

SPINE

Surgery Guide
for Patients



SKY LAKES
MEDICAL CENTER



Klamath
ORTHOPEDIC CLINIC

TotalJointandSpineCare.com



A Positive Approach

Preparing positively for surgery is a key step in your recovery. The surgery may improve your back pain and/or leg pain to allow you to be more active. It is important to know what to expect and what you will need to do during your recovery. Our goal is to help you become as independent as you are able to be. Our staff is ready to assist you in any way we can.

Your stay in the hospital will be short, and your recovery will continue after you are discharged. It is important for you to make a commitment to follow your doctor's instructions in order to get the most benefit from spine surgery. Please talk with your doctor or the staff if you have questions or concerns.

Before everything else, getting ready is the secret of success."

– Henry Ford.



KARL C. WENNER, M.D.

is a board-certified orthopedic surgeon. After receiving his medical degree from the University of Florida, Dr. Wenner completed his residency at the Charlotte Memorial Hospital and Medical Center. He is a member of the North American Spine Society, the American Academy of Orthopedic Surgeons and the Oregon Medical Association.



JASON M. CONAUGHTY, M.D.

is a board-certified orthopedic surgeon. He completed both his medical degree and orthopedic surgery residency at the University of Miami/Jackson Memorial Hospital in Miami, Florida. Dr. Conaughty has a fellowship in Spine Surgery from the Vanderbilt University Medical Center in Nashville, Tennessee. He is a member of the American Academy of Orthopedic Surgeons and is fully trained in the treatment of all neck and spine problems.

A Message from Your Surgeons

Welcome from your surgeons, Sky Lakes Medical Center and your health care team. We will all be working with you in partnership to prepare you for your spine surgery. Our goal is to return you to your maximum functional ability. You play a vital role in reaching that goal. Recovery is a process that starts before you enter the hospital with education and participation. When you complete your hospital stay, recovery carries on at home and throughout your life. We could not achieve the expected outcomes without your hard work and effort.

You are our most important team member. Together, we will accomplish our team goals of: effective preparation, successful surgical procedure, smooth recovery, and finally, a safe discharge. Your care will be coordinated by your surgeon and a team of Sky Lakes Medical Center nurses. Other members include: physician assistants, physical therapists, occupational therapists, diet aides, and certified nurse assistants.

We hope this information will assist you in preparing for your surgical procedure and will help to facilitate your recovery. Please read it carefully and feel free to ask questions of any team member.

- Dr. Wenner and Dr. Conaughty

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I WAS FEARLESS BECAUSE I HAD NOTHING TO LOSE AND EVERYTHING TO GAIN.

Gale Lane did not want to live in pain anymore. She needed to be active for her job in juvenile corrections and she wanted to do the things she loved, like golf.

Dr. Wenner, surgeon at Klamath Orthopedic and Sports Medicine Clinic, told Gale something needed to be done to improve her quality of life.

"I needed to trust my doctor. I am knowledgeable about a lot of things, but when it comes to back repair, he's the expert. So I listened," said Gale.

Gale's surgery was successful. Both Dr. Wenner and Gale attribute much of her success to what she did after her surgery.

"I walked right away. And it hurt. But it hurt less than before I had the surgery," Gale said. She recounts how Dr. Wenner said the pain was normal after a major surgery and gave her guidelines for how to slowly become active again.

Gale used the techniques she was taught in the hospital. She used her reacher, understood a walker was necessary for her for a short time and made sure to use the body mechanics necessary to protect her surgical repair.

"You can't give in to the pain. You have to understand going into the surgery that a certain amount of pain is normal. And it will get better. I am certain that staying active sped up my recovery," she said.

Gale was smart about building back up her activity level. She was in the gym walking on the treadmill within a month. She then increased to light weights that did not put pressure on her back. Eventually, eight months after her surgery, she shot a 44 on the golf course.

"If I had it to do all over again, I would. I was encouraged by community members to research bigger hospitals to have my surgery at and I could never understand why. As far as I'm concerned, you don't get any better than what we have in orthopedic care here in Klamath Falls," Gale said.

She emphasized how her surgeons listened to her, talked *to* her rather than *at* her and she had every confidence in them.

She showed off her range of motion. She twisted, turned and touched the ground with her fingers. Then she straightened back up, smiled and said, "I can do anything now."

AFTER MY SURGERY I REALIZED WHAT I WAS MISSING OUT ON BY NOT HAVING FULL RANGE OF MOTION IN MY NECK.

Holly Sharp, a native of Klamath Falls, has always been an active adult. Although she was exercising through the pain, she was unable to move her neck well.

Nerve pain began to pulse down Holly's arm and she started to lose her ability to grip everyday items. For someone who attends CrossFit multiple times a week and is at the gym no less than five days per week, something needed to change.

Dr. Conaughty, neck and back surgeon at Klamath Orthopedic and Sports Medicine Clinic, told her that she needed a fusion of her C6 and C7 vertebra.

She remembers feeling nervous and thinking that the surgery was extreme for someone her age, but when the doctor tells you to do something, you do it.

Holly said, "I'm an avid runner and I was trying to think of the worst-case scenarios. I was afraid I wouldn't be able to run anymore. I wanted to get one last good run in, so on the day of my surgery,

I put on my shoes and ran to the hospital."

The surgery went well and Holly shares that she feels 150 percent better than she did before. She didn't realize what she was missing out on by not having full range of motion in her neck. She did not even realize she could no longer move her head all the way from one side to the other or tilt her head to look up.

Holly recommends that patients take good care of themselves prior to surgery so they will have a better experience during recovery.

"Within a month, I felt like I was back in the swing of things," Holly shares, "but I had to keep reminding myself about my surgeon's warnings to take things slow in the beginning."

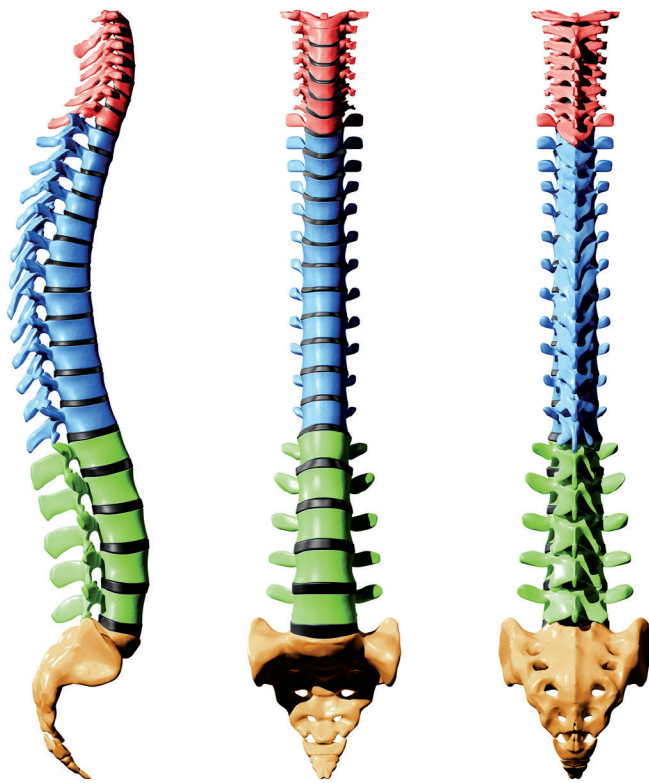
Holly is back in the gym, doing all the activities she wants and is lifting more weight than ever before.

"Explore the options at Sky Lakes," she says, "I can't even imagine my body going back to the way it was before surgery."





The Spine & Spine Surgery



A healthy spine forms an S-shape from the neck to the lower back:

- ✓ The cervical spine (or neck) has 7 vertebrae – C1-C7
- ✓ The thoracic spine (or chest) has 12 vertebrae – T1-T12
- ✓ The lumbar spine (or lower back) has 5 vertebrae – L1-L5

Your spine is made of bones called vertebrae. In between these bones are discs, soft cushions that act as “shock absorbers” for the spine. The spine protects your spinal cord, which is the nerve center of the body.

The lumbar spine is the hardest working part of your spine because it carries the most weight and moves the most.

The discs between the vertebrae can wear down over time due to injury or aging. Without these

“shock absorbers”, pressure on the nerves of the spine can cause pain in the lower back and/or legs. Bone spurs may form and narrow the space through which the nerves pass. This may also lead to nerve irritation and pain.

Your doctor has recommended that you have spine surgery to relieve the pressure on your spinal nerves. Surgery is needed when rest, medication, physical therapy, and/or exercise has not relieved your pain or improved your ability to carry out daily functions.

6 Common Spine & Disc Problems

1



Degenerative Disc Disease

Degenerative disc disease is a condition in which the discs in your spine have been damaged or worn down due to aging or wear-and-tear.

Each disc has a spongy center surrounded by tough outer rings. When a disc weakens, the outer rings may not be able to contain the material in the center of the disc. When this material bulges against, or squeezes through, a weak spot or tear in the outer rings, it creates pressure against the nerve, causing pain in your back and/or legs.

Bulging and Ruptured Discs

With a bulging disc, bone surfaces begin to rub against each other. This causes inflammation and pain. Bone spurs (calcium deposits) can also form, causing pain.

When a disc is ruptured (herniated), the spongy center squeezes through the tough outer rings, putting pressure on the nerves. Bulging and ruptured discs can cause severe pain.



2

3



Arthritis

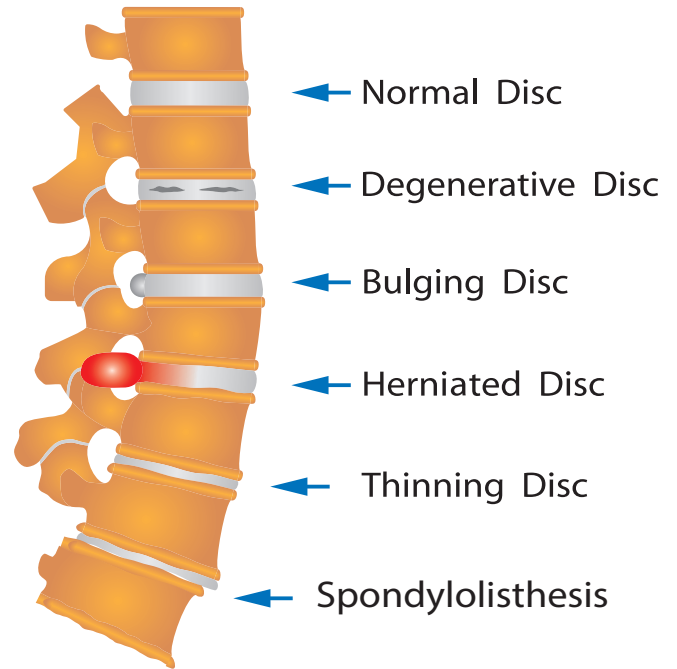
Arthritic bone surfaces begin to rub against each other. When this occurs, inflammation and bone spurs can form, causing pain. As bone spurs continue to grow, increased narrowing of the area through which nerves pass causes even more pain.

4



Spinal Instability

As the discs wear out and flatten, the vertebrae can slip back and forth. This slipping can cause the outer rings of the discs to stretch, causing pain, but also, more important, decreasing the protection for the spinal cord. Instability may also result from trauma or muscle paralysis.



5



Spinal Stenosis

Spinal stenosis is the narrowing of the canal where the spinal cord and nerves pass through. This may be caused by bony growth and/or bulging of the disc. This often occurs as we age. The narrowing creates pressure on the spinal cord and nerves, which may cause swelling, pain, numbness, tingling, or weakness.

Spondylolisthesis

Spondylolisthesis is a slippage of one vertebra, causing the spine to be out of alignment. This misalignment can pinch the nerves and cause pain.



6



about Your Surgery

DISCECTOMY

Removal of part, or all, of a disc.

FUSION

Stabilization of two or more vertebrae by joining them with bone grafts. Instrumentation, such as metal plates, rods and screws may be used to improve the likelihood of bone fusion. You and your doctor will discuss this before surgery.

LAMINECTOMY

Removal of the entire lamina portion of vertebrae.

LAMINOTOMY

Removal of part of the lamina portion of vertebrae.

These are the most common spine surgeries.

Some patients may have a combination of the procedures listed.

Preparing for Your Surgery

SURGICAL CONSENT

You will be asked to sign a consent form before your surgery. This form gives consent to the surgeon to perform your surgery. Please make sure that you understand your surgery, risks, benefits, and options before signing the form. It is important that you fully understand the information and are an active partner in your care.

TESTS BEFORE

Based on your health history, some tests will be ordered. Your primary care doctor and surgeon will determine if you are healthy enough to have surgery.

Please complete the paperwork from Klamath Orthopedic and Sports Medicine Clinic and bring it with you to all your appointments. Be sure to write down the exact dosages of your medications as stated on your medication bottles, and note when you took your last dose of medicine.



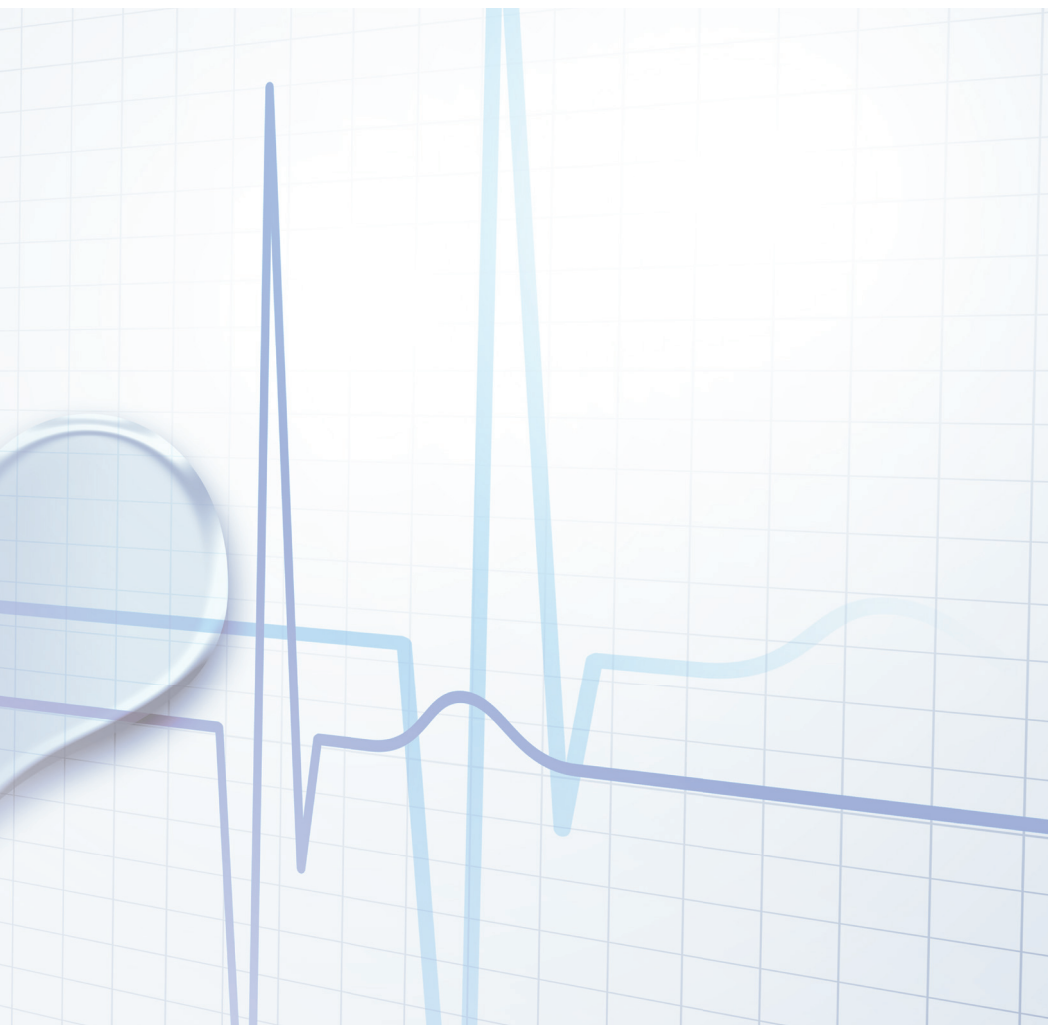
ADVANCED DIRECTIVE

Sky Lakes Medical Center supports and complies with our patients' advance directives for medical care. In order to comply with your wishes, we will ask you about a Living Will or Health Care Power of Attorney. If you have one or both of these documents, please bring a copy to the hospital. If you do not have an advance directive and would like information about writing one, talk with your nurse.

SMOKING?

If you are a smoker or tobacco-user, it is important to quit smoking for at least a few days before surgery. Quitting will help with healing and decrease your risk of infection and pneumonia. Talk with your doctor before surgery about quitting, or call the Oregon Tobacco Line at 800-QUITNOW.

Sky Lakes Medical Center is tobacco- and smoke-free. The use of any tobacco products is not allowed inside or outside of our hospital.



INFECTION

Every precaution is taken to reduce the risk of infection. You will be given an intravenous (IV) antibiotic before and after your surgery.

BLOOD CLOTS

Blood clots can occur in the veins of your legs after any surgery. These clots can be dangerous. To reduce the risk of clots forming, you may wear stockings or compression devices after your surgery. This will help with the blood flow in your legs. Walking and moving are the best ways to prevent blood clots.

ILEUS

Your bowels may not function as well after surgery. They may slow down, causing abdominal distention or bloating. You will be given bowel stimulants in the hospital. Continue to take an over-the-counter stool softener when you get home. Walking and staying well-hydrated will also help.

PNEUMONIA

Pneumonia is also a risk after surgery because:

- ✓ You will be lying down for a period of time during surgery and your lungs will not be working at their best.
- ✓ The anesthesia may make it harder for your lungs to protect themselves from germs that can cause infections.
- ✓ You will have some discomfort from the incision on your back and may not breathe as deeply. Mucus can build up in your lungs.

RISKS OF SURGERY

Spine surgery is a major surgery. As with any major surgery, there are risks.

You will be taught coughing and deep breathing exercises to help keep your lungs clear and prevent pneumonia. You will also be instructed on how to use an incentive spirometer.

- ✓ Just after you exhale normally, put your lips tightly around the mouthpiece.
- ✓ Breathe in as deeply as you can. The meter will rise.
- ✓ When you feel that you have taken a full breath, keep trying to breathe in more and more for about two seconds.

- ✓ Repeat this deep breath action [10 to 15 times each hour](#) while you are awake. You can see how much air you have taken in by reading the number on the meter. Your breathing technique will improve as you are more awake, have less pain, and move around more. If you have trouble using the spirometer on your own, please ask your nurse for help.

Being active will reduce the risk of infection, blood clot formation, bowel complications, and pneumonia.

Preparing for Hospital Stay



If you live alone, or your caregiver is frail or elderly, you may need to go to a skilled nursing or rehabilitation facility for a short time when you leave the hospital. Check with your insurance company to see if it has preferred providers. Visit the facilities close to your home or family and make arrangements for your stay.

Weeks Before

- > Make arrangements to have help. Ideally, someone should stay with you nearly full-time for the first 7-10 days.
- > Because you won't be driving until your doctor gives you the "okay," find someone who will be able to drive you to your follow-up appointments and help with errands.
- > You will be allowed to climb stairs. Plan your daily activities to limit your trips up and down.
- > Place a phone within easy reach.
- > Make sure that you have good lighting and that the light switch is within easy reach.

Night Before

Do not eat or drink anything after midnight, including chewing gum, candy, and water. You may brush your teeth or rinse your mouth as often as you wish, but do not swallow.

Follow your doctor's orders about your medication. Your doctor may have you take certain medications with a sip of water the morning of your surgery, but always check first.

Try to get a good night's sleep. Being well-rested before surgery is helpful.

Call your doctor right away if you get a cold or infection before your surgery.



What to Bring

- ☒ Glasses/contact lenses with case
- ☒ Loose fitting shorts and T-shirts
- ☒ Dentures
- ☒ Hearing aids and prostheses
- ☒ Identification and insurance cards
- ☒ A back brace, if ordered by doctor

What to Leave at Home

- ☒ Jewelry
- ☒ Keys
- ☒ Unnecessary Valuables



Day of Surgery

A bath or shower must be taken the morning of your surgery, before you arrive at the hospital. This aids in preventing infections. Follow any special instructions given by your doctor. Do not apply makeup. Do not wear contact lenses. Remove your jewelry and leave it at home.

The Day of Your Surgery

Most patients are admitted to the hospital after their surgery. You and your doctor will have already discussed this.

When you arrive, you will have a brief wait before meeting a registered nurse. He or she will take your temperature, pulse, and blood pressure.

Your surgeon will estimate how long your surgery will take. Family members and friends should not be alarmed if your surgery takes longer. Surgery times are sometimes delayed or changed due to other patients' emergencies or cancellations. Every attempt will be made to notify your family if your surgery is delayed.

While you are in surgery, your family should wait in the surgery waiting area. After you go into surgery, your family member or friend will be given a special number to track the progress on our monitor in the waiting area. If you need additional information, please inquire at our registration desk.

Please ask your surgeon or anesthesiologist if you have any further questions.



		SURGEON	LOC
PACU 0945		Metz, Arielle	FBCPH
Gonsowski, Charles T			
Discharge 1135		Knudsen, Karl R	HOME
Out of PACU 1100		Wenner, Karl C	FLR 21
9 Patient Ready 1106		Wenner, Karl C	OR 50C
6 Out of PACU 1105		Heaton, Kevin T	POSTOP 213
Inc/Proc Start 1054		Wenner, Karl C	DSU 50
Out of OR 1154		Knudsen, Karl R	PACU 5
Inc/Proc Start 1151		Brunner, Melissa	FBCOR
5 OR 1149		Heaton, Kevin T	PACU
		Wenner, Karl C	

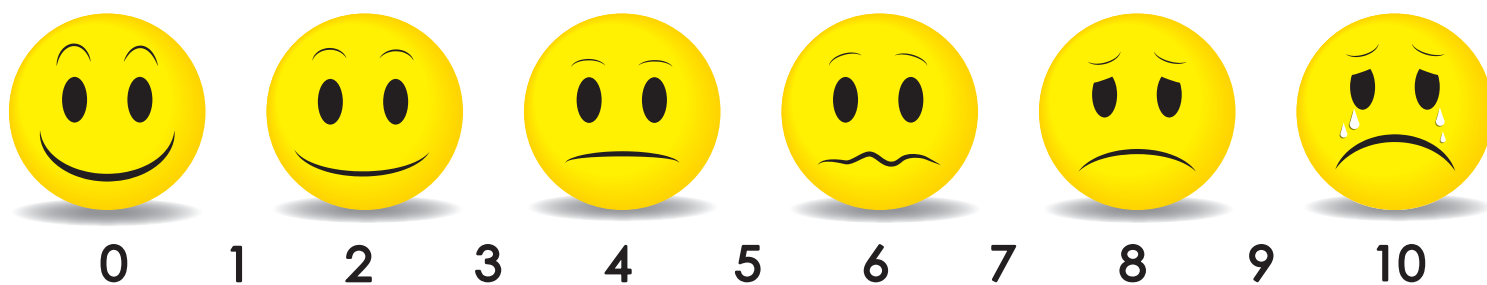
Recovery

The surgery will take approximately two to three hours. You will spend about one hour in the recovery room, then you will be taken to your room on the second floor. Your doctor will usually meet with your family in the waiting area after your surgery.

After surgery, some pain is to be expected as you recover. The amount and intensity of the pain experienced differs from one person to another. No two people are exactly alike.

While having some degree of pain is unavoidable, our goal is to make your stay with us, and your recovery period at home, as comfortable as possible.

You will be asked to rate your pain. This will help us know how your medication and other comfort measures are helping. You can use a number or choose a face on the scale that best rates your pain.



PAIN MANAGEMENT

Pain management after spinal surgery varies greatly from person to person.

In general, most patients have the most intense pain during the first week. At certain times of the day, your discomfort can be more intense. Although post-surgical pain is a normal part of the healing process, severe pain is not.

When discharged from the hospital, your doctor will prescribe the medication that has been most successful in managing your pain during your hospitalization. Pain is best managed if you follow these guidelines:

- » Do not allow your pain to become severe before taking pain medication. Pain medication generally starts working in **30 min** and peaks at **60 min**.
- » Pain is a Red Flag telling you to rest. Avoid using pain medication for the purpose of pushing through an activity that you know will cause pain.
- » In general, the first few days at home can be the most painful. Assess and Address your pain level frequently as you learn to manage and balance your swelling, activity and pain cycle.
- » Your pain medication will be prescribed every 4-6 hours **as needed**. Please evaluate sedation level and side effects before taking medication to prevent overmedicating.

Side Effects of Narcotic Pain Medication

Constipation is a treatable side effect (see constipation insert). It is advised to take some form of stool softener while taking narcotics. Ensure adequate fluids intake along with fruits and vegetables. Please avoid bulk forming products such as Metamucil while taking narcotic pain medication as they can make constipation worse.

Drowsiness is a common side effect. Be cautious with activities and avoid driving while taking pain medications. You would receive a DUI if found driving while under the influence of narcotics.

Nausea is common with narcotics. Always take medication with food. It may be necessary to reduce dose and/or increase time between pills. If progresses to vomiting, you need to stop taking narcotics.

If you experience any of the following, call Klamath Orthopedic Clinic 541.884.7746:

Vomiting if nausea progresses to vomiting and you are unable to keep fluids down for 24 hours.

Itching can be a common side effect, if it progresses or you develop a Rash or Hives you need to stop taking the pain medication.

Dizziness/Confusion can be side effects that require you to reduce the dose. If confusion develops, stop taking the pain medication.

Pain Cycle Strategies

- Reposition frequently, avoid sitting for greater than 45 minutes
 - Frequent short walks, avoid bending, twisting and lifting
 - Use distraction such as TV, music, games, crafts, conversation and reading
 - Relaxation techniques such as visualization, progressive muscle relaxation and deep breathing exercises can reduce stress and enhance comfort
-

Weaning Off Pain Medication

As you begin to heal, you will gradually require less pain medication and should begin to taper off the narcotics. Your Surgeon will reduce the strength of your pain medication over the next few weeks with the goal of weaning off completely by 4-6 weeks post-operatively. Tapering off pain medication at a faster rate is acceptable as long as you are meeting your rehabilitation goals.

- Extend the time between pill(s) i.e. from 4 hours to 5 or 6 hours
- Take 1 pill instead of 2 and then ½ pill instead of 1 pill until you have weaned off completely
- Substitute plain Tylenol for narcotic pain medication
***Do not exceed 4000 mg of Tylenol in a 24 hour period.**
- Check with physician for permission to substitute NSAIDs (Naproxen or Ibuprofen) for narcotics.

It is ideal to taper slowly if you have been taking pain medications regularly for weeks. If you experience: sweating, shaking, anxiety, nausea/vomiting or agitation, call Klamath Orthopedic Clinic 541.884.7746 or your PCP to discuss a different approach for tapering from your pain medication.

Refills

Call Klamath Orthopedic and Sports Medicine clinic (KOSM) **541.884.7746** directly for pain prescription refills. They require two days' notice to write your prescription, so monitor your medication as you near the weekend.



ACTIVITY AFTER



Wearing a Brace

Your doctor may tell you that you will need to wear a back brace or neck collar after surgery. Your nurse or therapist will show you how to wear the brace, if ordered. Your discharge instructions will have more details related to your specific surgery and when to wear your brace or collar.

Soon after surgery, your nurse or physical therapist will explain how you should get out of bed and will assist you.

The physical therapist will help you learn how to use the walker, if necessary. You'll also learn how to climb stairs.

As your rehabilitation progresses, you will have less pain, and your activity level will increase. Your physical therapist will work with you to set up a walking plan.

TER SURGERY

ACTIVITY PLAYS A KEY ROLE IN YOUR RECOVERY.



Walking

You will be out of bed and walking soon after the surgery.

- ✓ You will need to wear a **back** brace when you are up more than 15 minutes, unless otherwise directed by your surgeon.
- ✓ You will need to wear a **neck** collar at all times, unless otherwise directed by your surgeon.
- ✓ You may need to use a walker for balance after the surgery.
- ✓ You will need help to walk in the halls several times a day. Remember to call for help whenever you get out of bed.



SLEEPING POSITIONS

When sleeping on your back, place a pillow under your knees. A pillow with neck support is recommended.



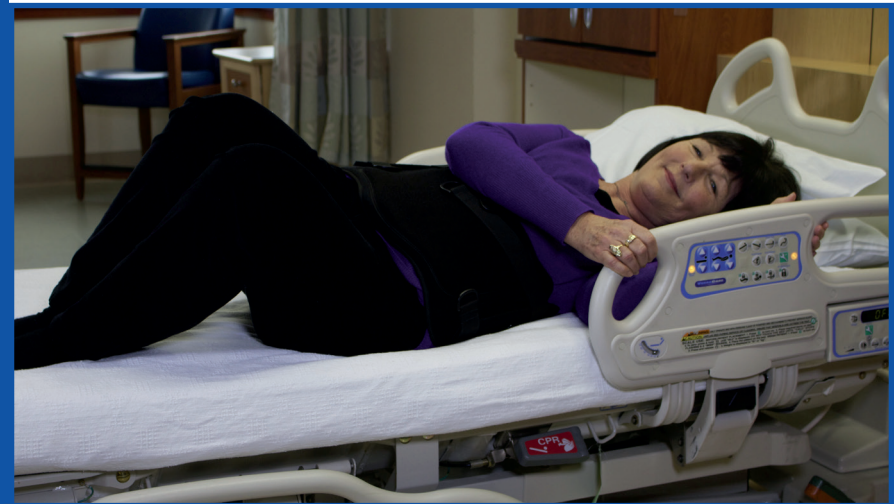
Place a pillow between your knees when lying on your side. Use neck and waist support, as needed.

GETTING OUT OF BED

You will be taught how to log roll for safer and more comfortable repositioning and transferring in and out of bed. The purpose of log rolling is to avoid twisting your spine, protecting your surgery.

Bend both knees and reach across your chest, toward the direction you are turning.

Push with your legs and roll in one motion, moving as one unit.



SITTING UP

Raise up by using your arms to push up and lowering your legs. Do not twist your back or trunk.



GETTING INTO BED

Sit on the side of the bed.



Gently lower yourself using your arms for support and bringing your legs up onto the bed in one motion. Do not twist.





SITTING IN A CHAIR

Staff will assist you out of bed soon after your surgery and encourage time out of bed walking and sitting in a chair..

- Limit sitting in a chair to 45 minutes at one time.
- You will need to wear your brace, if ordered, for any out-of-bed activity longer than 15 minutes.
- Sit in a stable chair with armrests.
- Push up through your legs to stand. Light pressure through your arms on the armrest will help with control.

GETTING UP FROM A CHAIR

- Scoot as close to the edge of the chair as possible.
- Place your feet firmly on the floor.
- Bend forward at the hips. Keep your back straight.
- Push off at the armrest while using your legs to stand.



AVOID THESE Movements

AFTER SURGERY, YOUR REPAIR NEEDS TIME TO HEAL
WITHOUT EXCESSIVE STRAIN TO THE AREA.

Your surgeon needs you to develop good body mechanics in all of your activities.

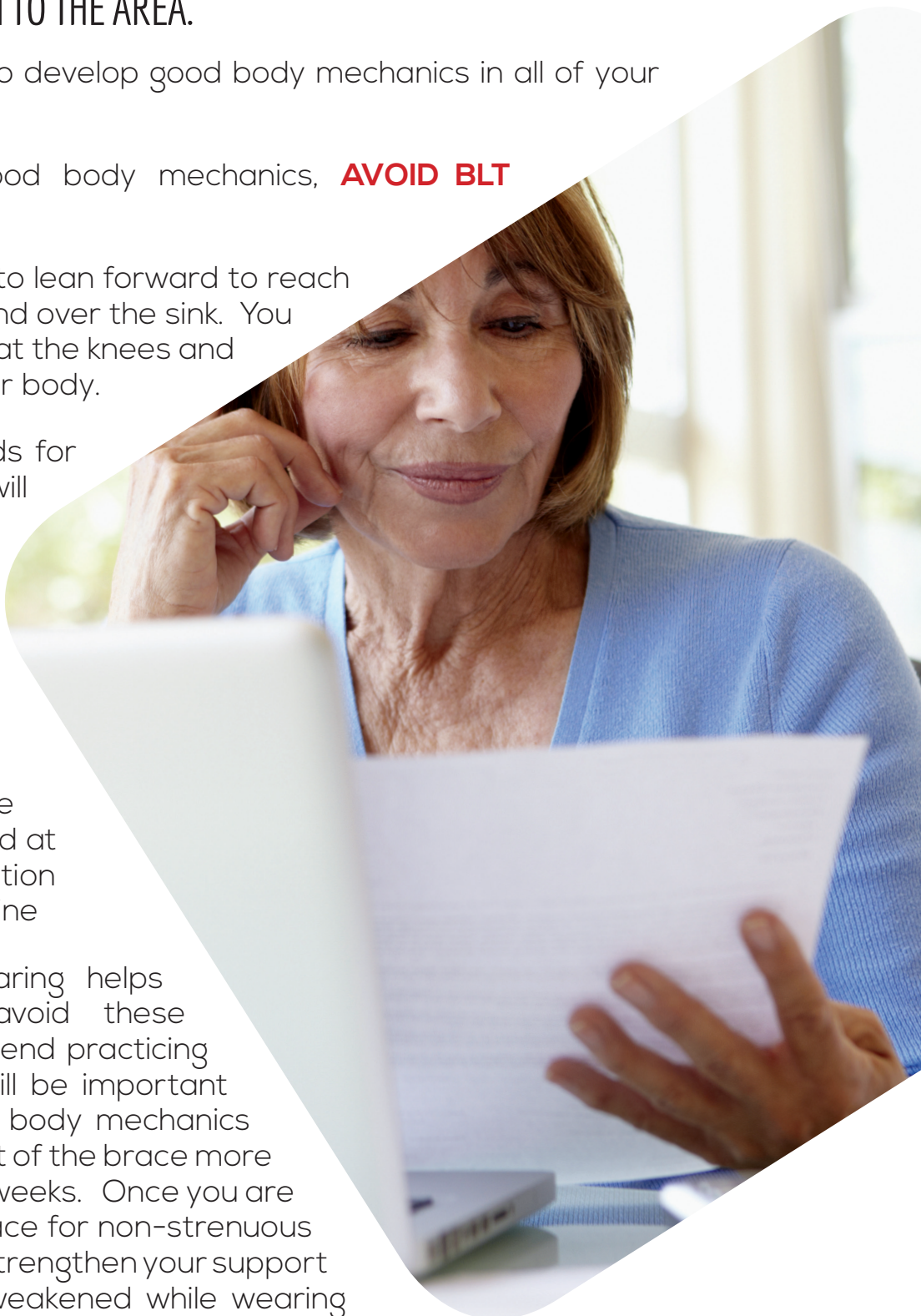
In order to maintain good body mechanics, **AVOID BLT** (**B**ending, **L**ifting, **T**wisting).

Do not BEND at the waist to lean forward to reach towards the floor or to bend over the sink. You should always be bending at the knees and keeping items close to your body.

Do not LIFT over 8 pounds for the first 4-5 weeks. You will need to plan for others to help you with anything weighing over a gallon of milk, for example.

Do not TWIST from your waist. Reaching too far: forward, down, to the side, or overhead will cause twisting of your spine. Bend at your knees and initiate motion with your legs, not your spine

The brace you are wearing helps provide feedback to avoid these movements. We recommend practicing these motions, as they will be important for you to maintain good body mechanics once you are able to be out of the brace more often, usually around 5-6 weeks. Once you are allowed to remove the brace for non-strenuous activities, you will need to strengthen your support muscles that may have weakened while wearing the brace.



Getting Ready to Go Home



Barriers in Your Home

You should think about possible barriers in your home and share this with your therapist:

- › Number of stairs
- › Bedrooms on the second floor
- › Size and location of bathroom(s)

To help in planning for your discharge, your nurse or therapist needs to know if someone is going to be with you when you go home, and for how long each day.

When Your Care is Continued

Most patients are able to go home after back surgery. If you are not ready to return home when you are discharged, you may be moved to a rehabilitation facility to continue your recovery.

The equipment recommended by your healthcare providers, such as a reacher or a stocking aid, is not covered by insurance or Medicare, but can be acquired at several locations in the community (see Community Resource Handout).

Taking Care of Yourself at Home

Taking Care of Your Incision

Your incision should remain dry. There should not be an increase in drainage from the time you leave the hospital. Do not apply any creams, lotions, or powders to the incision. Your incision may be left open to air or covered, as directed by your doctor. Check your incision every day for redness, drainage, swelling, warmth, and/or tenderness.



Home Medications



Take your pain medication as directed by your doctor. Follow instructions on the medication label and stay on a schedule.

If you were taking such medicines as aspirin, Motrin, Naprosyn, ibuprofen, or Celebrex before your surgery, check with your surgeon before taking these again at home.

Taking Other Medications

Most of your home medications for high blood pressure, heart problems, or other medical problems were continued while you were in the hospital. Check with your surgeon if you have any questions about your medications.

Walk, Walk, Walk...

The best form of rehabilitation following a spine surgery is walking. It improves your aerobic fitness and allows low impact, overall arm and leg strengthening without straining your spine repair. Your surgeon recommends the following for the first 4-5 weeks after your procedure:

- › Use the distance or time walked in the hospital as your starting guide.
- › Increase the repetition of the same distance OR gradually increase the distance in small increments.
- › Walk on even surfaces for exercise.
- › Avoid hills or stairs when you can.
- › Limit sitting to approximately 45 minutes at a time.
- › Go for at least a short walk every 2-3 hours.



When you have a “good day”, there can be the tendency to overdo. Be careful not to increase your activity in large increments. This can result in increased back pain or return of your leg/arm symptoms. This may set you back for a few days. Find the balance of increasing your exercise gradually, without straining your repair.

Getting Back to Daily Activities



Getting Dressed

- ✓ Sit on a stable surface, a chair or a firm bed where your feet are able to touch the floor.
- ✓ If you can do so without straining, you may cross your leg to start clothing over your feet. If this position is difficult or uncomfortable, don't do it.
- ✓ Do not bend over to reach your feet.
- ✓ If you are not able to reach your feet, please ask for help, wear slip-on shoes, or use adaptive equipment such as a reacher, sock aid, or shoehorn.

Using a Reacher

- ✓ Reachers can be used to pick up items you drop on the floor.
- ✓ They can also be used to hold underwear or pants so they can be started over your feet and pulled up.

Occupational Therapy

Occupational therapists may see you while you are in the hospital. They teach you how to do everyday activities while protecting your spine. They can answer your questions about grooming, hygiene, and use of equipment for bathing and dressing (if needed). Occupational therapists also discuss how to manage household activities, as well as work and leisure activities.

Using a Sock Aid

- ✓ Pull the sock over the sock aid until the toe of the sock touches the end of the sock aid.
- ✓ Lower the aid down to your foot by using the straps, and place your foot into the opening of the sock.
- ✓ Pull the aid until the sock is all the way on. The sock aid pulls out of the top of the sock.

In the Bathroom

- ✓ Try not to lean over the sink. When brushing your teeth, use a glass of water to rinse your mouth, and spit into an empty glass.
- ✓ If you have trouble getting up from a low surface, you may need an elevated toilet seat. Before getting a toilet seat, consider your height and weight, the space around your toilet, and whether or not it should have attached armrests.



Bathing

- ✓ Showers are generally permitted, but not soak tubs.
- ✓ Your discharge instructions tell you how to care for your incision during showering.
- ✓ The first few times you shower, have a family member or caregiver stay close enough to assist, if needed.
- ✓ If you don't feel safe getting into the shower, sit or stand at the sink to sponge bathe.
- ✓ You may want a bath seat to use in the shower.
- ✓ Have nonskid surfaces on the bathroom and shower floors.
- ✓ A long-handled sponge or brush makes it easier to wash your legs and feet.

In the Kitchen

- ✓ Items that you often use should be easily within reach.
- ✓ If using a walker, you can sometimes move items around the kitchen by sliding them along a counter as you walk beside it.
- ✓ Steady yourself on a counter or other stable surface when you first try to reach low items, and remember to bend your knees, not your back. Only attempt if your legs are strong enough to easily straighten up again.



Chores

- ✓ Do not attempt household chores until you feel steady on your feet. In all of your activities, try to avoid bending, lifting, or twisting your back.
- ✓ Remember, no bending, lifting or twisting. Activities such as vacuuming, emptying the dishwasher, and sweeping all require these motions.

Car Safety

- ✓ When going home from the hospital, it is easier to get into a car that is neither too high nor too low.
- ✓ Back up to the passenger seat and sit on the seat with both feet remaining outside of the car.
- ✓ Lift your legs and bring them into the car as you turn to face the front.
- ✓ Reverse the process to get out of the car.
- ✓ Limit your time riding in the car. If you are taking a long trip, stop every 30 minutes, get out of the car, and walk around.
- ✓ Always maintain good posture when riding in or driving a car.
- ✓ Do not drive until your surgeon allows it. This may not be until 4 to 6 weeks after surgery. You should not drive while you are taking pain medication.

Frequently Asked Questions

When can I return to normal activities?

Please discuss specifics with your surgeon. In general, patients are able to:

- > Lift more than 8 pounds after 5 weeks
- > Sex in 2 weeks
- > Shower in 3 days
- > Stairs immediately

During a follow-up appointment after your surgery, ask your surgeon when it is appropriate to return to driving,

How long until I can return to work?

This is very individualized to you, the patient, and the type of work you do. Discuss this with your surgeon. Patients recovering from cervical fusions that have jobs where they are basically sitting behind a desk usually require 2-4 weeks of recovery before returning to work. More physically demanding jobs could take up to 3 months.

In general, it takes longer to get back to work following lumbar fusions. For sedentary work, it usually takes 4-6 weeks. For physical labor with light weight lifting, it takes 3 months. Most patients with jobs requiring heavy lifting can return to work after 6 months.

How long before I can travel?

Like many aspects of this journey, this too is very individualized. Traveling will depend on your ability to sit for an extended period of time and/or how much movement is required in your travel plans. We encourage you to not sit longer than 2 hours at a time without getting up and moving around, and to take frequent rest breaks, if needed.

What will my pain be like after surgery?

You will have some pain after the surgery, but this should be manageable with oral pain medication. Pain is a very individualized feeling. Your healthcare team will create a pain management plan in order to address your pain medication needs and help you feel as comfortable as possible.

What if I live alone?

Rest assured that you will not be discharged from the hospital unless there is a proper care plan in place that will allow you to remain safe. Most of these problems can be foreseen and addressed prior to your surgery.

When to Call My Surgeon

- > Fever above 101°.
- > Uncontrolled shaking or chills.
- > Increased redness, heat, drainage or swelling in or around the incision.
- > Increased pain or significant decrease in motion during activity and at rest.
- > Increased swelling, pain or tenderness of the spine.
- > Abnormal bleeding of any kind, such as increased bleeding from the incision, nosebleed, blood in the urine, etc.
- > Swallowing problems or unexplained numbness/tingling in limbs.

Call 911 if You Experience:

- » **Severe Headache**
- » **Shortness of Breath or Unable to Swallow**
- » **Chest Pain**

Call Your Doctor Right Away:

- » **Trouble controlling your bowels or bladder.**
- » **New pain, weakness, or numbness in your arm or leg.**
- » **Fever greater than 101° F**
- » **Increased pain, redness, or drainage from incision.**
- » **Pain and swelling to calf.**

Glossary

Advance Directive - a legal document that allows you to spell out your decision about end-of-life care ahead of time.

CNA - Certified Nurse Assistant

Ileus - A bowel obstruction.

OT - Occupational Therapist

Oximeter - A medical device that monitors the oxygen saturation of a patient's blood through a meter that is placed on the finger.

PA - Physician Assistant

PACU - Post Anesthesia Care Unit. This is where patients recover for a brief period after surgery and before going to their room. You may not remember your time in this unit.

PCP - Primary Care Provider. This healthcare provider manages your medications/illnesses you may have outside of your orthopedic surgery.

PT - Physical Therapist

Rehabilitation - Treatment and exercises that enhance and restore functional ability and quality of life to those with physical impairments.

RN - Registered Nurse

Spirometer - A meter used to assess how well your lungs are working by measuring how much air is being inhaled and exhaled.

Vitals - Blood pressure, heart rate and temperature. They will be checked frequently while you are in the hospital.

Dan O'Brien Way

Daggett

Campus Drive

Uhrmann Rd

Dahlia Street

Shallock Ave

Daggett Avenue

Dahlia Street

Campus Drive

Crater Lake Parkway

Crater Lake Parkway

Biehn Street



Campus Drive



Bryant Williams Drive



Clairmont Drive

Clairmont Drive



Klamath
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2200 Bryant Williams Drive, Suite 1
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SKY LAKES
MEDICAL CENTER

2865 Daggett Avenue
(Surgical Entrance on Bryant Williams Drive)
Klamath Falls, OR 97601
541.882.6311

NOTES

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