
- Strained efforts to push urine out of the bladder
- Frequent urination
- Nocturia (waking up more than two times at night to urinate)

Pain Management

Most people will experience discomfort after surgery and it is normal. The pain scale below will be used to determine your pain level during your recovery at UnaSource Surgery Center and also once you are at home.



The goal of pain management is to lessen discomfort so you can rest, be mobile, and effectively participate in physical therapy. The plan to manage your postoperative pain starts before you even have surgery.

Prior to surgery you will receive a peripheral nerve block and/or pain pump that will help keep you comfortable. Additionally, you will receive a "cocktail" of medications before surgery including an anti-nausea medication, Tylenol, and an anti-inflammatory; these medications will also provide pain relief for you after surgery.

Your surgeon will prescribe several prescriptions to use at home for pain. A UnaSource team member will review those prescriptions with you. Many of our surgeons will prescribe to the pharmacy located in the next building. We will direct your support person appropriately.

At home, you should take the pain medication on a regular schedule and as prescribed so you stay ahead of the pain. It can take some time to get the pain to a tolerable level if the interval between doses is too long. Take pain medication with food to reduce the chance of becoming nauseated.

Placing ice over your surgical site and keeping your surgical site elevated may also lessen discomfort. Use an ice pack for 20-30 minutes 4-6 times per day, or as directed by your surgeon. Do not place the ice pack directly on skin.

If you have a pain pump and experience intolerable pain you may use the bolus button as directed.

Side Effects from Pain Medications

Nausea: Take pain medications with food to reduce the chance of nausea.

Constipation: Common while taking pain medications. A stool softener such as Colace will be prescribed by your surgeon to minimize constipation. A high fiber diet including prune juice, and increased activity will also help lessen constipation.

Non-Drug Pain Interventions

Cold Therapy

The application of ice post-operatively is often utilized to reduce swelling, inflammation, and muscle spasm. By limiting these physiologic effects, pain can be effectively minimized.

Repositioning

Repositioning facilitates proper body alignment, improved circulation, and muscle relaxation. Repositioning to improve comfort can assist in minimizing the perception of pain.

Ambulation

Frequent ambulation after surgery reduces the risk of blood clots, improves lung function, circulation, and overall mobility. Moving frequently for short durations maintains muscle strength and can positively impact the perception of pain.

Gentle Stretching

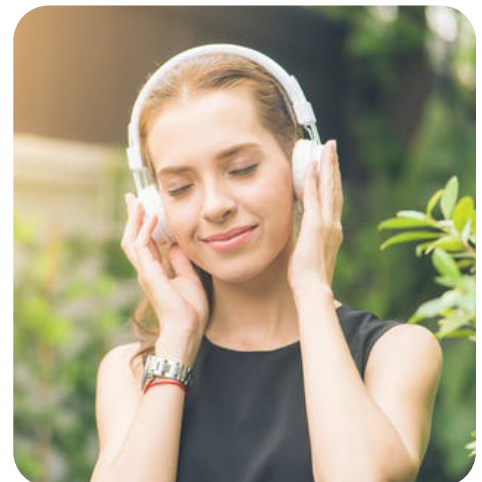
Stretching improves circulation of the blood to muscles and joints. Increased circulation brings nutrients to cells and removes waste products from the tissues of the body.

Music

Music is useful in promoting relaxation, rest, and rhythmic breathing. Music also positively impacts blood pressure, heart rate and muscle relaxation. It can function as a positive mood enhancer and may also reduce the amount of perceived pain.

Mindful Breathing

Mindful breathing can reduce pain and anxiety. This activity can be done at any time and in any place. Make sure you are in a comfortable position. Breathe in through your nose for a count of five seconds, exhale through your mouth for five seconds. Strive to complete a set of ten cycles an hour. You can also set a timer and practice mindful breathing for the duration of your choice.



Spine Surgery Precautions

⊘ Absolutely NO SMOKING
Smoking prevents bone from fusing and soft tissues from healing. It is advised to stop smoking prior to the surgery and throughout the duration of the healing process which can extend up to one year.

- ⊘ Avoid bending, lifting, and twisting (BLT)
- Cervical patients: Avoid twisting your head or neck from side to side or up and down.
 - Lumbar patients: Do not bend at the waist for any reason other than caring for yourself. You may bend to shower, use the toilet, dress yourself and put on your socks and shoes.
 - Do not twist, pull or push
 - Do not lift anything greater than 10 pounds. For reference, one gallon of milk weighs approximately 8 pounds.
 - Avoid lifting objects above the waist level and reaching above your head for prolonged periods of time.
 - Gradually increase the amount of walking you do each day. Several short walks are advised versus one long walk.



⊘ Avoid all strenuous activities, including but not limited to:

Pushing or pulling motions such as:

- Using push or riding lawn mowers and snow blowers
- Pushing grocery carts or strollers
- Pulling luggage
- Walking dogs on leashes
- Vacuuming

Activities requiring repetitive shoulder and upper arm motions:

- Painting
- Washing walls, windows, mirrors, floors, showers, or tubs
- Gardening, snow shoveling, raking
- Overhead work

Bed mobility

- Always logroll to your side prior to getting out of bed
- Avoid twisting or arching your spine while moving in bed
- When lying on your back, NEVER lift your hips from the bed

Caring for your Incision

- Always wash your hands before and after touching the incision area.
- Wear clean clothing every day and use clean linens.
- When showering after the dressing is removed, you may gently wash over the incision with a mild soap and water. Use a clean washcloth and towel every time.
- Do not apply any ointments, antibacterial solutions, or creams to your incision unless your surgeon has asked you to do so.
- Some drainage from the surgical site can be expected during the first 7 days after your surgery.
- Keep your incision clean and dry.
- There are no stitches to remove unless you have been told otherwise. Special "glue" was used to seal the wound, and all of the stitches are "inside".
- If the wound is dry, no further dressings are needed, and the incision can be left open to air. If there is some drainage, the wound can be covered with a clean dressing as needed.
- You may shower on day 2 after surgery if there is no drainage from the wound.
- Do not soak the wound in a bathtub or pool.
- If you notice any drainage, redness, swelling, or increased pain at the incision, call the surgeon's office.

Households with Pets

We recognize that pets are an important part of the family; however, pets can carry bacteria on their fur that can infect your wound. Continue to show affection to your pet, but **DO NOT:**

- Allow your pet near your surgical site, even if your incision is covered with a dressing
- Allow your pet on your bed, chair, or lap while your incision is healing

Consider covering your favorite chair with a clean sheet or blanket to ensure a clean surface, free from pet hair or soiling.

When to Call the Surgeon's Office



- A temperature above 100.5 F taken at least twice over four hours
- Redness, warmth or pain at incision site
- A calf that becomes swollen, tender, warm or reddened
- New or increased drainage from your incision
- Loss of bladder or bowel control
- Inability or decreased ability to urinate
- Loss of mobility or sensation in legs or arms

**IF YOU HAVE SHORTNESS OF BREATH OR CHEST PAIN,
CALL 911 IMMEDIATELY.**

Spine Surgery Preoperative Instructions

Your surgeon's office has scheduled you for Spine Surgery here at UnaSource Surgery Center. About 1-2 weeks prior to your scheduled surgery date, one of our UnaSource team members will call to review your health history, provide instructions for surgery, and answer your questions.

You will need a responsible adult to accompany you to the surgery center, this person must be 18 years of age or older and must stay at the facility the entire time you are here. We allow one visitor per person; 2 visitors are allowed if the patient is under 18 years of age. Once discharged, it is recommended that a responsible adult stay with you 24-48 hours after surgery.

Be sure to complete these 2 important steps prior to our call:

Our spine video and experience guide are wonderful resources to prepare you for a successful surgery and recovery.

Watch our educational Spine Surgery Video here: www.unasourcesurgery.com/spine-surgery

Note: there is NO surgical footage in this video

Flip through this Spine Surgery Experience Guide.

Day Before Surgery

- 1. You will receive your arrival time the day before your surgery between the hours of 3pm-5pm. If you are scheduled on a Monday, you will receive a call the Friday before your surgery.
- 2. Follow all instructions given to you regarding which of your medications to take and which of your medications to hold.
- 3. Do not eat anything after midnight the night before your surgery. You may have clear liquids (any liquid you can see through) up to three hours before your arrival time.
- 4. Drink 10-12 ounces of a carb rich clear drink 3 hours prior to arrival or the night before if your arrival is early.
- 5. Please shower with hibiclens liquid soap 2 days before and the morning of surgery. Do not apply any creams or lotions and do not shave the surgical site.

Diabetic or Weight Loss Medications

- 1. If you are diabetic and you test your blood sugar regularly, please check it within two hours of your arrival time and let our staff know your result.
- 2. If you take any of the following medications Ozempic, Wegovy, Trulicity, Mounjaro or any other injectable type II diabetic or weight loss medications, please hold medication for 1 week and only have clear liquids 24 hours before surgery.

Day of Surgery

- 1. Wear loose fitting, comfortable clothes. Shoes should be supportive with closed heels.
- 2. Remove all jewelry and body piercings. Leave all personal belongings at home.
- 3. Remove contact lenses, bring glasses if applicable.

What to Bring

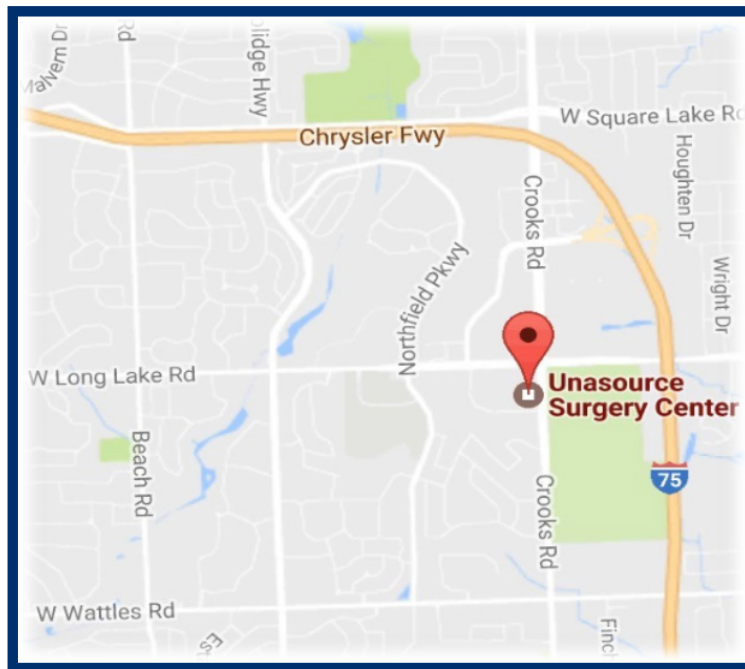
- 1. Bring your insurance card, picture ID, and any expected payments.
- 2. Bring a brace if prescribed for your recovery.
- 3. If the nurse instructed you of the need to provide a urine sample upon arrival, please let our staff know when you arrive.



Spine Surgery Education Video

Watch online at:

<https://www.unasourcesurgery.com/spine-surgery/>



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