



A Patient's Guide to Spinal Surgery (Neck or Back)



Bon Secours Mercy Health
Mary Immaculate Hospital

Table of Contents

Welcome to Mary Immaculate	4
Spinal Surgery Seminar	5
General Information	6
Mission Statement of the Bon Secours Mercy Health System	6
Surgical Pavilion	6
Visiting Hours	6
Understand Your Surgery.....	7
Pre-Anesthesia Testing.....	9
Pre-Operative Nursing Interview	9
Pre-Operative Testing	9
Pre-Operative Physical Exam	9
Medications to Stop Prior to Surgery	10
Preparing Yourself for Surgery	11
Stop Smoking.....	11
Limit Alcohol.....	11
Eat Healthy	11
Visit Your Dentist	11
Pick a Coach.....	12
Get the Equipment you Need	12
Create a Safe Home Environment.....	12
Clean your Skin.....	12
Packing for the Hospital.....	15
Countdown to Surgery	16
Day of Surgery	17
Reporting to the Hospital.....	17
Holding Area: “Holding”	17
Family Waiting Area	17
Anesthesia Information	18
What Types of Anesthesia Are Available?	18
Will I Have Any Side Effects to the Anesthesia?	18
Surgery	19
Post-Anesthesia Care Unit “PACU”	19
What to Expect in the Hospital?	20
Pain Management.....	20

Vital Signs	20
Intravenous Therapy	20
Sequential Compression Devices (SCD)	20
Support Stockings (TEDs)	20
Back Brace or Neck Collar	20
Drain Care	21
Incentive Spirometer	21
Bathing & Dressing (Occupational Therapy)	21
Mobility (Physical Therapy)	21
Medication Provided During My Hospital Stay	22
Pain Medication	22
Pain Scale	22
PCA Pump	23
Stool Softener	23
My Daily Medications	23
Mary Immaculate Outpatient Pharmacy	23
Side Effects	23
Side Effects	24
Precautions	25
Blood Clots	25
Constipation	25
Pneumonia	26
Infection	26
Care After Discharge	27
Appendix	29
Healthy Eating	29
Adaptive & Durable Medical Equipment	30
Make Your Wishes Known	31
Frequently Asked Questions	31
Directions & Maps	34
Hotel Discounts	36

Welcome to Mary Immaculate

Thank you for choosing Mary Immaculate Hospital to help restore you to a higher quality of living with your spinal surgery. We have developed a comprehensive course of treatment that will be tailored to fit your needs. This guide will help to outline the surgical process from getting ready for surgery to recovery after surgery. You play a key role in ensuring you have a good recovery. Our goal is to involve you in your treatment through each step of the program. Your education and compliance will help to ensure a safe and successful surgical outcome.

We look forward to meeting you during your surgical stay. Please feel free to call or email us with any questions, comments, or concerns.



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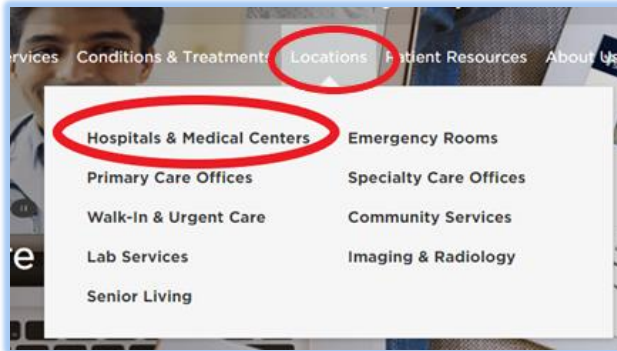
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Spinal Surgery Seminar

To watch our online “Spinal Surgery Pre-Operative Seminar”

- Access the website www.Bonsecours.com
- Under the “*Location*” tab at the top of the page, choose “*Hospitals & Medical Centers*”



Hampton Roads

Bon Secours has a large variety of hospitals and medical centers in the Hampton Roads and surrounding areas, including Mary Immaculate Hospital - the only faith-based hospital on the Peninsula.

[Learn More](#)

- Click the “*Learn More*” button under “*Hampton Roads*”
- Click “*Bon Secours Mary Immaculate Hospital*,” “*Pre-Operation Education*,” and click play on the video.

LOCATIONS

Hospitals & Medical Centers

[Greenville](#)

Hampton Roads

[Bon Secours -
Southampton Medical
Center](#)

[Bon Secours DePaul
Medical Center](#)

[Bon Secours Health Center
at Harbour View](#)

[Bon Secours Mary
Immaculate Hospital](#)

[Patient Information](#)

[Visitor Information](#)

[Pre Operation
Education](#)

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receive credit for watching this video!**

General Information

Mission Statement of the Bon Secours Mercy Health System

The mission of the Bon Secours Mercy Health System is to improve the health and well-being of our communities and bring compassionate, quality health care services to those in need, especially the poor, dying, and underserved. Recognizing the dignity of all persons, we provide compassionate health care services to the physical, social, emotional and spiritual well-being of those we serve.

Surgical Pavilion

The surgical pavilion is equipped with state-of-the-art technology to perform minimally invasive, as well as traditional, orthopedic surgeries. Our Orthopaedic physicians have the assistance of digital cameras, integrated communication tools, radiologic technology, navigation equipment, and more. The surgical technologists, nurses, nursing assistants, and physical therapy staff are specially trained to care for the Orthopaedic patient.



Visiting Hours

We understand the importance of having loved ones at your side while you are recovering. You will be informed about visiting hours when you come to Mary Immaculate Hospital. Due to the impact of COVID we are always changing our visitor policy to make sure we keep you and your loved ones safe. You will be able to talk with your family by phone. If you want us to, we will keep your family updated about your progress. During the day we have “Quiet Rest” from 1pm-3pm to help you heal from your surgery.

Understand Your Surgery

What Are the Causes of Back and Neck Pain?

Pain in your back and neck can be caused by trauma to your spine, poor repetitive body mechanics, congenital deformity, or simply the aging process. Your spinal column contains many nerves and nerve roots that quickly alert your body to a problem. Intervertebral discs are located between each vertebra. These discs act as shock absorbers. Each disc has a strong outer layer with a jelly-like center. Discs allow movement between the vertebrae. Any type of body pressure, such as repetitive bending or twisting the wrong way, can create injury to the disc. Thanks to advances in the medical field, there are treatment options available for those who suffer from this often-debilitating pain.

Common Disc Injuries:

Degeneration

This is caused by aging. Discs flatten and wear, causing spurs on the vertebrae which will irritate the nerves around it.

Herniation

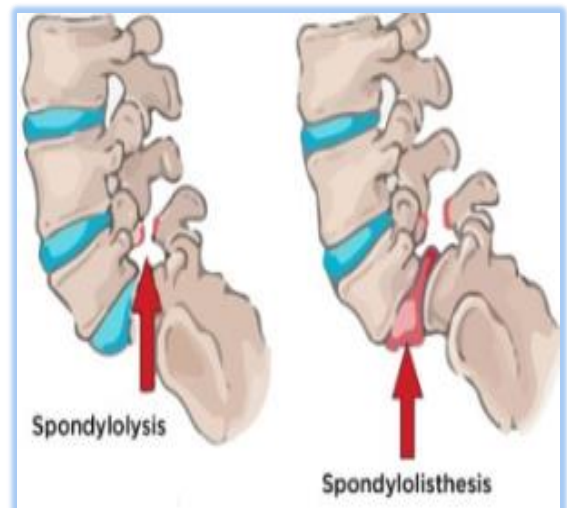
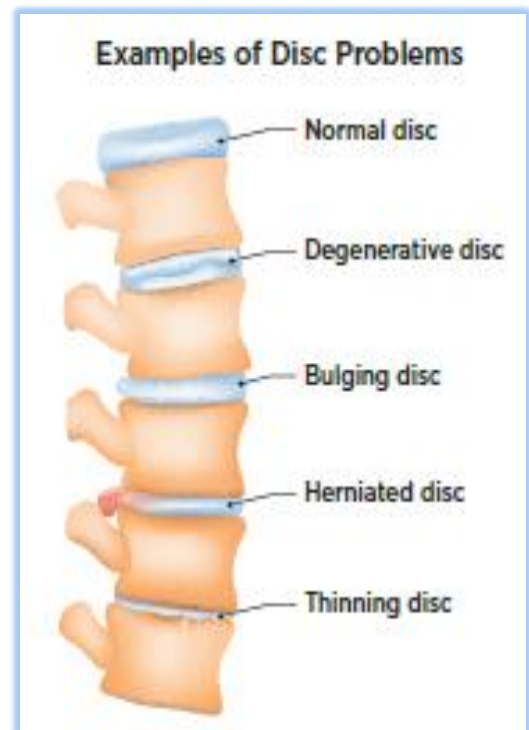
This is when the disc bulges outside of the vertebral column. The disc will put pressure on a nerve.

Spondylolysis

This is when a crack, or stress fracture, develops through the pars interarticularis, which is a small, thin portion of the vertebra that connects the upper and lower facet joints.

Spondylolisthesis

This is when the vertebra is weakened so much that it cannot maintain its proper position in the spine. In spondylolisthesis, the fractured pars interarticularis separates, and the injured vertebra slips forward on the vertebra directly below it.

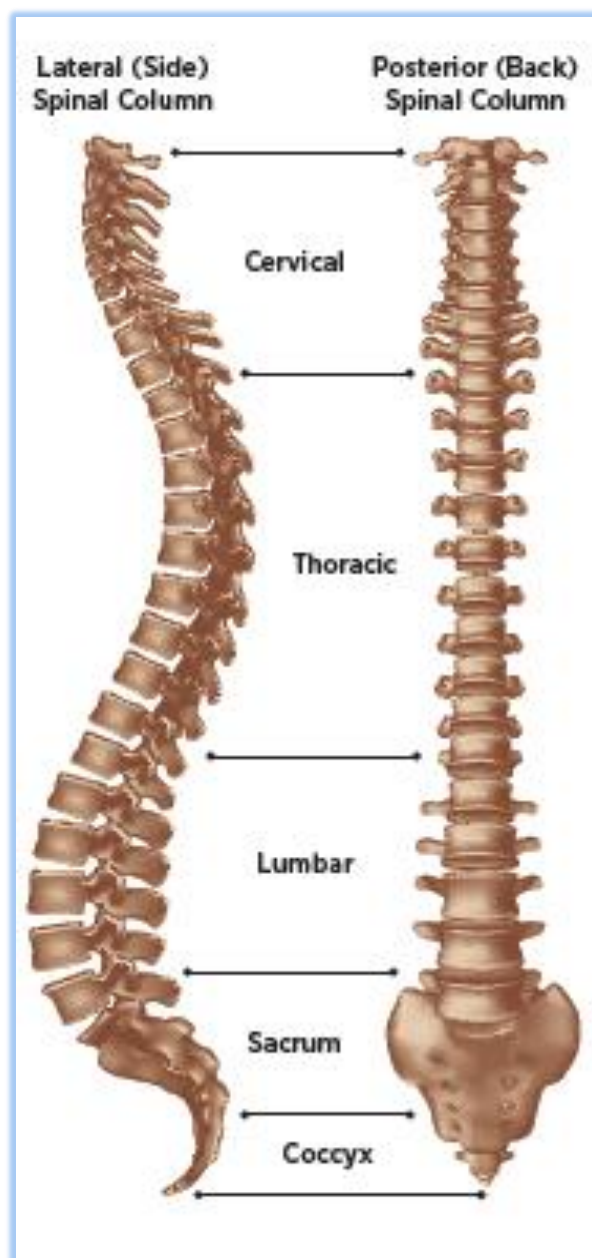


What is a Spinal Decompression and Fusion?

Your surgeon will perform a decompression (laminectomy) to help ease the pain in your arms or legs. This surgery involves removing bone and diseased tissues that are putting pressure on spinal nerves.

A spinal fusion is the joining together of two or more vertebrae when there is instability of the spinal column. The idea is to fuse together two or more vertebrae so that they heal into a single solid bone. This surgery can be performed at any level in the spine and prevents movement between the fused vertebrae.

Spinal fusion involves using rods and screws that are placed to eliminate motion between vertebrae. Fusing the vertebra will take away some spinal flexibility, but most spinal fusions involve only small sections of the spine and do not limit motion very much. Most patients will not notice a decrease in range of motion. Your surgeon will talk with you about whether your specific procedure may impact flexibility or range of motion in your spine.



Risks of Spinal Surgery

It is important that you are aware of potential risks and complications of spinal surgery. These risks may include, but are not limited to, problems with anesthesia, infection, surgical bleeding, blood clots, damage to nerves or blood vessels, non-union of the vertebra, and very rarely, death. Although these complications are rare, they are possible. Every precaution is taken by your health care team to avoid these complications. Your surgeon will discuss the risks and benefits with you before surgery.

Pre-Anesthesia Testing

Your Orthopaedic Physician will send information to our Pre-Anesthesia Testing (PAT) Department. You will get a phone call from our pre-anesthesia testing staff 3 - 4 weeks before your surgery to schedule your interview and testing.

During the interview you will be given the skin cleansing solution with instructions for bathing the 3 days prior to surgery. If your interview is over the phone, you will get the wash when you come to get your testing done.

While your nursing interview must be scheduled, your pre-operative tests may be completed without an appointment if you are within 30 days of surgery. Please call our Pre-Anesthesia Testing Department with any questions at 757-886-6411.

Pre-Operative Nursing Interview

During this important scheduled time with the PAT nurse, you will be asked to share:

- Your medical history
- Your surgical history
- Your allergies (food and medication)
- Your medications (including vitamins, herbals and anything over the counter)
 - Medication name, dosage, and frequency must be provided.

Pre-Operative Testing

Your medical history and your physician requests will determine what pre-operative testing you will need prior to surgery. Results of your testing will be sent to your surgeon. You will be contacted if test results are abnormal. Common tests include:

- Lab work (non-fasting)
- Chest X-ray
- EKG (electrocardiogram)
- Urinalysis

Pre-Operative Physical Exam

It is best to undergo a complete physical examination with your primary care physician within 30 days of surgery. (Your surgeon will let you know if this is a requirement.) If you have any high-risk medical conditions, or see a specialty doctor, you may also need surgical clearance from these physicians (example: cardiologist, pulmonologist).

Medications to Stop Prior to Surgery

Your pre-anesthesia testing nurse will instruct you to stop all herbal supplements 14 days prior to surgery and will have you follow up with your surgeon's office regarding additional medications that may need to be stopped prior to surgery.

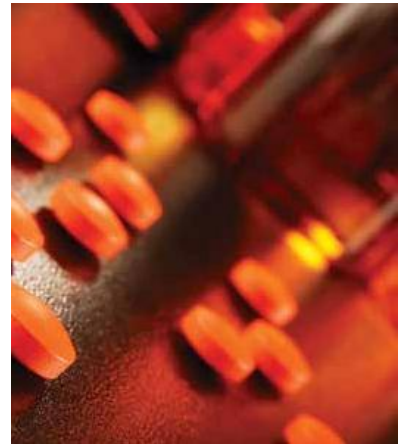
Pain Medications

Non-Steroidal Anti-inflammatories (NSAIDs) are usually stopped 7-10 days before to surgery because NSAIDS increase the risk of bleeding (Examples include Aleve®, Motrin®, Advil®, and Mobic®.) *Check with your surgeon to find out when to stop these medications*

Medications you may take instead for pain include Tylenol® (acetaminophen), Hydrocodone, Percocet®, Tramadol, Vicodin®, Gabapentin, and Neurontin®

Anticoagulants (Blood thinners)

Blood thinning medication are asked to be stopped before surgery. (Examples of blood thinners include Coumadin®, Plavix®, Pradaxa®, Effient®, Xarelto®, Eliquis®, and Aspirin®.) *Check with your surgeon and prescribing physician to know when stop these medications.*



Diabetes Medications

If you have diabetes, tell your primary care physician, or the doctor who guides your diabetes treatment, that you are having surgery. He or she may want more testing or tell you how to adjust your medication before and after surgery. Our diabetes educator may see you in the hospital after surgery to help manage your blood sugar and answer any questions.

Vaccination Information

You may get your flu shot prior to surgery. If it is flu season and you have not had your flu shot, your nurse will ask if you would like it administered during your hospital stay.

(Please consult your surgeon regarding additional vaccinations)

Preparing Yourself for Surgery



Stop Smoking

Smoking increases your risks of complications during and after surgery, such as pneumonia and infection. Stopping smoking helps your wound and muscles to heal and is most effective if you refrain from smoking 90 days prior to surgery.

Limit Alcohol

Do not drink 2 weeks leading up to surgery, or at least limit alcohol intake to one glass of wine or beer, or one cocktail, per day. After surgery, check with your doctor before resuming alcohol intake.

Do not drink alcohol while you are taking pain medication.

Eat Healthy

Good nutrition is important for healing. Eating a healthy diet helps decrease the risk of heart disease, high blood pressure, and diabetes. Fix and freeze (or buy) healthy meals for times you may be alone. **See page 29 of the appendix** for further nutrition information.



Visit Your Dentist

Any tooth decay, gum problems, or on-going dental work should be treated and completed before surgery. Oral health is important because bacteria easily enter the bloodstream through the mouth and can cause infection. For this reason, please check with your surgeon to see how close to your surgery date you may have dental work. Continue to brush and floss your teeth twice a day.

Pick a Coach

Pick a friend or family member to help you for the first few days after you get home from the hospital. Share this booklet with your coach so that he or she can help you to stay on track during your recovery.

Get the Equipment you Need

You may need a rolling walker, a back or neck brace, or additional adaptive equipment after surgery. Please ask your surgeon's office about what equipment you may need and how to get these items prior to surgery. Please bring your brace to the hospital with you. If you need your personal walker to be adjusted by physical therapy you may bring it, otherwise one will be provided for you to use while in the hospital.



See page 30 of the appendix for more information about medical equipment.

Create a Safe Home Environment

- Remove scatter/throw rugs from around the house.
- Make sure that all stairways are secure and have hand railings.
- Tuck away long phone and lamp cords.
- Move furniture so that you can easily walk around the house with a walker.
- If possible, have rails in your tub or shower professionally installed.
- A shower bench, or chair, as well as a hand-held shower nozzle and non-skid tub mats may be helpful after surgery.

Clean your Skin

3 days before to surgery you will begin using the chlorhexidine gluconate (CHG) bathing solution given by the pre-anesthesia testing department. This process is described in detail on the following page. Frequently asked questions about the skin preparation are listed in the appendix.

*If you have questions about where to get the CHG wash, please call **757-886-6411**.*

PREPARING YOUR SKIN FOR SURGERY (Home)

Our skin is naturally covered with bacteria that actually help us to stay healthy. However, if bacteria enter the body through an opening, such as a surgical wound, there is an increased risk of developing an infection at the surgical site. Preparing or “prepping” the skin before surgery can reduce the risk. Your surgical team at Bon Secours Mary Immaculate Hospital would like you to prep your skin by cleansing it with chlorhexidine gluconate (CHG), an antiseptic.

You will be given a product called StartClean. This kit contains a liquid solution of CHG and three sponges. This solution and sponges must be used for three showers before your surgery.



CAUTION

- DO NOT use the products if you are allergic to chlorhexidine. Use an antibacterial soap instead, such as Dial.
- DO NOT use the product on your head, face and genitals, or near your eyes. Use your regular soap in these areas.

If you have any questions, call
757-886-6411 or 757-886-6300
between 8 a.m. and 5 p.m.,
Monday through Friday.

SPECIAL INSTRUCTIONS

- STOP SHAVING three days before surgery.
 - Only facial hair is permitted to be removed with a razor.
 - Shaving before applying CHG to the skin may increase sensitivity and can cause cuts in the skin that may lead to an infection.
- DO NOT apply any lotion, powder, sprays or deodorant to your skin after using the solution.

Thank you for helping us to prevent surgical site infections!



BON SECOURS MARY IMMACULATE HOSPITAL
Bon Secours Hospital Health System

Good Help to Those in Need®

SHOWERING

THE FIRST SHOWER

- Only use 1/3 of the solution with each shower.
- Take a shower and wash your entire body, including your hair and genitals, using your normal soap and shampoo.
- Turn shower water off or step away from under the water flow.
- While your skin is still wet, use one of the sponges in the StartClean kit and pour 1/3 of the solution onto the sponge.
 - Wash from your neck down.
 - Do not use on your face or ears.
 - Do not use on your genital or anus areas.
- The solution does not lather. Wash without scrubbing.
 - Wash both arms and legs. Pay special attention to underarms and groin.
 - Wash your back (you may need to ask someone to help you).
 - Wash your buttocks.

- Rinse your body very thoroughly.
- Use a newly washed, clean towel to dry your body.
- Use newly washed clean clothes, sheets and pillowcases after showering.
- DO NOT apply any lotion, powder, sprays or deodorant to your skin after showering.

THE SECOND SHOWER

- Repeat the shower process as described using 1/3 of the solution.

THE THIRD SHOWER

- Repeat the shower process as described using 1/3 of the solution.

Thank you for helping us to prevent surgical site infections!

WHEN TO SHOWER

	SU	M	T	w	TH	F	SA
Shower							

Packing for the Hospital

Pack your suitcase for the hospital a day or two before your surgery. Staff will help you to change into your own comfortable clothes after surgery, even if you are staying the night. This will help you to get ready for a recovery at home.

Items to Include in Your Overnight Bag:

- Loose fitting clothing, such as gowns, loose pants/shorts, or bathrobes (pants and/or gowns should not drag the floor).
- Rubber soled shoes that tie easily, or slip-on shoes with a back.

No Flip Flops/Sandals

- Back brace (if your surgeon has you get one before surgery)
- Personal hygiene toiletries.
- Eyeglasses contact lenses and denture cases.
- Mobile phone charger.
- Magazines, books, crossword, iPad/kindle.
- A list of medications you are currently taking, including frequency and dosages.
- **A way to pay for prescriptions** (An outpatient pharmacy is in the hospital to make it easy for you to get your prescriptions before you go home).

What Not to Bring to the Hospital

- Your entire wallet or purse.
- Jewelry or other valuables.

Don't Forget!

- Label your belongings
- Bring your walker so that physical therapy can adjust it as appropriate
- Bring any additional support/adaptive devices necessary
(Example: Brace for Charcot foot, CPAP or BIPAP machine, **Back or Neck Braces**)
- Bring your Advance Medical Directive/ Living Will.
(If you do not have one, we can provide one for you. [See page 31 of the appendix](#))
- Bring your glasses (contacts must be removed for surgery)

Countdown to Surgery

Four Weeks Prior to Surgery

- Schedule your pre-operative physical.
- Plan for a nurse from pre-admissions to call you to schedule your pre-anesthesia testing appointment.
- Watch the online education class ([see page 5](#) for the how to find the video online).
- Begin setting up your home for a safe recovery.
- Eat three healthy meals per day.



10 to 14 Days Prior to Surgery

- Stop taking medications as instructed by your physician.
- Cease or limit alcohol intake. It's not too late to stop smoking.
- Prepare healthy meals to freeze and reheat after surgery

Three Days Prior to Surgery

- Begin CHG skin prep ([see page 13](#)).

Day Prior to Surgery

- Pack items for the hospital.
- Surgical time will be given to you by the surgeon's office.
- **Do not eat or drink anything after midnight the night before surgery.** (This includes gum, mints, water, etc.)

Day of Surgery

- Brush your teeth and rinse with water, but do not swallow the water.
- Wear loose-fitting clothes that are easy to take off (no deodorant or lotion).
- Leave ALL jewelry and valuables at home (except payment for prescriptions).
- Take only medications you have been instructed to take with a sip of water.
- **Do not** smoke the morning of surgery.

Day of Surgery

Reporting to the Hospital

You will report to the main desk on the ground floor of the surgical pavilion on the day of surgery, which is adjacent to the Emergency Room entrance. There is a map located in the back of this handbook.

You will be taken to the pre-operative preparation area. In the pre-operative area, a nurse will go over your medical information and check your vital signs (i.e., blood pressure, pulse, temperature, respirations or breathing). An intravenous (IV) tube will be inserted to give you IV fluids. Your skin will be cleansed with CHG wipes and your nostrils with antiseptic swabs to prevent infection.

Holding Area: “Holding”

Once you have finished the initial preparations, you will be moved to the second floor of the surgical pavilion. Here you will see your surgeon, your anesthesiologist and meet the members of your surgical team. You will be given antibiotics to decrease your infection risk. You will use a warming blanket, so you are not cold waiting for surgery. A normal temperature before surgery reduces the rate of infection.

If you are having anxiety you may be given medications to help. If you wear dentures, eyeglasses or contact lenses, you will need to remove them at this time.

Family Waiting Area

If we allow visitors in the hospital, a family member can remain with you during the pre-operative process. When it is time for surgery, your family member will go to the surgical waiting area on the second floor. Let your family member know, it may be four to six hours from the time you have surgery until they will see you. When your surgery is done, your family will be updated.



Anesthesia Information



The anesthesia team includes an anesthesiologist and a nurse anesthetist. They oversee your comfort and well-being before, during, and right after your surgery. They will meet with you before surgery to develop an anesthetic care plan for you based on your health history, medications and personal needs.

What Types of Anesthesia Are Available?

You and your anesthesia team will decide what is the best type of anesthesia for you in the pre-op period. The types available for you are:

General Anesthesia

General anesthesia uses a combination of anesthetic gases and IV medications to put you to sleep. After you are asleep, an ET tube (endotracheal tube) will be put in your mouth and trachea to regulate your breathing during surgery. Your anesthesiologist will monitor and medicate you to make sure you are comfortable and asleep during surgery. The ET tube will be removed prior to you awakening from anesthesia.

Will I Have Any Side Effects to the Anesthesia?

Your anesthesiologist will discuss the risks and benefits with the different anesthetic options. They will tell you about any complications or side effects that can occur with each type of anesthetic.

Nausea and vomiting are a common side effects of anesthesia and narcotic pain medication. Medications to treat nausea and vomiting will be used before, during and after surgery if needed.

Tell your anesthesia team if you have had problems with anesthesia in the past.

Surgery

In the operating room, your anesthesia team will monitor and manage your vital functions, including heart rate and rhythm, blood pressure, temperature and breathing. You will also be asked to breathe oxygen as you are readied for anesthesia. Once you are asleep, there will be a “time out” — a verification of the correct patient and operative site for safety purposes — performed prior to the start of surgery.

The average length of time for the surgery is dependent on how many spinal levels your surgery involves. Your procedure can be an hour to several hours long, with revisions requiring more time. Talk with your surgeon about how long he or she anticipates you to be in surgery.

Post-Anesthesia Care Unit “PACU”

After surgery, you will be taken to the Post Anesthesia Care Unit (PACU), also called the recovery room, where you continue to be under the care of an Anesthesiologist. Your vital signs will be observed closely as the effects of anesthesia begin to wear off. Early on, you may feel sleepy, dizzy, or confused. It is not unusual to be groggy for the remainder of the day. After you are awake and your Anesthesiologist has decided you are stable, you will be moved from the PACU. You will go to our Phase 2 recovery unit if you are going home. If your surgeon requests that you spend the night in the hospital you will be moved to a room on 2South Orthopaedics, where you will recover under the care of your surgeon.

What to Expect in the Hospital?

Pain Management — Do not expect to be pain-free.

Pain is a part of surgery and recovery. Your nurse will work with you to establish pain goals to help you have pain tolerance. **Pain tolerance** means the pain is present, but bearable. Pain medication, positioning, and movement will be used to help you manage your pain.

Vital Signs — include blood pressure, breathing, pulse, and temperature. Vital signs will be assessed every four hours by your nurse or nursing assistant.

Intravenous Therapy — IV fluids will be given to help hydrate your body after surgery. Antibiotics will be given intravenously for the first 24 hours to prevent infection.

Sequential Compression Devices (SCD) An SCD machine is used to



prevent a DVT (deep vein thrombosis) by helping to circulate the blood flow in the legs. SCD's are shaped like "sleeves" that wrap around the legs and inflate with air, one at a time. This movement imitates walking, promoting blood flow, which helps to prevent blood clots. *Keep these on while in the hospital bed.* They will be removed when you get up to sit in the bedside chair or walk.

Support Stockings (TEDs) – After surgery, compression stockings may be placed on both legs (*if ordered by your surgeon*) to promote blood circulation and ease swelling in the legs.

Back Brace or Neck Collar – Your surgeon may have you



wear a back brace or neck collar. The brace or collar is used to provide stability and protection by lessening the strain and pressure on the spine while reducing mobility. *Follow your surgeon's instructions about when to wear your back brace or neck collar.*



Drain Care – You surgeon may place a drain in your incision site during surgery to help prevent fluid build-up. This drain will be removed prior to discharge once it is determined that it is no longer collecting fluid. If your surgeon requests your drain to remain in longer, instructions will be provided for how to care for it at home.



Incentive Spirometer – is a device that will help to exercise your lungs, prevent fluid buildup, and reduce fever after surgery. You should use this device 10 times an hour to prevent pneumonia and reduce fever. Coughing and deep breathing help prevent lung congestion and pneumonia.

Bathing & Dressing (Occupational Therapy)

After surgery you will be asked to change into your own loose-fitting clothing. Each morning you will be wiped down with the same CHG bathing wipes used prior to surgery to prevent infection. An occupational therapist will see you to assess your ability to perform daily activities, such as bathing and dressing. In working with you, they will determine if you need some assistive devices to help you with grooming and dressing. He or she will educate you on the use of adaptive equipment (see appendix page 30) to maximize your independence.

Mobility (Physical Therapy)

Expect to get up and out of bed with physical therapy, or our nursing staff, within approximately 120 minutes of getting to your room. You will be assisted to a bedside chair for all meals as part of our “up for meals” mobility program. A “falls agreement” will be signed as a reminder that you should not be getting out of bed without a staff member present. A Physical Therapist will work with you daily to ensure that you are practicing safe mobility. Here is an exercise that you can start performing right away:



Ankle Pumps — Immediately after surgery, you may be encouraged to do ankle pumps every hour to increase the circulation in your legs. This is done by moving your ankles up and down in a gas-peddle movement.

Medication Provided During My Hospital Stay

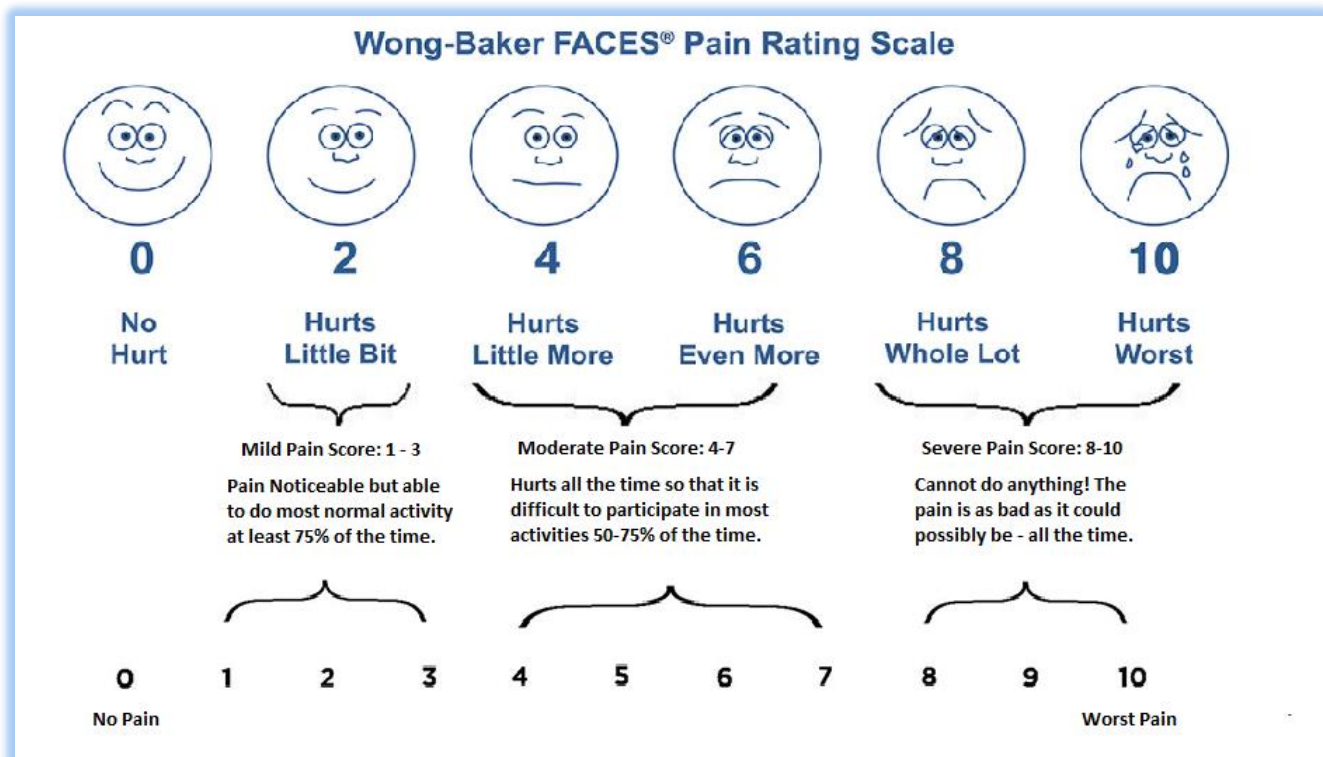
Pain Medication

Your surgeon will choose pain medications that are appropriate for you. It is common to receive narcotics, Tylenol®, and muscle relaxers to control your pain. It is important for you to communicate with your nurse regarding your pain level. Notify your nurse when the pain is moderate instead of waiting for when pain is severe. Your physician may order a PCA Pump to administer pain medication if you stay the night in the hospital (discussed on the following page).



Pain Scale

The Wong-Baker pain scale is numbered from 0 to 10. Zero is no pain and 10 is the worst pain you have ever had. While you're in the hospital, you will be asked to rate your pain level using this scale. The nurses will medicate you based on your response, helping you to achieve good **pain tolerance**. A sample is shown here:



PCA Pump



Patient-Controlled Analgesia (PCA): a special pump that has pain medication that gives patients the power to control their pain. The special pump has a syringe filled with pain medication. It is connected to your intravenous (IV) line. A push-button cord is given to you. You will push the button anytime you have pain. The pump will deliver a set amount of pain medication that your surgeon has ordered. The pump has built-in safety features, so you only get a safe amount of medication in a specific time period (*regardless of how often the button is pressed*).

You will only have the PCA for one night. The morning after surgery you will be given pain pills.

Stool Softener

Pain medication and anesthesia will make your bowels slow to move. A stool softener, such as Colace®, will be ordered by your surgeon to help promote bowel movements. Continue taking a stool softener at home and remember to stay hydrated!

My Daily Medications

If you spend the night in the hospital, your routine daily medications will be provided once they are checked by a Pharmacist to ensure they do not interact with the medication ordered by your surgeon.






Mary Immaculate Outpatient Pharmacy

You will be provided with the opportunity to fill your medication at our outpatient pharmacy inside of the hospital, or at your home pharmacy. If you choose our pharmacy, transportation will take you by the pharmacy on your way out of the building. **Filling prescriptions is for your convenience and does not obligate you to refill medications here. **

Side Effects

There are side-effects to the medications you will be receiving are clearly listed on the [next page](#).

Side Effects

MEDICATION TYPE/USE		MEDICATION NAMES	SIDE EFFECTS
PAIN TOLERANCE			
Non-narcotics:	So you can walk, do your exercises and take care of yourself	<ul style="list-style-type: none"> Acetaminophen (Tylenol®) (Do not take more than 3,000 mg every 24 hours) 	<ul style="list-style-type: none"> Upset stomach Rash Headache Dark urine Liver problem
Narcotics:		<ul style="list-style-type: none"> Hydrocodone/Acetaminophen (Norco®, Lortab®) Hydromorphone (Dilaudid®) Oxycodone (Roxicodone®) Oxycodone/Acetaminophen (Percocet®) 	<ul style="list-style-type: none"> Upset stomach Drowsiness Itching Dry mouth Constipation Trouble urinating
NSAID/Non-steroidal anti-Inflammatories: Helps with swelling and pain		<ul style="list-style-type: none"> Celecoxib (Celebrex®) 	<ul style="list-style-type: none"> Upset stomach Reflux Diarrhea High blood pressure Liver problems
Nerve pain Medications: can help with neuropathic pain		<ul style="list-style-type: none"> Gabapentin Pregabalin (Lyrica®) 	<ul style="list-style-type: none"> Drowsy Dizziness Dry mouth Upset stomach Weight gain
STOP THE CLOT			
Blood thinners: Helps you not get a blood clot		<ul style="list-style-type: none"> Aspirin Apixaban (Eliquis®) Enoxaparin (Lovenox®) Rivaroxaban (Xarelto®) Warfarin (Coumadin®) 	<ul style="list-style-type: none"> Bruising Bleeding (nose, urine, stool) Dizziness Upset stomach Tired
CONSTIPATION			
Stool softener: Makes stool soft		<ul style="list-style-type: none"> Docusate (Colace®) 	<ul style="list-style-type: none"> Stomach cramps Nausea Diarrhea
Laxatives: Makes bowels move		<ul style="list-style-type: none"> Milk of Magnesia (MOM) Polyethylene Glycol (MiraLAX®) Senna (Senokot®) 	<ul style="list-style-type: none"> Diarrhea Cramping Upset stomach Burping
UPSET STOMACH			
Medications or over-the-counter products: Used to prevent or treat nausea or throwing up		<ul style="list-style-type: none"> Ondansertron (Zofran®) 	<ul style="list-style-type: none"> Dry mouth Dizziness Headache
		<ul style="list-style-type: none"> Ginger ale Ginger tea Peppermint candy Peppermint essential oil 	<ul style="list-style-type: none"> None

Precautions

Blood Clots

Blood clots can sometimes occur after surgery, although the occurrence is very rare for the cervical spine patient. Blood clots can occur in the arm or leg as a deep vein thrombosis (DVT). When a blood clot goes unrecognized, it can break away from the vein and travel to the heart (heart attack), lung (pulmonary embolism), or brain (stroke).

To prevent a blood clot:

- Do ankle pumps 10 times every hour and walk once an hour (while awake) once home.
- Wear your SCDs while in the hospital.
- Take your blood thinner as prescribed.



Warning signs of a blood clot include:

- Pain and swelling of the foot, ankle, or calf that does not get better with elevation.
- Chest pain or shortness of breath. (If this chest pain or shortness of breath is sudden or severe, tell your nurse immediately)

It is normal to experience moderate swelling, warmth, and redness around the incision site after surgery.

Constipation

Constipation is a common side effect of narcotic pain medication.

To prevent constipation:

- Get up and move every hour.
- Take Colace® (stool softener) daily and/or a mild laxative (MiraLAX®) if needed.
- Drink eight glasses of water a day.

Pneumonia

People who have had surgery have a higher risk of fluid buildup in their lungs due to moving around less than normal. This fluid buildup can cause pneumonia.

To prevent pneumonia:

- Get up and move every hour while awake.
- Use your incentive spirometer 10 times an hour while awake.



Infection

To prevent Infection:

- Keep your incision covered, as instructed, and dry — do not apply lotions or ointment.
- Shower as directed by your surgeon.
- Notify your surgeon or visiting nurse if there is *increased* drainage, redness, pains, odor or heat around the incision.
- Refrain from smoking and alcohol use.
- If diabetic, ensure that your blood sugar is well managed.
- Wash your hands! Ensure that you, your family, and your healthcare providers are all practicing proper hand hygiene.

Warning signs of infection include:

- Persistent fever (A slight temperature is normal after surgery. Call your surgeon if your oral temperature exceeds 100.5 degrees Fahrenheit)
- Shaking or chills.
- *Increased* redness, tenderness, or swelling
- *Increased* pain during activity and at rest.
- *Change* in color, amount or odor of drainage.



If you experience any signs of infection, call your nurse or surgeon immediately.

Remember: Walking is the best way to prevent complications.

Care After Discharge

Plan to recover at home. You will rest better, heal faster, eat better, and have less chance of complications in your own home. Your surgeon will let you know if you will need home health services after your spine surgery.

Discharge the Day of Surgery: If you go home the day of surgery your surgeon's office will arrange for home health before surgery if you will need it.

Spending the Night in the Hospital: If the plan is for you to spend the night at the Mary Immaculate our Care Managers will work with you on a plan to go home with assistance from a home health agency (*if your surgeon orders home health*). Home Health consists of a therapist and a nurse who will come to your home 2-3 times a week.



If you are not sure which agency you would like to use, a list of home health agencies is listed on the **next page**. You may use the website, www.Medicare.gov, as a resource to see the ratings of all the Home Health agencies.

Please do not hesitate to call our care management department with any questions at 757-886-6291.

If your surgeon does not order home health, then make sure you are doing everything in this book to recover at home. If you get home and feel you need to see a home health therapist or nurse call your surgeon's office.

Home Health Agencies

Bon Secours Home Health/Hospice *	(757) 889-4640	
Albermarle Home Care	(252) 338-4066	
All-4 One Home Care	(757) 962-7838	
Amedisys (Brookside)	NN (757) 223-5424	WMBG (757) 253-2536
A+ Healthcare Partners	(757) 966-5180	
At Home Care	(757) 220-2112	
Bayada Home Health Care	(757) 565-5400	
BioScrip Home Infusion	(757) 855-4255	
Bright Star Home Health	(757) 206-1167	
Comfort Care (Chesapeake Regional)	(757) 312-6464	
Encompass	(757) 226-7560	WMBG (757) 585-2530
Equilibrio Home Health (Southside only)	(757) 965-9942	
Generation Home Care	(757) 822-6991	WMBG (757) 259-7411
Dare Home Health (North Carolina)	(252) 475-5028	
Hope in Home	(757) 873-3410	
Interim Healthcare	(757) 873-3313	Norfolk (757) 466-1401
Intrepid	(757) 787-7202 Eastern Shore (757) 490-3009	
Jewish Family Services	(757) 489-3111	
Kindred Home Care	(757) 499-2303	
Medi Home Health	(757) 420-7192	
Personal Touch Home Care/Hospice	(757) 595-8005	
Rappahannock Home Care	(804) 435-8587	
Riverside Home Health	(757) 594-5600	
Riverside Shore HH (Eastern Shore)	(757) 789-5000	
Sentara Home Care	(757) 553-3000	Wmsbg (757)259-6251
Southampton Home Health	(757) 569-6360	
Southeastern Home Health	(757) 234-6650	
Virginia Health Home Care	(757) 534-9222	
Williamsburg Landing Home Health	(757) 565-6552	

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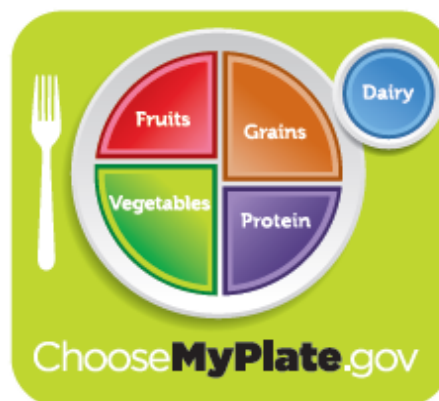
Appendix

Healthy Eating

Eat Healthy

Good nutrition is important for healing. To have a good diet, eat three meals per day and do not skip meals.

- Make sure to eat protein.
- If you are diabetic, keep your blood sugars under control.
- Choose foods and drinks low in saturated fats and sodium, and have no added sugar.
- To get the right nutrients, use all five food groups.



How many grams of protein do you need daily?

- | | | | |
|---------------------------------|---------------------------------|----------------------------------|-----------------------------------|
| • 110 pounds:
40 to 50 grams | • 160 pounds:
58 to 72 grams | • 210 pounds:
76 to 95 grams | • 260 pounds:
95 to 118 grams |
| • 120 pounds:
44 to 55 grams | • 170 pounds:
62 to 77 grams | • 220 pounds:
80 to 100 grams | • 270 pounds:
98 to 123 grams |
| • 130 pounds:
47 to 59 grams | • 180 pounds:
65 to 82 grams | • 230 pounds:
84 to 105 grams | • 280 pounds:
102 to 127 grams |
| • 140 pounds:
50 to 64 grams | • 190 pounds:
69 to 87 grams | • 240 pounds:
87 to 109 grams | • 290 pounds:
105 to 132 grams |
| • 150 pounds:
55 to 68 grams | • 200 pounds:
73 to 91 grams | • 250 pounds:
91 to 114 grams | |

Food with Protein	Serving Size	Protein (grams)
Cottage cheese	1 cup	28
Ricotta cheese	1 cup	28
Beef, fish, pork, chicken or turkey	3 ounces	21
Vegetarian burger	1 patty	10-15
Tofu	½ cup	13
Soy milk	1 cup	9
Milk (all types, including chocolate milk)	1 cup	8
Yogurt	6 ounces	8
Cooked dried beans, peas or lentils	½ cup	8
Peanut butter or other nut spread	2 tablespoons	8
Cheese	1 ounce (1 slice)	7
Egg	1 large	6
Nuts or seeds	2 tablespoons	3-5
Bread	1 slice	2
Cooked cereals, pasta, rice or vegetables	½ cup	2

Adaptive & Durable Medical Equipment

While you are in the hospital, Occupational Therapy will provide you with a sock aid, long-handled bath sponge, long-handled shoehorn, and a reacher if it is decided that you need them.

Sock Aid



Long-handled Bath Sponge



Long-handled Shoehorn



Reacher



Rolling Walker

If you are having lumbar surgery you will need a rolling walker, as shown with 2 wheels in the front, no wheels in the back. Talk to your surgeon's office about rather they will be providing you with a walker or if you need to obtain one.

You can find this equipment at your local medical supply store, drug store, thrift store, or online, on Amazon.



3-in-1 Chair

This may be helpful after surgery, as it can be used as a bedside toilet, an elevated toilet that fits over your existing toilet, and a shower seat.

Make Your Wishes Known

Put Your Health Care Decisions in Writing

ADVANCED MEDICAL DIRECTIVE

An advanced medical directive is a legal paper letting your care team know what you want done if you are not able to tell us. It is our policy at Mary Immaculate Hospital to respect and follow your wishes.

There are different types of advanced medical directive:

Living Wills ---Written instructions that tell you wishes for your health care. The Living Will is your wishes in writing when you are not able to tell us what you do and do not want done.

Health Care Agent (may be called a medical power of attorney) ---A legal paper that lets your care team know who you want to make decisions about your medical care if you can't.

Health Care Instructions ---Your chose regarding the use of life-sustaining equipment, hydration, nutrition, and use of pain medicines.

At Bon Secours Mercy Health Mary Immaculate Hospital, it is our policy to respect and follow our patient's wishes for their care.

On admission to the hospital you will be asked if you have an Advance Medical Directive. If you do, **please bring copies of the documents to the hospital with you**, so they can become a part of your medical record. If you do not have one and would like to get one let us know.

Advance directives are not a requirement for hospital admission.

Frequently Asked Questions

Will the surgery be painful?

You will have pain and discomfort following the surgery, but it should be tolerable with the appropriate interventions, such as medication, ice, and mobility.

When can I take a shower after surgery?

Showering after surgery is dependent on your surgeon. Specific information will be provided upon discharge. Sponge bathing may be necessary in the immediate post-operative period to ensure your dressing stays clean and dry.

When will I be able to get back to work?

Your surgeon will let you know when you will be able to return to work, but it greatly depends on your recovery and your occupation.

When can I start driving?

Not until your surgeon gives you approval to drive.

When can I have sexual intercourse after surgery?

The time to resume sexual activity should be discussed with your Orthopaedic physician.

Frequently Asked Questions Regarding the CHG Skin

Preparation:

If I perform my CHG bathing at night prior to bed, may I shower again in the morning?

Yes. You may take a normal shower again in the morning, if necessary, but use the cleaning solution only during the nightly shower. (DO **NOT** SHOWER ON THE MORNING OF SURGERY.)

Do I need to wash the comforter on my bed every day as well?

No. If the comforter is clean, only the towels, pajamas, and sheets need to be cleaned each day for the three days prior to surgery.

Can my spouse sleep with me? What about my dog or cat?

Yes, your spouse may sleep with you. It is recommended that your pet sleep elsewhere if normally under the sheets with you in the bed.

Do I need to clean my sheets every day after surgery?

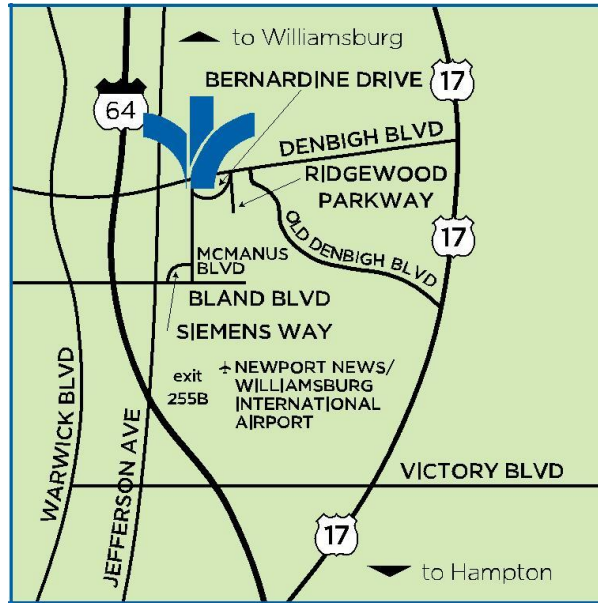
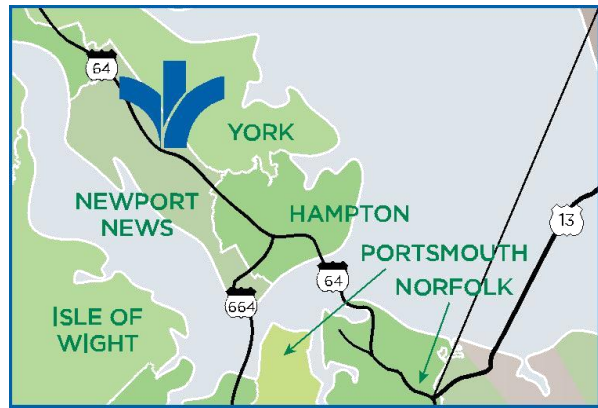
No. Post-operatively your incision area will be covered and not exposed.

If I have difficulty reaching my back, is it okay to use a sponge with a handle to reach it?

Yes, if the sponge is new and clean you may use it to clean areas you cannot reach. Sponges with handles can be found at most drug stores.

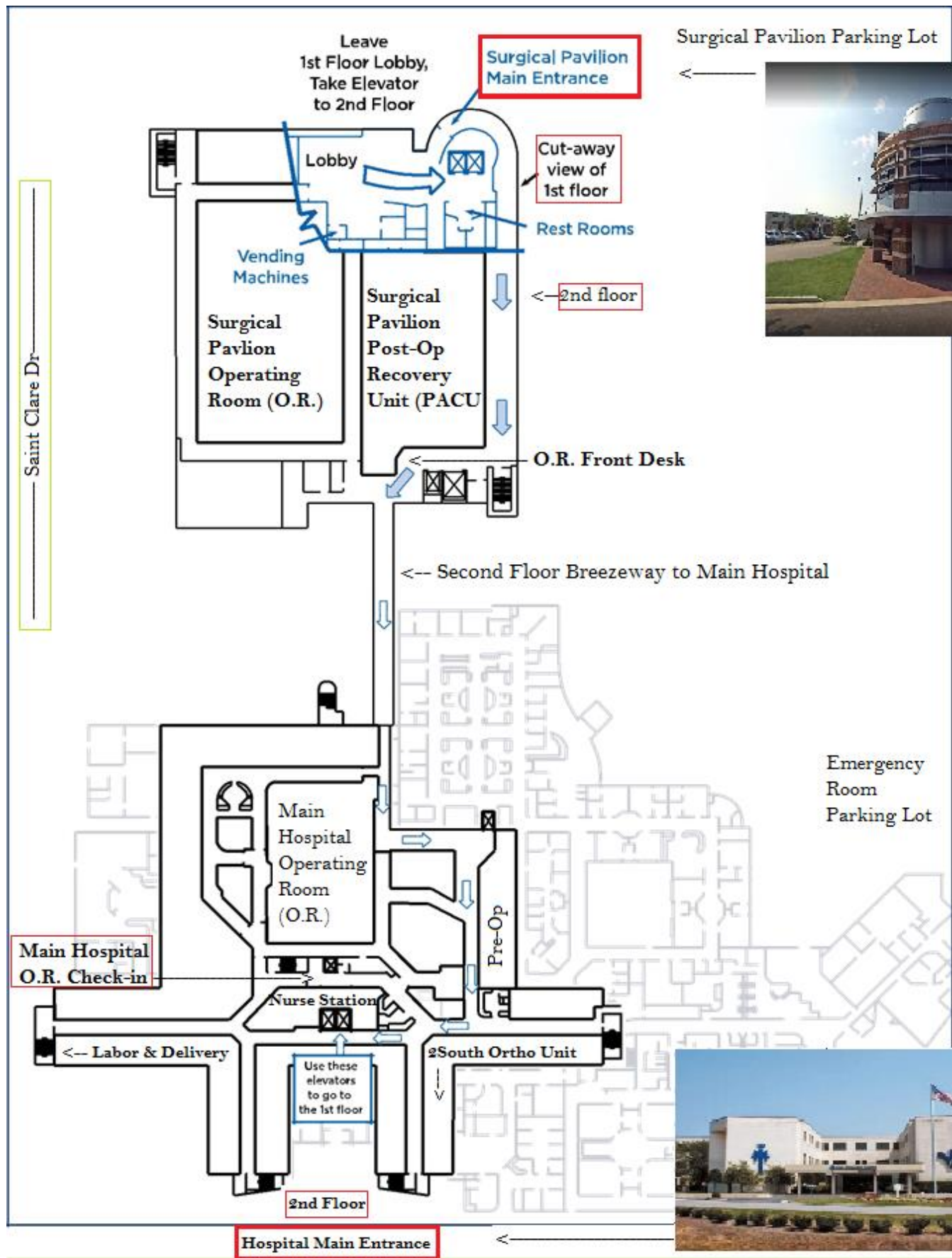
Directions & Maps

From I-64, take Exit 255B toward the Newport News/Williamsburg International Airport. Stay on Jefferson Avenue for approximately ½ mile. Turn right onto Bland Boulevard, then take a left onto Siemens Way at the stop light. Continue to follow Siemens Way around to the right. Turn left onto McManus Boulevard, directly across from the airport. Follow the road almost to the end and turn right onto Bernardine Drive. Bon Secours Mary Immaculate Hospital is on the right.



Directions from Surgical Pavilion First Floor to the Main Hospital 2 South Orthopaedic Unit

The following page is a map of the second floor of the surgical pavilion and the main hospital. There is a small cut-out of the first-floor lobby of the Surgical Pavilion Main Entrance (**red block top of page**). If you follow the blue arrows onto the elevator and out to the second floor, it will lead you through the surgical pavilion and second floor breezeway, directly to 2South Orthopaedics in the main hospital.



Hotel Discounts

Bon Secours patients and families have a new reason to feel good about choosing us as their health partner. You'll now be able to stay closer to your loved ones at a substantial discount. There are participating hotels near our award-winning Bon Secours hospital where you can receive these wonderful benefits:

Courtyard Marriott
105 Cybernetics Way
Yorktown, VA 23693
757-874-9000

Residence Inn
531 St. Johns Road
Newport News, VA 23602
757-842-6214

Comfort Suites
12570 Jefferson Ave.
Newport News, VA 23602
866-348-7755

Courtyard by Marriott
530 St. Johns Road
Newport News, VA 23602
757-842-6212

You must mention that you are seeking the "Bon Secours discount."