Thank you for choosing the Center for Spine Surgery at Anne Arundel Medical Center (AAMC). Our team of spine surgeons and specially trained staff are dedicated to your comfort, well-being and smooth recovery.

This guide will help you and your family understand what to expect before, during and after spine surgery at AAMC. Please remember that this guide is not meant to replace discussions with your surgeon or other health care providers. They understand your personal needs best, so use their advice and ask questions if you are unsure of any information.

At the Center for Spine Surgery, we’re committed to giving you an excellent experience and the information you need for a safe and successful outcome. Thank you for entrusting us with your care.

The AAMC Center for Spine Surgery Team
On Day of Surgery

From Annapolis and the Eastern Shore
› Take Route 50 West to Jennifer Rd., Exit 23A.
› Continue straight through light onto Pavilion Pkwy.
› Make immediate right onto Izzo Way.
› Follow signs to GARAGE A.

From Washington, DC and Points West
› Take Route 50 East to Parole, Exit 23.
› Bear right onto West St.
› Turn right on Jennifer Rd.
› Go approximately one mile, through traffic light at Medical Pkwy.
› Turn left at traffic light on to Pavilion Pkwy.
› Make immediate right on to Izzo Way.
› Follow signs to GARAGE A.

From Baltimore
› Take Route 97 South to Route 50 East to Parole, Exit 23.
› Bear right onto West St.
› Turn right on Jennifer Rd.
› Go approximately one mile, through traffic light at Medical Pkwy.
› Turn left at traffic light on to Pavilion Pkwy.
› Make immediate right on to Izzo Way.
› Follow signs to GARAGE A.

For Pre-Op Class and Visiting after Surgery

From Annapolis and the Eastern Shore
› Take Route 50 West to Jennifer Rd., Exit 23A.
› Turn left at the light on Jennifer Rd.
› Turn right at the light on to Medical Pkwy.
› Turn right at the next light.
› Park in GARAGE C.

From Washington, DC and Points West
› Take Route 50 East to Parole exit, Exit 23.
› Bear right onto West St.
› Turn right on Jennifer Rd.
› Go approximately one mile, and turn left at traffic light on to Medical Parkway.
› Turn right at the next light.
› Park in GARAGE C.

From Baltimore
› Take Route 97 South to Route 50 East to Parole exit, Exit 23.
› Bear right on to West St.
› Turn right on to Jennifer Rd.
› Go approximately one mile.
› Turn left at traffic light on to Medical Pkwy.
› Turn right at next light.
› Park in GARAGE C.

Visit Anytime at AAMC

We know your loved ones play an important role in your care and recovery. While in the hospital, you define who your family members are and we welcome them 24/7. Whether you’re connected biologically or not, the people you choose are called your “partners in care” and can visit anytime. All rooms are private, so family and friends can visit without interruptions and you can relax and heal in your own space.
IMPORTANT PHONE NUMBERS

Spine Surgeon: ________________________________ Number: ______________
Primary Care Doctor: __________________________ Number: ______________
Pharmacy: _________________________________ Number: ______________
Physical Therapist: __________________________ Number: ______________

BEFORE SURGERY CONTACTS
AAMC Spine Nurse Navigator........................................443-481-1361
AAMC Pre-Anesthesia Testing (PAT) Center ....................443-481-3624
AAMC Surgery Department........................................443-481-1800
Special Dietary Requests.............................................443-481-6111
Smoking Cessation Program ........................................443-481-5366
Hackerman-Patz House Lodging.................................410-571-3100

AFTER SURGERY CONTACTS
askAAMC (nurse hotline)................................................443-481-4000
AAMC Patient Financial Services.................................443-481-6500
AAMC Advocacy Department .....................................443-481-4820
AAMC Wellness Services............................................443-481-5555
AAMG Physical Therapy..............................................443-481-1140
and Outpatient Rehabilitation
Johns Hopkins Pharmaquip (equipment).........................443-250-4360
Grace Care Billing Department (spine braces)...............410-344-7196

WEBSITES
askAAMC.org

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We believe a strong partnership between you and your care team is vital to your recovery. Before, during and after your surgery, you’ll meet many specialists who will introduce themselves and explain their roles in your care:

› Our **Surgeons and Surgical Physician Assistants (P.A.)** perform your surgery and visit you daily while you’re in the hospital. You will have follow-up visits with your surgeon and/or P.A. after you leave the hospital.

› Our **Hospitalists and Medical Physician Assistants (P.A.)** manage your pain, medications and any new or existing medical conditions while you’re in the hospital. They’re available 24/7 during your stay and work closely with your spine surgeon.

› Our **Nurse Navigator** supports you and your family during your journey to recovery. You can contact your nurse navigator at any time with questions or concerns about your hospital stay or care at home.

› Our **Nurses** handle your daily needs, give medications, talk with you about your care and advocate for you and your family during your hospital stay.

› Our **Patient Care Technicians (PCTs)** address your daily needs like assisting you to the bathroom, helping with meals and bathing, taking your vital signs and providing support for your family during your hospital stay.

› Our **Rehabilitation Team** helps you increase and improve your mobility and safety after surgery. The team may include a physical therapist, physical therapy assistant, occupational therapist, certified occupational therapy assistant and/or speech therapist.

› Our **Care Coordinators** help with your needs outside the hospital, such as home health services, finding community resources and transportation requests.
Learning about the structure of your spine will help you to better understand your spine surgery. Your spine contains 33 bones called vertebrae, which give your body structure and protect your spinal cord. There are seven cervical (neck), 12 thoracic (chest), and five lumbar (lower back) vertebrae. Intervertebral discs and facet joints link the vertebrae together to give structural support and allow you to move and be flexible.
Common Spine Problems

Arthritis/Degenerative Disc Disease
As the cartilage discs age, changes in the vertebrae and joints can occur and lead to back pain.

Ruptured or Herniated Disc
Pressure causes the outer rings of an intervertebral disc to rupture and the rubbery inner contents to squeeze through.
This material may compress and irritate the spinal nerve root and cause back, buttock or leg pain.

Instability/Spondylolisthesis
If arthritis develops in the joints, vertebrae may begin to slip, leading to abnormal motion and narrowing around the nerves (stenosis).

Spinal Stenosis
Arthritis or spinal instability can cause the spinal canal area to narrow, pinching the nearby nerves. Spinal stenosis is most common in the lower back and symptoms may include: pain in the buttocks and legs, cramps, heaviness or numbness in the legs or feet, usually worse with walking.

Scoliosis
An abnormal curvature of the spine that may or may not cause pain or decreased range of motion.

Types of Spine Surgery

Discectomy/Microdiscectomy
A surgeon removes the herniated portion of the disc to relieve pressure on the nerve root or spinal cord.

Laminectomy
A surgeon removes the lamina, or the bony roof of the spine. This gives the spinal nerves more room and lowers irritation and inflammation. The lamina does not grow back, but scar tissue grows over the bone to replace the lamina and protect the spinal nerves.

Foraminotomy
A surgeon removes a small portion of the lamina over the spinal canal. This decompresses the left or right side of the spinal canal, leaving the majority of the lamina intact.

Fusion
A surgeon places bone graft between or around the vertebrae, which heals to your own bone over time and stabilizes two or more vertebrae. This bone graft may be an allograft (donor bone), an autograft (your own bone) or a bone graft substitute. Screws, rods or plates may provide added support while the bone graft heals.

Your surgeon will describe your exact spine surgery, explain the details and answer any questions related to your procedure.
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THREE TO FOUR WEEKS BEFORE SURGERY

☐ Contact your insurance company for information on:
- Pre-authorization and co-pays.
- Referral forms you may need.
- Therapy and rehabilitation benefits.

☐ Obtain medical clearance for surgery and complete pre-operative testing.
- Within 30 days of your surgery date, you must have a physical evaluation to clear you for anesthesia and surgery.
- You can visit AAMC’s Pre-Anesthesia Testing Center (PAT) OR see your primary care doctor to get cleared before surgery.
- Complete any blood work or tests (i.e. EKG) that your surgeon or primary care doctor orders for you.
- If your surgeon requires medical clearance from any specialists you see (i.e. cardiology), you must complete those appointments before surgery.

☐ Arrange for help at home after surgery.
- After spine surgery, most people go straight home from the hospital.
- You must arrange for a caregiver (family, friend, neighbor, etc.) to drive you home from the hospital and help you during the first week after surgery.
- Your caregiver may need to help you get dressed, prepare meals, track your medication, drive you to follow-up visits and ensure your safety.
- If you have questions about care after surgery, call the spine nurse navigator at 443-481-1361.

Note: Based on physical need, insurance coverage and other factors, you may be eligible for home health services or care in a skilled nursing facility after surgery. However, we strongly suggest you develop your own home care plan in case your insurance doesn’t cover these services.

☐ Register for Pre-operative Class
Anyone scheduled for a multi-level laminectomy or spinal fusion surgery should attend AAMC’s free Spine Surgery Pre-operative Class.
- Register online at www.aamcevents.org and click “Spine Surgery Pre-op Classes” OR call the spine nurse navigator at 443-481-1361 to register.

☐ Contact AAMG Physical Therapy to arrange a PT360 in-home safety evaluation.
During this evaluation, a physical therapist will come to your home and teach you how to safely get in and out of bed, up and down stairs, in and out of your car and recommend ways to improve your home set-up.
To contact PT360 and find out if there’s a therapist in your area, call 410-553-3515.

Billing for Service
After surgery, you will receive separate bills for services provided, including: your anesthesiologist, surgeon, hospital, laboratory, and equipment. For more information, see page 49.

In addition you will receive a bill from Adfinitas Health, the medical hospitalist team who manages your pain, medications and any existing or acute conditions during your hospital stay.

AAMC’s PAT Center
If you do not have a primary care doctor or prefer to have your medical clearance completed at the hospital, call AAMC’s Pre-Anesthesia Testing (PAT) Center at 443-481-3624 to make an appointment.

Pre-surgical testing, including: a physical, lab work, an EKG and chest x-ray can be completed in one visit at PAT. Specialist referrals (i.e. cardiology) can also be provided.

Location
AAMC, Wayson Pavilion, Suite G60
Free Parking is available in Garage B

Hours
Monday-Friday, 8 am-4:30 pm
Medication List

Please fill out the medication list at least two weeks before surgery

Have this form available when the surgeon’s office or hospital calls to review your medications.

If you are going to PAT, bring this form with you to your appointment.

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<thead>
<tr>
<th>Name of Medicine</th>
<th>Dose (Mg)</th>
<th>Frequency</th>
<th>Reason for Taking Meds</th>
<th>STOP (1-2 week(s) before surgery)</th>
<th>TAKE (NIGHT before surgery)</th>
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SEVEN TO TEN DAYS BEFORE SURGERY

☐ **Stop medications that increase risk of bleeding.**

Some anti-inflammatory medications and supplements may increase your risk of bleeding during or after surgery. For a complete list, ask your surgeon. These medications include, but are not limited to:

- Aspirin
- Aleve
- Advil
- Motrin
- Naproxen
- Vitamin E
- Multivitamins
- Glucosamine
- Ibuprofen
- Mobic
- Diclofenac
- Relafen
- Herbal Supplements
- Excedrin
- Aspirin
- Coumadin
- Xarelto
- Pradaxa
- Eliquis

If you are on any of the following medications, ask your surgeon and cardiologist when you should stop taking them before surgery:

- Aspirin
- Xarelto
- Pradaxa
- Coumadin
- Eliquis

☐ **Prepare your home for after surgery.**

- Create clear paths for walking by removing objects from the floor, such as loose rugs, toys and cords.
- Place items you use often at waist height to prevent bending, lifting and twisting (i.e. kitchen items, toiletries).
- Secure non-slip bath mats and consider installing grab bars in your shower or bath for safety getting in and out. Shower chairs help prevent standing for long periods of time, especially if you've had a lumbar fusion.
- Place nightlights in bathrooms, bedrooms and hallways.
- It is very important that you have a comfortable chair, preferably a recliner, with arm rests and a firm cushion, to make it easier to get up and down after surgery.
- Prepare and freeze meals, pay bills, do laundry and complete other household tasks so you don’t have to worry about them right after surgery.
- Pets: Arrange for someone to help you for the first week with food, water, walking and cleaning up after your pet.

☐ **Purchase items needed for after surgery.**

After spine surgery, most people go straight home from the hospital and need these items.

- Stool softener/mild laxative— It is very important to take a stool softener/laxative while on narcotics to prevent constipation. Senna (Senokot) is a commonly used stool softener.
- Gauze pads— 5 x 9 inch pads (i.e. ABD pads) for lumbar patients, 4 x 4 inch pads for cervical patients.
- Thermometer
- Optional items:
  - cold therapy gel packs
  - long handled sponge/brush
  - foam sleeping wedge or back rest (cervical patients only)

☐ **Tell us about your dietary needs.**

If you have any allergies, special dietary needs or preferences, call our patient and food specialist at 443-481-3602 before coming to the hospital.

☐ **Contact your surgeon with any health updates.**

If you develop any kind of illness such as cold, flu, fever, tooth abscess, skin rash or infection, or any other “flare up” of a health problem in the 10 days before your surgery, call your surgeon’s office right away.

☐ **Read “Exercise Your Right: Put Your Healthcare Decisions in Writing” on page 48.**

☐ **Read “Anesthesia and You” on page 49.**
THREE DAYS BEFORE SURGERY

☐ Three days before surgery, begin using nasal mupirocin (Bactroban) ointment.

» Your surgeon may prescribe mupirocin ointment, which is used to kill bacteria that live in your nose and can spread to other people or enter your surgical wound.

» Studies show that using mupirocin ointment prior to surgery significantly reduces the chance of infection after surgery.

» Refer to page 47 for instructions on how to use.

TWO DAYS BEFORE SURGERY

☐ Two days before surgery, begin using chlorhexidine (CHG) cloths.

» Your surgeon will give you disposable cloths moistened with an antiseptic solution (CHG) to prepare your skin for surgery.

» Studies show that using a rinse-free antiseptic solution prior to surgery significantly reduces the chance of infection after surgery.

» Refer to page 46 for instructions on how to use.

THE DAY BEFORE SURGERY

☐ Receive call with the time of your surgery.

» The hospital will call you the business day before your surgery between 2-5pm to let you know the time of your surgery and when you need to arrive at the hospital.

» If your surgery is scheduled on a Monday, the hospital will call you on Friday.

» If you miss the call, you may call 443-481-1796 or 443-481-1800 for your arrival and surgery time.

☐ Receive call from AAMC Prep Team.

» The hospital will call you the day before surgery to confirm your registration information, including medical history, surgical history, medication list, and allergies.

» A nurse will explain which medications you should take the morning of surgery.

» If your surgery is scheduled on a Monday, the hospital will call you on Friday.

Note: If you obtained medical clearance from AAMC’s Pre- Anesthesia Testing Center (PAT), you will NOT receive a call from the AAMC Prep Team.
What to Bring to the Hospital

- Spine Surgery Patient Guide
- Insurance card
- Driver’s license/photo ID
- Advance directives
- X-Ray/MRI films (if not done at AAMC)
- Eyeglasses, hearing aids
- CPAP machine, if applicable
- Personal toiletries (toothbrush, deodorant, lip balm)
- Dentures
- Loose-fitting clothing - elastic waist shorts, button or zip-up shirts for neck surgery patients
- Sturdy shoes with a rubber sole, ideally slip-on (no flip-flops)
- Personal items– cell phone, laptop, tablet and chargers
- Credit card for equipment purchases

Special Instructions

- Leave your jewelry, valuables and cash at home.
- No perfume, powder, lotion, body oil or make-up on the day of surgery.
- Avoid dark nail polish. You may keep acrylic nails.
- Unless specifically instructed by PAT or the AAMC Prep Team, leave your own medications at home. Most medications, or an equivalent, are available through the hospital pharmacy.
Hospital Care
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**DAY OF SURGERY**

**Arrival**
- Park in Garage A (see Campus Map with directions, page 4).
- Enter the hospital on Level 1 of the garage, go to the Information Desk and ask for directions to the second floor, Hospital Pavilion South (Short Stay Unit).
- To register, you will need your insurance cards, picture ID and advance directives.

**Short Stay Unit (Surgical Waiting Area)**
- Before surgery, you will meet with your surgeon, anesthesiologist and nurses to make sure you’re ready for surgery.
- Your care team will get your written consent for surgery.
- Nurses will insert an IV for fluid and medicine.
- Your pre-surgery nurse, operating nurse and anesthesiologist will review your medical history with you.
- You will put on anti-embolism (TED) stockings to help circulation.
- Your care team will give you any necessary pre-surgical medications.
- Your surgeon will initial your operative site to validate correct location.

Your caregiver will wait with you as you prepare for surgery. During surgery, your caregiver will be given a pager that only works within the hospital walls. This pager will be used to notify your caregiver that the surgery is complete.

**Post Anesthesia Care Unit (Recovery Room)**
- After surgery, nurses will monitor your pain and vital signs in the Post Anesthesia Care Unit (PACU).
- While you are in the PACU, your surgeon will speak with your caregiver about your surgery.
- You will recover in the PACU for about two hours, or until you are stable for transfer to the Spine Center.

Your caregiver will stay in the surgical waiting area until you are moved to your room in the Spine Center.

**Center for Spine Surgery**
- After PACU, we will escort you to an assigned room in the Center for Spine Surgery, located on the fifth floor of Hospital Pavilion North.
- Nurses will monitor your vital signs and check in on you often.
- You will be taught ankle pump exercises to prevent blood clots from forming in your legs.
- You will be taught deep breathing exercises and how to use an incentive spirometer to prevent pneumonia.
- TED stockings and compression devices on your legs will be used to help promote circulation.
- You may or may not have a catheter in your bladder. If you have a catheter, it will be removed around midnight on the day of surgery.
- On the day of surgery, you will get out of bed, sit in a recliner chair and walk, if medically stable.
- You may have a therapy evaluation on the day of surgery.
DAILY ROUTINE

Activities
Each day you are in the hospital, you will:
› Get out of bed, sit in a recliner chair and walk.
› Receive visits from your surgical and hospitalist teams.
› Have physical and/or occupational therapy sessions, until cleared.
› Get your blood drawn.
› Plan for discharge.
You may need to get an X-ray one time after surgery. Radiology staff will transport you to and from that department.

Diet
› You will resume your regular diet shortly after surgery.
› You may have a sore throat from the anesthesia tube, which should go away within a few days.

Incision Care
After surgery, a bandage will cover your incision. If you have a wound drain to prevent increased swelling, your surgeon will remove the drain once the drainage amount has decreased.
A nurse will change or reinforce your bandage as your surgeon instructs, and show you and your caregiver how to do this before you leave the hospital.

Equipment
› Your therapist will determine if you need any equipment to take home.
› Equipment may include a walker, bedside commode, reacher or sock aide.
› If you need equipment, it will be delivered to your hospital room. If the equipment isn’t covered by your insurance, it may be purchased with a credit card.

Braces
Your surgeon will decide if you need to wear a brace after surgery. If needed, your therapist will give you the brace and show you how to use it before you go home.

Please note that you will receive a bill for the brace based upon your insurance coverage.

Cervical Patients - Diet
› Soft food and cool liquids may be easier to swallow after surgery (pasta, soup, jello, oatmeal, pudding, applesauce, mashed potatoes, fish, ice cream, etc.).
› Avoid hard and crunchy foods.
› Take small bites and chew slowly.
› Straws with a flexible tip will make it easier for you to drink.
Medications for Pain

› You will receive pain medications based on several factors, including the type and severity of pain, your tolerance, allergies, and other medications you may be taking.

› It’s important to tell hospital staff which pain medications have worked for you in the past, as well as those that haven’t worked or have given you intolerable side effects (i.e. vomiting).

› Most pain medications will be prescribed “as needed.” When you feel pain during your hospital stay, you must ask your nurse about taking medication.

› Oral pain medications take time to work. Allow at least 30 minutes for medications to take effect and for them to generally last three to four hours.

› If you experience muscle spasms or tightness after surgery, you may be ordered a muscle relaxer. You must wait at least one hour between taking opioid pain medications and muscle relaxers to prevent over sedation.

› If the medications you receive in the hospital don’t relieve your pain, tell your nurse. The surgical or medical teams can adjust your medication before you go home.

Other Ways to Manage Pain

› Ice can decrease swelling and discomfort around your incision. Your nursing team will apply ice to the surgical area during your hospital stay using cold therapy gel packs or a machine called a cryocuff. You will continue to use ice at home.

Cryocuff available for lumbar patients only.

› Do NOT apply heat to your wound after surgery, as this can increase swelling and pain.

› Change positions often between lying, sitting, standing and walking to decrease stiffness.

› Place pillows under your knees, behind your back or under your arms for support when lying in bed or sitting in a recliner chair.

› Your therapist can give you breathing exercises to help manage pain and promote relaxation. For more information, see page 24.

Cervical Patients - Kinesiotape

› If you experience shoulder pain and/or tightness, your therapist may apply a special tape called kinesiotape to your neck and shoulders.

› Kinesiotape helps relax tight muscles and decrease pain and swelling. The tape can be left on for three to five days, or may be removed earlier, if desired.
You may return home from the hospital once you’ve met the following post-surgical goals:

☐ Your vital signs are stable
   (i.e. blood pressure, heart rate, oxygen).
☐ Your lab values are within an acceptable range.
☐ Your pain is managed with oral medications.
☐ You have a safe discharge plan in place.
☐ You’ve received any equipment needed.

Discharge to Home

If you’re discharged directly home, you will receive written instructions on:

   > Activity, exercise and precautions.
   > Dressing changes.
   > Follow-up visits.
   > Medications.
   > Showering.
   > TED stockings.
   > Ways to prevent constipation.
   > When to contact your surgeon.

If you need pain medication, you will receive a paper prescription or the medication will be electronically sent to your pharmacy.

A caregiver will need to drive you home. A plastic bag over the seat makes it easier to slide into a comfortable position.

Discharge to a Skilled Nursing/Rehabilitation Facility

Discharge to a skilled nursing/rehabilitation facility, instead of home, is done on a case-by-case basis. Medical need and insurance coverage determine whether you qualify for this level of care.

Most people are transported to the facility in a family member or caregiver’s car. We will help you get into their car when leaving the hospital and the facility staff will help you get out when you arrive. If needed, a wheelchair van or ambulance may be available at an extra charge.

Outpatient Physical Therapy:

Typically, you won’t go to outpatient therapy right after surgery. During the initial healing phase, you’ll focus on walking and pain management. Your surgeon will discuss if and when you need outpatient therapy at your follow-up visits.

To help you transition from the hospital to home and ease your fears about recovery, a PT360 visit can be arranged. During this visit, a physical therapist will come to your home and teach you how to safely get in and out of bed, up and down stairs, in and out of your car and recommend ways to improve your home set-up. To find out if there’s a therapist in your area, call AAMG Physical Therapy at 410-553-3515.

Home Health Services:

Home health physical therapy and nursing services are not standard care after spine surgery. If your surgeon or therapist recommends these services for you, our care management team will make arrangements with you and your family.

Home health services don’t provide 24/7 care or replace the need for a caregiver at your home. Medical need and insurance coverage determine whether you’re eligible for home health services.
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Managing Your Pain

**Pain Medications**

› Use pain medication only as your surgeon directs.

› Do NOT take prescription pain medication and muscle relaxers at the same time. Wait at least one hour in between to prevent over sedation.

› Use the “Pain Medication Tracking” sheet on page 51 to track the amount of medication you’re taking.

› Take pain medicine at least 30 minutes before physical activity, since oral medications need time to work.

› If you need a medication refill, call your surgeon’s office no later than Thursday to get the prescription before the weekend.

› Gradually wean yourself from prescription pain medication to acetaminophen (Tylenol™).

**Other Ways to Manage Pain**

› Apply ice packs to your wound for 20 to 30 minutes, six to eight times each day to decrease pain and swelling. Do NOT apply heat to the incision area.

› Change positions frequently, at least every two hours.

› Walk at least three times a day to decrease stiffness and minimize muscle spasms.

› Place pillows under your knees, behind your back or under your arms for support.

› Use relaxation techniques, such as mindfulness and deep breathing. Find details on page 38.

---

**Risks of opioid pain medications**

Opioid pain medications can be helpful after spine surgery for a short time. However, they can also have side effects and/or serious risks, such as addiction or overdose.

› Common side effects include drowsiness, nausea, constipation and itching.

› Avoid driving and other activities that require alertness when taking opioid pain medications.

› Do NOT drink alcoholic beverages when taking opioid pain medications.

› Stop taking the pain medications and seek medical help if you experience difficulty breathing, difficulty urinating, hives or a rash.
Caring for Your Incision

› You or your caregiver should apply a clean, dry dressing to your incision daily once the surgical dressing has been removed, or as your surgeon instructs.

› You may stop changing your bandage when your incision closes and there is no drainage coming from your wound- usually one to two weeks after surgery.

› Do NOT apply any lotions, creams or ointments to the incision area, including Neosporin® and Vitamin E.

› If you have sutures or staples, they will be removed two to three weeks after surgery. Some sutures are dissolvable and don’t need to be removed.

› Showering: If your incision is dry and not red, you may shower 48 hours after surgery or as your surgeon directs. Do NOT enter a bathtub, hot tub or swimming pool until your surgeon clears you. Do NOT scrub your incision.

Call your surgeon’s office if you notice any of the following signs of infection:

› Increased swelling or redness at incision site

› Change in color, amount or odor of drainage (i.e. yellow, green, foul smell)

› Fever greater than 101 degrees (keep in mind a fever during the first 48 hours after surgery can be normal)

› Surrounding skin is hot to touch
Recognizing and Preventing Problems

Constipation
Pain medications can cause constipation, but there are ways to help prevent this:
› Use mild laxatives (i.e. senna) daily while taking pain medications and/or muscle relaxers.
› Use bowel stimulants (i.e. suppositories, enemas) when needed, as stated on your discharge instructions.
› Drink lots of fluids, eat fiber-rich foods and walk to keep bowels regular.

Blood Clots
Surgery may cause the flow of blood to slow and clot in your veins. If a clot occurs, prompt medical treatment is extremely important to prevent more serious issues.

How to prevent blood clots:
› Perform frequent ankle pumps.
› Walk as much as you can tolerate.
› Wear compression stockings (TEDS).
  » Wear stockings for two weeks after surgery, or as your surgeon directs.
  » Remove stockings twice a day, for one hour each time (keep on for 22 hours a day).

Helpful Hints from our Patients:
A plastic sandwich bag over the toes helps the compression stockings slide on with ease. Once the stockings are pulled up, remove the sandwich bag from the opening at the toes.

Call your surgeon if you experience any of the following symptoms of a blood clot in the leg:
› Severe swelling in your thigh, calf or ankle that doesn’t go down when you elevate your leg.
› Pain, heat and tenderness in your calf, back of your knee or groin area.

Call 911 if you experience any of the following symptoms of a blood clot in the lung:
› Difficult and/or rapid breathing
› Shortness of breath
› Sudden chest pain
› Sweating
› Confusion
GETTING HELP

After surgery it’s important you get the help you need, when you need it. Use these guidelines to know who to contact and when you should contact them.

CALL YOUR SURGEON FOR:

▷ Fever higher than 101 degrees, after taking Tylenol™ (keep in mind a fever during the first 48 hours after surgery can be normal).
▷ Incision changes like increased swelling or redness at the incision site, change in color, amount or odor of drainage.
▷ Severe pain that continues despite pain medication, ice or limiting activity.
▷ Leg swelling that continues even after elevating your leg.
▷ New or worsening numbness or weakness.
▷ New or worsening swallowing issues.
▷ Prescription refills.
▷ Uncontrolled nausea or vomiting.
▷ Any time you fall.

CALL ASKAAMC at 443-481-4000 FOR:

▷ Questions about discharge instructions.
▷ Rash.
▷ Headache.
▷ Lasting sore throat.
▷ Abdominal pain or constipation.

CALL 911 FOR:

▷ Chest pain.
▷ Shortness of breath.
▷ Passing out or dizziness.

GO TO THE EMERGENCY ROOM FOR:

▷ Loss of bladder or bowel function.
▷ Blood in urine or bowel movement.
▷ Mental status change or confusion.

*NOTE: Emergency Room doctors will NOT prescribe opioid pain medications.
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ACTIVITY GUIDELINES

After surgery, your therapist will teach you precautions and safe body mechanics to protect your spine and encourage healing. The following is a review of your spine precautions and how to perform daily activities after surgery.

Spine Precautions

You should follow the below spine precautions for six to twelve weeks, depending on your specific surgery. Your surgeon will discuss specific activity restrictions with you.

NO Bending, Lifting, Twisting (“BLTs”)

No Bending

› Do not bend at the waist. Use adaptive equipment, such as a reacher to pick items up from the floor or ask someone to help you.

No Twisting

› Do not twist at the waist. Turn your entire body to the direction you want to face, keeping shoulders and hips aligned.

No Lifting

› Do not lift anything more than 10 lbs immediately after surgery.
› You may want to limit this weight to 5 lbs (i.e. a gallon of milk) to help decrease pain or discomfort. Your surgeon will let you know when you can start increasing the amount of weight you can lift.

Cervical Patients

› Do not bend your neck up or down, instead look with your eyes.
› Do not twist or turn your neck side to side. Turn your entire body to the direction you want to face, keeping your head straight.
› NO overhead reaching, no pushing and no pulling.

Cervical patients should follow all instructions in the guide, in addition to the information in the box.
Sitting

› Sit at the back of your chair to support your spine. You can place a rolled up towel at your lower back for more support.
› Keep your knees level with your hips when sitting. Your feet should be well supported on the floor to protect your spine. If your feet don’t touch the floor when you sit back in the chair, put your feet up on a stool or place a pillow behind your back.
› Keep your head level and chin up.
› Do NOT slouch.
› Do NOT sit in the same position for long periods of time. Get up or change position at least every hour.

Lying Down/Sleeping

› Use a firm mattress.
› When lying on your side, have hips and knees slightly bent with a pillow between your legs.
› When lying on your back, place one pillow under your head and one under your knees to take pressure off your lower back.
› Do NOT sleep on a soft bed or couch.
› Do NOT sleep on your stomach.

Cervical Patients

› Place pillows under your arms when sitting to relieve pressure off of your neck.

Cervical Patients

› Sleep with your head elevated for one week after surgery to decrease swelling around your neck incision. You may sleep in a recliner or bed with a backrest/wedge-shaped pillow or pillows stacked.

Walking

› Remove items that could cause you to trip or fall, such as throw rugs, cords and toys.
› Be aware of all floor hazards such as pets, small objects or uneven surfaces.
› Slip-on shoes with rubber soles work best to prevent falls.
› Walk at least three times per day and gradually increase your distance.
› If needed, use a walker and/or cane as directed by your therapist.

Cervical patients should follow all instructions in the guide, in addition to the information in the box.
Transferring

Sitting to standing (from toilet, chair, couch, etc.)

1. Scoot to the edge of your seat, with your knees bent and feet flat on the floor under you. If you walk with a rolling walker, have it in front of you.

2. Using your arms, push up from the surface or arm rests of the chair and straighten your knees to come to a full upright stand.

*If using a walker, transfer your hands to the walker after standing. Do NOT push or pull on the walker to stand.

3. Exhale your breath during this movement to help decrease pain.

Standing to sitting

1. Back up until you feel the surface behind your legs.

2. Reach your hands back to the surface or arm rests.

3. Exhale as you slowly lower yourself to a sitting position.

*If using rolling walker, do NOT keep your hands on the walker when lowering yourself to a sitting position – use the arm rests.

Car Transfers

Getting into the car

1. Position the car seat all the way back, so you have lots of leg room. Place a plastic trash bag on the seat of the car to help you slide and turn forward.

2. From standing, back up until you feel the car behind you and reach your hands for the seat or dashboard. Do NOT hold onto the door.

3. Slowly lower yourself down onto the seat.

4. Without twisting your back, pivot your hips to bring your legs into the car.

Getting out of the car

1. Pivot your hips to bring your legs out first, without twisting your back.

2. Push up on the seat or dashboard to stand. Do NOT pull or push on the door to get out.
Bed Transfers
Getting out of bed

Use the “log roll” technique to get out of bed:

1. Lie flat on your back.

2. Bend your knees.

3. Roll to one side, close to the edge of the bed.

4. Use your arms to push up off the bed to a sitting position, while keeping your shoulders, back and hips straight.

5. Slowly lower your legs to the floor and place feet on the ground.

6. Sit in place for a few minutes before standing.

Getting into bed

1. From standing, back up until you feel the bed behind your legs. Position yourself midway between the foot and head of the bed, reach your hands back and place your hands on the bed as you slowly sit down.

2. From sitting, lower yourself onto your side by placing your elbow on the bed underneath your shoulder near the head of the bed.

3. From this side lying position, bend your knees and pull your legs onto the bed. You can make small adjustments once you're in this position, if needed.

4. You may lie on your side or your back when in bed.

Helpful Tips:

Remember to exhale as you change positions to avoid tightening your back or neck muscles. This will help reduce your pain level.
Stairs

› You will be able to go up and down stairs after surgery, however you should limit the amount of times that you go up and down each day. As you heal, you will be able to increase the number of times you go up and down.

› When going up or down stairs, use a handrail or cane, as your therapist directs.

› If one leg feels weaker than the other, go up the stairs stepping with your stronger leg first, and down the stairs stepping with your weaker leg first. “Up with the GOOD, down with the BAD.”

› If both legs are feeling weak, you can go up the stairs sideways, placing both hands on the handrail.

Helpful Tips:

› Keep the stairs clear of objects or loose items.

› Consider having a family member put up another hand rail.

› Have family bring your rolling walker up ahead of you so you are not carrying it while on the stairs.

Curb or Single Step (when using a rolling walker)

› Using your rolling walker, get close to the step or curb.

› Place the entire walker over the curb and onto the sidewalk, making sure all four wheels of the walker are on the sidewalk.

› Push down on the handles of the walker and step up with your strong leg first to come onto the curb (“Up with the GOOD”).

› To step off of the curb, reverse this process, leading with your weak leg (“Down with the BAD”).
PERSONAL CARE AND DAILY LIVING

**Showering**

› You may shower 48 hours after surgery or as your surgeon directs, if your incision is dry and not red. NO tub baths, hot tubs or swimming until your surgeon clears you.

› Long-handled sponges and bath seats can help you avoid bending or twisting.

› Always use a rubber bath mat on the bottom of the tub or shower to prevent slipping.

› Tub shower: When getting into a tub shower, hold onto the inside front wall of the shower and side step in and out, versus stepping in forward. This will minimize turning and twisting.

› Walk-in shower: When getting into a walk-in shower, step in as usual. Ensure you don’t twist as you turn on the shower controls.

**Toileting**

› When getting up from the toilet, you may need to push up from a counter, grab bar or 3-in-1 commode for support.

› If needed, your therapist can train you on how to perform toilet hygiene (wiping) without twisting, and show you how adaptive equipment can help.

**Brushing Teeth**

› To avoid bending when brushing your teeth, spit into a cup and then use the cup to rinse your mouth with water.

**Shaving**

› If you’re standing for long periods of time, raise one foot up slightly on a step or inside of a cabinet and shift feet often to decrease pressure on your spine.

**Cervical Patients - Shaving**

› Remember to avoid lifting, turning or twisting your neck when shaving your face. Keep your head in a neutral position.

**Getting dressed**

› You can use adaptive equipment, such as a reacher, sock aide and shoe horn, to help you get dressed without bending or twisting. Your therapist will instruct you on this equipment, if needed.

Cervical patients should follow all instructions in the guide, in addition to the information in the box.
Cooking (light meal prep)

› You will be able to stand in the kitchen to make a light meal or snack. Avoid lifting heavy or full pots and pans, and standing for long periods of time.

Sexual Activity

› You may resume sexual activity after your follow-up visit with your surgeon and your pain is controlled.
› If you experience any type of pain in your back or neck during sexual activity, stop and follow up with your surgeon.
› Use pillows to cushion your spine during sexual activity.
› Have open communication between both partners, focus on increasing sensuality and foreplay.
› If you are interested in more detailed information, visit recoversex.com.

Child Care

› Due to lifting limits, you cannot lift or carry your child for six to twelve weeks, or until your surgeon clears you.
› You can hold your child while sitting down right after surgery. Once seated on a couch, chair or bed, ask someone to hand your child to you to hold.
› Your surgeon will tell you when you can increase your lifting amount during follow-up visits.

Pet Care

› Small pets can be a tripping hazard. For your safety, you should keep small pets contained. A baby gate or crate works well for this purpose.
› Water and food bowls on the floor can be a challenge after surgery. If someone can’t help you fill the bowls, consider raising the bowls to a higher level to avoid bending. You can use a pitcher to fill the bowls from a sitting or standing position. Empty bowls can be picked up with a reacher.
› Cleaning up after your pets often involves bending. If someone can’t help you with this task, consider using long-handed tools (“pooper scooper”) for outside or to clean an indoor cat box.
› It’s best to avoid walking pets on a leash for at least four to six weeks after spine surgery. If a dog quickly pulls on the leash, it could harm you and cause pain.
EXERCISES AT HOME

Exercise is very important to get the best results from spine surgery. During the early healing phase (directly after surgery until your first follow-up visit), you should only perform the exercises listed in this guidebook. You and your surgeon will discuss additional exercises, outpatient physical therapy needs and your ability to resume other activities at your follow-up visits.

After surgery until first follow-up visit

› Perform two sets of 15 repetitions for every exercise, two times per day.

› Perform all exercises in a recliner or bed.
  » Ankle Pumps  » Heel Slides
  » Quad Sets   » Abdominal Sets
  » Gluteal Sets » Knee extension – Long Arc Quads
  » Abduction and Adduction

Anne Arundel Medical Center | Spine Exercise Program
All exercises performed SLOWLY 2 sets of 15

1. Ankle Pumps
Gently point toes up towards your nose and down towards the surface. Do both ankles at the same time or alternating feet. Perform slowly.

2. Quad Sets
Slowly tighten thigh muscles of legs, pushing knees down into the surface. Hold for 5 seconds.

Coach’s Note: Look and feel for the muscle above the knee to contract. As strength improves, the heel comes slightly off the surface.

3. Gluteal Sets
Squeeze the buttocks together as tightly as possible without causing sharp pain. Hold for 5 seconds.

Coach’s Note: Patient can place hands on right and left gluteal (buttocks) area and feel for equal muscle contractions.

4. Abduction and Adduction
Tighten thigh muscles and slide leg slowly out to the side 8-10 inches. Keep kneecap pointing toward ceiling. Slowly bring leg back to midline. May do both legs at the same time if pain does not increase.

5. Heel slides
Bend knee and slide heel toward buttocks alternating legs.

Coach’s Note: Patient should actively slide the heel up toward the bottom (no hands). Then slide back down.

6. Abdominal Sets
Tighten your stomach muscles by drawing your belly button towards your spine. Breathe in and out while holding the contraction for 5 seconds.

Coach’s Note: Do not hold your breath. If you can’t breathe comfortably, you are trying to tighten the muscles too much. This is a very important exercise for stabilizing your spine. You can continue to do this exercise in sitting and standing. Your ultimate goal is to always have your abdominals muscles engaged while performing your day to day activities in order to protect your spine.

7. Knee extension - Long Arc Quads
Slowly straighten knee as straight as possible and hold it for 5 sec. Then repeat this for the other leg.

Coach’s note: Encourage pt to completely straighten knee if able, but don’t force through painful range.

Spine Precautions:
1. Do not Bend.
2. Do not Lift.
3. Do not Twist/ Rotate
4. Minimize overhead (neck surgery)

Stair/Step Training:
1. The “good” (stronger) leg goes UP first.
2. The “bad” (weaker) leg goes DOWN first.
MINDFULNESS AND RELAXATION

Mindfulness is a form of mental exercise that may help you manage pain, reduce the amount of pain medication you need and allow you to engage in more activities. Mindfulness is:

› Living in the present moment without evaluating or judging it.

› Paying attention to the experience of the current moment and not holding onto it, but letting it go.

› The ability to “be present” anywhere, anytime, while doing almost anything.

Although the primary goal of mindfulness is not relaxation, people report feeling calm, relaxed and refreshed after practicing. Research shows that consistent practice may provide you with many benefits, including improved sleep and decreased anxiety.

While in the hospital, your therapist can give you exercises that use mindfulness and guided imagery to help you manage pain and relax. You can also talk to your personal health care provider for ways to use mindfulness in your daily routine.

Exercises to Try

Exercise #1:
Sit down. Try for the best posture you can obtain right now. Close your eyes and focus on your breathing. Focus on the breath in and the breath out. As you do this, you should notice your body start to relax. Repeat for several minutes. You are being mindful!

Exercise #2:
Next time you take a walk, focus your mind on the movement of your walk. Keep you mind focused only on the way your body is moving or the sound of your feet hitting the ground, or your walker rolling. If your mind drifts, that’s OK! But bring it back. Try this for five minutes. Believe it or not, you are being mindful!

Exercise #3:
Sit down and close your eyes. Think about a memory when you were happy and enjoying the moment, perhaps it was a vacation day on the beach. Take your mind there. “Feel” the warmth of the sun, “listen” to the roar of the ocean waves. Again, this is mindfulness.
Safe Body Mechanics*
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*You should follow the instructions in the “Life after Spine Surgery” section of the guidebook after your surgeon clears you and the initial healing phase is complete.
After the initial healing phase is complete (typically six to twelve weeks after surgery), you may resume common activities and household tasks with your surgeon’s approval. Below you’ll find tips on how to practice and adapt safe body mechanics to your daily activities.

### Bending
For tasks that require bending, such as bathroom cleaning, making the bed and gardening, keep these body mechanics in mind:

- Bend at your knees and hips. Do NOT bend at your waist.
- Keep your chest and shoulders upright.
- Kneel or squat when working on lower surfaces (planting, tub cleaning, etc.).
- If it’s hard for you to kneel or squat, use a chair or stool to reduce stress on your knees.
- When placing an object on a low shelf, always bend down on one knee and use the other leg for support.
- Store common household items between shoulder and hip level (i.e. counter level), to avoid extra bending or reaching.

### Lifting
For tasks that require lifting, such as unloading/loading the car, washer or dryer, carrying laundry baskets, and child care, keep these body mechanics in mind:

- When lifting, let your legs do most of the work to avoid straining your back.
- Always bend at your knees to pick objects up from the floor. Do NOT bend at the waist.
- Hold heavy objects close to your body and lift objects only to chest height.
- Do NOT twist while lifting. Tighten your stomach muscles when lifting to support your back.
- If it’s hard for you to bend at the knees or squat, try a “golfer’s bend” to pick up objects. Place one hand on a steady surface and extend the opposite leg behind you as you bend forward.
Twisting and Turning
For tasks that require turning, such as sweeping, mopping and raking, keep these body mechanics in mind:

› Think of your upper body as one straight unit, from your shoulders to hips.
› Keep your spine as straight as possible.
› Turn with your feet, not your back or knees. Point your feet in the direction you want to go, then step around and turn.
› Use the full length of a broom or mop to sweep. Do NOT hold the broom handle close to floor.
› When raking, keep your back straight and rake close to your body. Use your arms and shift your weight from one leg to the other to perform a raking motion.

Pushing and Pulling
For tasks that require pushing and pulling, such as mowing, vacuuming, shoveling and ironing, use these body mechanics:

› Always try to push an object, instead of pulling it to protect your back.
› Use your legs and tighten your stomach muscles when pushing.
› Keep elbows close to your sides and use your total body weight and legs to push and pull.
› Work for small amounts of time with frequent breaks.
› Keep the mower/vacuum/shovel/iron close to your body and do NOT bend forward.
## TIMELINE FOR RECOVERY

Below is a general timeline for recovery. Progress will vary based on your specific surgery, medical condition and level of activity before surgery. You will develop your personal goals for recovery with your surgeon and therapist.

<table>
<thead>
<tr>
<th>Activity</th>
<th>After surgery</th>
<th>2 weeks</th>
<th>6 weeks</th>
<th>3 months</th>
<th>6 months</th>
<th>12 months</th>
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<tr>
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<td>Cooking, dusting, light chores</td>
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<td>Varies</td>
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<td>Swimming, tub baths</td>
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<td>Return to work (sedentary job)</td>
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<td>Varies</td>
<td>Varies</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Road biking</td>
<td>No</td>
<td>No</td>
<td>Varies</td>
<td>Varies</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Gardening, house repairs</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Varies</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Golfing</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Varies</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Downhill skiing</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Varies</td>
<td>Yes</td>
</tr>
<tr>
<td>Waterskiing</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Varies</td>
<td>Yes</td>
</tr>
<tr>
<td>Horseback riding</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Varies</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Will I need help at home?
Yes. You must arrange for a caregiver (family, friend, neighbor, etc.) to help you during the first week after surgery. Your caregiver may need to help you get dressed, prepare meals, track your medication, drive you to follow-up visits and ensure your safety. If you live alone or need help arranging care for after surgery, call the spine nurse navigator at 443-481-1361.

How long will it take to recover from surgery?
Everyone recovers at a different pace based on the specific surgery, medical condition and level of activity before surgery. It can take six to twelve months for a fusion to heal completely, however the incision typically heals within two to three weeks.

How long will I be on pain medicine?
It’s normal to experience some pain after surgery, which you can manage with medication, ice, and changing positions. By the time you follow up with your surgeon, your pain should be decreasing and you should start weaning off pain medications.

When can I resume NSAIDS/anti-inflammatory medications (i.e. ibuprofen, Motrin®, Aleve®) after surgery?
Aspirin and some anti-inflammatory medications can delay bone healing and jeopardize the success of your surgery. You must ask your surgeon before taking these medications. If you had a fusion, you will likely need to wait six to twelve weeks before taking NSAIDS.

Do I need to wear a brace?
Your surgeon will determine if you need to wear a brace after surgery.

When can I resume driving?
You cannot drive until your surgeon clears you and you are no longer taking prescription pain medication.

When can I return to work?
Your surgeon will tell you when you can return to work based on your type of job and your specific surgery. Most people with sedentary jobs may return to work whenever they’re comfortable, typically three to six weeks after surgery. If your commute is more than 30 minutes or your work involves strenuous physical activity, your surgeon may ask you to wait longer.

Can I drink alcohol?
It can be very dangerous to take prescription pain medication with alcohol. You shouldn’t drink alcohol until you have stopped taking pain medication and are walking steadily.

Can I smoke?
No. All smoke products prevent the healing of bone, including e-cigarettes and marijuana.

When can I travel?
You may travel as a passenger as soon as you feel comfortable, but avoid long-distance travel for four to six weeks or until your surgeon clears you. We advise you to get up and stretch or walk once an hour when taking long trips to prevent blood clots.

Will my spinal implants set off machines at airport security?
It’s very unlikely that modern spinal implant materials will set off a metal detector. However, if you do set off the scanner, you can easily pass through security with a hand wand and examination by the TSA agent.
Cervical Patients

Will I be able to move my neck?
Immediately after surgery, surgical swelling can cause a decrease in the range of motion which will improve over several weeks. Return in range of motion will vary upon the extent of the surgery.

Will I have difficulty swallowing?
Most patients report mild discomfort with swallowing for a few days after surgery. Sometimes, swallowing difficulties may be more significant and last longer. Rarely, patients may need a feeding tube until swallowing returns to normal.

Will my voice be affected?
Some patients may be hoarse after surgery. This usually goes away within a few days to weeks. Rarely, the hoarseness may last longer and will usually improve over time.
Reducing Your Risk of Infection Before Surgery

Preparing the skin with an antiseptic solution before surgery can significantly reduce your risk of infection at the surgical site. Anne Arundel Medical Center has chosen disposable cloths moistened with a rinse-free antiseptic solution [2% Chlorhexidine Gluconate] for you to prepare your skin at home.

► General Instructions:

You will receive three packages of antiseptic cloths from your surgeon’s office. Each package contains two cloths, for a total of six. As directed, you will use three cloths each time you prepare your skin.

► Avoid shaving any area of your body for the two days before surgery.
► Do NOT wax for the two weeks prior to surgery.
► Cloths should NOT come in contact with or be exposed to your eyes, ears or mouth.
► Do NOT microwave cloths or flush them in toilet.
► If you have an allergic reaction to the cloths, discontinue use and notify your surgeon.

Questions about preparing for surgery? Call askAAMC at 443-481-4000.

► 2 Nights Before Surgery

Date

► Take a bath or shower with regular soap and shampoo, if desired.
► Dry off with a clean towel, making sure skin is completely dry.
► Open two packages, using only three cloths as follows:
  ► Cloth #1: Gently wipe the FRONT of your body, starting from the neck down to your feet.
  ► Cloth #2: Gently wipe the BACK of your body, starting from the neck down to your feet. (You may need another person to assist you.)
  ► Cloth #3: Gently wipe the SURGICAL AREA only.
► Reseal package with remaining Cloth #4 to prevent it from drying out.
► Allow skin to air dry for at least one minute before getting dressed. It is normal for the cloth to leave your skin feeling sticky.
► Do NOT rinse or apply lotions, moisturizers or perfume after preparing skin.

► 1 Night Before Surgery

Date

► Take a bath or shower with regular soap and shampoo, if desired.
► Dry off with a clean towel, making sure skin is completely dry.
► Use the remaining three cloths as follows:
  ► Cloth #4: Gently wipe the FRONT of your body, starting from the neck down to your feet.
  ► Cloth #5: Gently wipe the BACK of your body, starting from the neck down to your feet. (You may need another person to assist you.)
  ► Cloth #6: Gently wipe the SURGICAL AREA only.
► Allow skin to air dry for at least one minute before getting dressed. It is normal for the cloth to leave your skin feeling sticky.
► Do NOT rinse or apply lotions, moisturizers or perfume after preparing skin.

► Day of Surgery

Date

► Do NOT shower or bathe.
► You may wash your hands/face and brush your teeth.
Mupirocin nasal/topical ointment or cream is used to kill bacteria that can live in your nose and may spread to other people when you breathe or sneeze. These bacteria can also enter your surgical wound. Mupirocin is used in particular to kill a bacterium called Staphylococcus aureus (including MRSA), which is a common pathogen for infection. Many people carry Staph on their skin or in their nose without knowing it. Studies show that using mupirocin ointment prior to surgery significantly reduces the chance of a Staph infection after surgery.

**General Instructions:**

- You should start mupirocin three days prior to surgery. To best protect you from infection, use this medicine for the full prescribed length of time.
- Apply mupirocin twice a day, morning and evening, to the inside of each nostril.
- Wash your hands before you use the ointment; use a cotton swab to apply a small amount of ointment (about the size of a match head) to the inside of each nostril. Press the sides of your nose together to allow the ointment to spread around the inside of your nostrils. **Do not apply mupirocin to your surgical wound.**
- Use mupirocin the morning of surgery. Then, leave your mupirocin at home. We'll provide you mupirocin in the hospital.
- Continue the mupirocin for one week after surgery.
Anne Arundel Medical Center’s policy is to place patients’ wishes and individual considerations at the forefront of their care and to respect and uphold those wishes.

**What are Advance Medical Directives?**

Advance Directives communicate a patient's wishes regarding health care to all caregivers. If a patient has a living will or has appointed a Health Care Agent and is no longer able to express his or her wishes to the physician, family or hospital staff, AAMC is committed to honoring the wishes of the patient as they are documented at the time the patient was able to make that determination.

**There are different types of Advance Directives:**

- **Living Wills** are written instructions that explain your wishes for health care if you have a terminal condition or irreversible coma and are unable to communicate.

- **Appointment of a Health Care Agent** (sometimes called a Medical Power of Attorney) is a document that lets you name a person (your agent) to make medical decisions for you, if you become unable to do so.

- **Health Care Instructions** are your specific choices regarding use of life-sustaining equipment, hydration and nutrition, and use of pain medications. On admission to the hospital, you’ll be asked if you have an Advance 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. Advance Directives are not a requirement for hospital admission.

If you’d like more information or forms for completing a Living Will, Appointment of a Health Care Agent, or Health Care Instructions, you may write to:

**Maryland Attorney General’s Office**

Opinions Section
200 St. Paul Place
Baltimore, MD 21201

You may also contact:

**The Advocacy Department**

Anne Arundel Medical Center
443-481-4821

For more information visit askAAMC.org/advancedirectives.
Who are the anesthesiologists?
The operating rooms at AAMC are staffed by board-certified and board-eligible physician anesthesiologists. They all have privileges to practice at AAMC.

What type of anesthesia is used for spine surgery?
Spine surgery requires general anesthesia, which causes you to lose consciousness so you won't feel, see or hear anything during surgery. You'll receive anesthetic medications through an intravenous (IV) line and/or anesthetic gas delivered directly into your lungs through a tube or special mask. You'll either breathe on your own, or an anesthesiologist will help with your breathing using an anesthesia machine.

Will I have any side effects?
Your anesthesiologist will discuss any complications or side effects that can occur with general anesthesia with you prior to surgery.

You may experience nausea or vomiting due to anesthesia or the type of surgery. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. You'll receive medication to treat nausea and vomiting if you need it.

The amount of discomfort you feel depends on several factors, mainly your type of surgery. The staff will teach you the pain scale (0–10) to assess your pain level. Your doctors and nurses can provide you with medications to relieve pain.

What happens before my surgery?
You meet your anesthesiologist right before your surgery.

Your anesthesiologist reviews all information needed to evaluate your general health. This includes your medical history, laboratory test results, allergies and current medications. The anesthesiologist also answers any questions you may have.

You also meet your surgical nurses. They will start intravenous (IV) fluids and give you pre-operative medications, if needed. Once you're in the operating room, they attach monitoring devices such as a blood pressure cuff, EKG and other devices for your safety. At this point, you'll be ready for anesthesia.

During surgery, what does my anesthesiologist do?
Your anesthesiologist is responsible for your comfort and well-being before, during and immediately after your surgery. In the operating room, the anesthesiologist manages vital functions, like your heart rate and rhythm, blood pressure, body temperature, and breathing. The anesthesiologist is also responsible for fluid or blood replacement, when necessary.

What can I expect after the operation?
After surgery, we take you to the Post Anesthesia Care Unit (PACU). Specially trained nurses will watch you closely. During this time, we may give you extra oxygen and observe your breathing and heart functions closely. An anesthesiologist is available to provide care as needed for your safe recovery.

May I choose an anesthesiologist?
Although we assign most patients an anesthesiologist, you may choose one based on personal preference or insurance considerations. If you have questions about your insurance coverage, or medical plan participation by the anesthesiologist, please contact your insurance company for guidance. You should submit requests for specific anesthesiologist in advance through your surgeon's office for coordination with the surgeon’s availability.

The hospital contracts with anesthesiologists. You receive a separate bill from the anesthesiologist. If you have questions about insurance coverage for anesthesia you should contact:

Anesthesia Company, LLC
(410) 280-2260
ancollc.com
Pain Medication Tracking

After surgery, it is important that you keep track of the medications you take for pain and when you take them. Using the chart below, write down every time you take a medication for pain, including both over-the-counter and prescribed pain medications. The amount of medication you need should decrease over time. Bring this form with you to your follow-up appointment with the surgeon to discuss pain management.

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Medicine</th>
<th>Dose</th>
<th>Number of Pills</th>
<th>Time</th>
<th>*Pain</th>
<th>**Reason for Taking Meds</th>
</tr>
</thead>
<tbody>
<tr>
<td>31-Dec-12</td>
<td>Tylenol</td>
<td>500mg</td>
<td>2</td>
<td>12:15 pm</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

**Reasons medication was taken. Please choose all that apply from the following:
1. Scheduled time
2. Experiencing pain
3. Anticipated pain (Ex: before activity)
4. Other (please explain)
<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Medicine</th>
<th>Dose</th>
<th>Number of Pills</th>
<th>Time</th>
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<td>1</td>
</tr>
</tbody>
</table>
Smoking Cessation Help at AAMC
Smoking can cause delayed healing and increased risk of infection for patients having spine surgery. If you smoke, we encourage you to consider quitting. AAMC offers resources to help. We hold "Becoming Smoke-Free" classes throughout the year. Sessions cover topics related to maintaining a smoke-free lifestyle. These include quitting smoking without gaining weight, managing stress and dealing with other smokers. Find information online at askAAMC.org/QuitSmoking. Or, contact a smoking cessation program specialist at 443-481-5366 or 443-481-5367 for class dates and times.

AAMC’s Hackerman-Patz House Lodging
Hackerman-Patz House is a home-away-from-home, providing respite and affordable accommodations to patients and their families to rest, relax and regain strength while staying close to the hospital. You may want to stay here the night before your surgery or your family may wish to stay here while you’re recovering at the hospital. Learn more at askAAMC.org/Hackerman-Patz.

Wellness at AAMC
AAMC’s Wellness department provides exercise classes, access to a gym for a low-cost fee, weight loss programs and counseling, massage and stress reduction classes. Learn more at askAAMC.org/Wellness.

MyChart
MyChart offers patients personalized and secure on-line access to their medical records. It enables you to securely use the Internet to help manage and receive information about your health.
› Access your medical records from any device – anywhere, anytime
› Update your health profile
› Pay your bill online
› View and download content, such as medical history, imaging reports or lab results
› Manage your appointments*
› If applicable, complete surveys from your surgeon about your recovery*
› Request prescription refills*
› Message your physician*
› Schedule a video visit with participating providers*

If you don’t already have a MyChart account, please register or learn more at askAAMC.org/MyChart.

Ask Your Nurse about MyChart Bedside
› Watch the latest movies and stream music.
› Learn what to expect during your stay.
› Watch educational videos about your treatment.
› Get to know your care team.

And so much more!

Ask your nurse about this tablet-based application during your stay.

* These services are only available for offices currently using MyChart.