

Patient Guide to Spine Surgery

Atlantic Neuroscience Institute

Overlook Medical Center



**Overlook
Medical Center**
ATLANTIC HEALTH SYSTEM

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Personal Information

Name _____

Address _____

City/State/Zip _____

Home Telephone _____

Work Telephone _____

Employer _____

Referring Physician _____

Next of Kin _____

Relationship _____

Address _____

City/State/Zip _____

Home Telephone _____

Work Telephone _____

Insurance Carrier _____

Policy Number _____

Address _____

City/State/Zip _____

Telephone Number _____

Additional Insurance Carrier _____

Policy Number _____

Address _____

City/State/Zip _____

Telephone Number _____

Dear Patient and Family,

Welcome to Atlantic Neuroscience Institute's Spine Center, and thank you for choosing Overlook Medical Center.

Atlantic Neuroscience Institute, in collaboration with its Spine Neurosurgeons and Orthopedic surgeons, has put together this Patient Guide. We hope this guide will help you understand what to expect during your hospital stay following your upcoming spine surgery.

The contained comments and recommendations are general in nature and are intended to provide you with basic information about your care and treatment. Your actual hospital experience and treatment will vary depending upon your individual needs and the practice of your surgeon.

We encourage you to keep this booklet with you throughout your entire experience—starting in the doctor's office, where you may have received this booklet, through your discharge from Overlook Medical Center.

As we treat you and get you started on the road to recovery, we want you to know this process is a partnership between you and all of us at Atlantic Neuroscience Institute and Overlook Medical Center. We want to assure you that as a Joint Commission designated Center of Excellence in Spine Surgery, we will be providing you with the best spine care possible. We will work with you to plan services and treatment in order to provide you with the best possible care and to support your recovery.

We look forward to meeting you, and thank you for entrusting us with your care.

Atlantic Neuroscience Institute

Mission and Program Scope

Our Mission

The Spine Surgery Program is committed to providing seamless, highest quality care from initial diagnosis, including education, non-surgical and surgical treatment and effective transitions to the appropriate levels of rehabilitation and recovery. In keeping with Atlantic Health System's mission to "deliver high-quality, safe, affordable patient care within a healing culture," the mission of the Spine Surgery Program is to return patients with spine problems to normal function as quickly and safely as possible. Our objective is to return patients to an active, pain-free, fulfilling lifestyle through a comprehensive and consistent medical experience.

Program Scope

The Spine Surgery Program cares for adult patients with neck and spine disorders that result in pain and loss of mobility. Patients receive appropriate diagnostic tests, treatment, rehabilitation and education based on established best practice standards of care. The program's multidisciplinary care team provides a seamless continuum of care from diagnosis and treatment to individualized planning and referrals for post-discharge care. Family involvement in the care process is encouraged. A multidisciplinary team of specialized health care professionals offers comprehensive diagnosis, treatment, and prevention of spine injury.

Where To Go On the Day of Your Surgery

Overlook Medical Center

99 Beauvoir Avenue Summit, NJ 07901

Route 24 West

Take Exit marked Millburn, Springfield, Summit. Bear right to Broad Street and follow blue Hospital signs uphill to Hospital.

Route 24 East

Take Summit Avenue Exit. Follow Summit Avenue through downtown Summit, over railroad bridge and through traffic light at Broad Street. Make second left at Walnut Street and follow blue Hospital signs.

From Due North or Northwest

Take Kennedy Parkway to Short Hills Mall. Take either Route 24 East or Route 124 East (access road). Get off at Summit Avenue Exit (1/2 mile). Take Summit Avenue through downtown Summit and follow blue Hospital signs.

Garden State Parkway North

Take Exit 142. You must take the Exit immediately after the toll plaza (stay to the extreme right at the toll plaza). Proceed one mile East on I-78 before following signs to make a U-turn to I-78 West. Take I-78 West to Route 24 West (stay in right lane). Then follow directions from Route 24 West (above).

Garden State Parkway South

Take Exit 142 to I-78 West to Route 24 West. Then follow directions from Route 24 West (above).

I-78 East

Take Exit 45, marked Summit-Glenside Avenue. Make a left at traffic light at end of ramp onto

Glenside Avenue. Follow Glenside for two miles to blue Hospital sign. Then take left onto Baltusrol Road and then a sharp left onto Morris Avenue at next blue Hospital sign.

I-78 West

Take Exit 49 to Route 24 West. Then follow directions from Route 24 West (above).

New Jersey Turnpike North or South

Take Exit 14, marked Newark Airport to I-78 West. Follow nine miles to Route 24 West (stay in right lane). Then follow directions from Route 24 West (above).

Route 22

You must be in westbound lane for Summit Road Exit of Route 22 in Mountainside. Turn right at Getty Station for Summit Road. Take Summit Road, which becomes Baltusrol Road. Follow blue Hospital signs, turning left up Morris Avenue. Pass Overlook Medical Center and take next right at Beauvoir Place (just before traffic light). Bear right uphill to hospital.

What to Bring to the Hospital

Bring:

- › Your insurance card(s); one form of ID; and your insurance co-payment or deductible (if applicable).
- › A copy of your current medication list including dosing and frequency. Feel free to use the Home Medication List near the end of this booklet.
- › Flat, comfortable shoes or sneakers for working with physical therapy.
- › A robe, if preferred, for wearing while out of bed working with physical therapy.
- › A brace if you were prescribed one by your surgeon and fitted before surgery.
- › Toiletries such as personal care items.
- › Books, magazines, laptop computer, or other hobbies to help occupy your time. Do not leave unattended.
- › Less than \$5 in cash.

Do Not Bring:

- › Jewelry
- › Contact lens wearers should leave them at home; bring eyeglasses.
- › Credit Cards/Checkbook
- › Personal valuables or ambulation equipment (canes, crutches, walkers).

Preparing for Surgery

By the time you have already decided to have spine surgery, you will have shared with your surgeon any problems you have which require treatment by a physician and/or a Cardiologist. You may need to see these physicians for medical and/or cardiac assessment before surgery.

Your surgeon will inform you about the risks and potential complications of the proposed surgical procedure.

A document called "Informed Consent" provides confirmation that you and your surgeon have discussed the proposed operation and alternative treatments, that you understand the potential risks and complications associated with the proposed surgery, and that you have arrived at the decision of your own free will.

Your Participation is Important

Spine surgery is a team effort. You are the most important member of the team and are encouraged to take an active role in preparing for your surgery and your recovery. You will get the best results from spine surgery if you are well informed and carefully follow your schedule and instructions.

This is the time to ask yourself:

Why have I decided to have spine surgery?

What goals do I personally want to meet?

Pre-Admission Testing

Pre-admission testing appointments are scheduled through your surgeon's office. Your appointment will be approximately 1 week before your surgery.

If you have any questions once your appointment is made, please call 908-522-2042.

Information to help you prepare for surgery is also available on our web site atlanticealth.org. If you hover your mouse over "Locations," you'll see "Overlook Medical Center." Click on "Our Services." Click on the letter "S," then click on "Surgery at Overlook Medical Center." On the left side of the screen, locate "Preparing for Surgery" and click here.

EMMI/Online Education

The program will contain valuable information about your specific surgery. A healthcare professional may arrange for you to view a high-quality educational program on-line called EMMI. If you are assigned an EMMI program, we strongly encourage you to view this informative program.

Preparing Yourself

Medications

If you are taking aspirin, Coumadin, Plavix, Motrin, Advil, their generic equivalents (such as Ibuprofen, Warfarin, Clopidogrel), any other non-steroidal anti-inflammatory (NSAID) or vitamin E, please check with your surgeon and primary care physician as to when to stop taking these medications. Usually, you will be asked to stop these medication 7 days (one week) before surgery.

Stop taking all herbal remedies and supplements 7 days (one week) before surgery.

Food and Water

Do not eat or drink anything after 12:00 midnight the day of surgery. This means no food, water, or gum chewing. Brushing of teeth with toothpaste and mouthwash is allowed.

If you are taking medication on a regular basis, check with your primary care physician if you need to take them with a small sip of water the morning of surgery.

Do not smoke after midnight prior to your surgery.

If you develop a cough, cold, bronchitis, fever, or if you need extensive dental work (root canal) before surgery, be sure to inform your surgeon.

Other

Do not apply creams or lotions to your body the day of or before surgery.

Preparing Your Home

It is best to prepare your home as soon as possible to remove the risk of falling and hurting yourself. The following is a list of things you can do to make your home comfortable and safe.

- › Your first floor should be set up to live in for the first few days.
- › Move items that you use regularly in your kitchen, bathroom and bedroom to counter height. This will keep you from having to bend or stretch to reach things after your procedure.
- › Remove scatter or throw rugs that may cause you to trip. Make sure all hallways and rooms are clutter free and that there are no objects lying around on the floor or stairs.
- › Pets can cause you to trip or fall. Before your surgery consider making arrangements for the care of your pets during your rehabilitation. You may want to have your pet stay with a friend or board your pet when you first come home.
- › Put nightlights in frequently used dark hallways, such as the one that leads from the bedroom to the bathroom.
- › Put a non-skid mat or strips in the shower or bathtub. Discuss obtaining a tub or shower chair with your Occupational Therapist or Care Manager.
- › Be sure to fix all loose floorboards indoors and out.
- › If possible, have a comfortable chair with high back rest and good armrests (ideally a recliner that does NOT rock).
- › Arrange for family or friends to be available to help you when you first return home. It is best if someone can be available to stay for the first 24 hours.

Admission to the Hospital on the Day of Surgery

Upon entering the hospital, tell the Concierge or the Information Desk personnel you are here for surgery. You will be directed to the Central Access Department.

From the Central Access Department, you will be directed to the 4th floor where you will check in and be taken to the pre-operative holding area. Family members may stay with you until you are transported to the operating room.

In the Operating Room holding area:

- › Family members are asked to wait in the waiting area during the interview and preparation process. When this is complete, your family member will be able to rejoin you prior to your going to the operating room.
- › You will be asked to remove all clothing and change into a patient gown.

- › The pre-operative nurse will interview you regarding your medical and social history as part of your preparation for surgery.
- › An IV (tube in your vein for fluid) will be inserted.
- › You will meet your anesthesiologist, your surgeon and your circulating nurse (a nurse who frequently participates in spinal procedures and the one who will take care of you in the operating room during your procedure).
- › You will be properly identified and your surgeon will mark the appropriate area of your spine with his or her initials.
- › You will be asked to sign three consents - one for surgery, one for anesthesia, and one for blood transfusion.
- › Please let your surgeon know if family are in the waiting area or provide a phone number to reach a contact person so they are kept informed.
- › You will be asked many of the same questions several times. This is to ensure your safety.

Operating Room

- › No family members will be allowed into the Operating Room.
- › Your surgery will take 1-6 hours depending on the extent of your surgery.

Recovery Room

- › You will wake up with some type of oxygen on your face; this will be removed in a short time.
- › You will be asked frequently about your level of pain, and you will receive pain medication until you are comfortable.
- › Limited visiting is permitted in the Recovery Room or Post Anesthesia Care Unit (PACU). Generally, visiting by one family member is permitted every two hours for ten minutes or at the discretion of the nurse caring for your loved one. The PACU is a large room with many patients, therefore, we ask that your visitors be mindful of the other patients' privacy.
- › You will be closely monitored in the recovery room. A nurse will check your pulse, blood pressure, and temperature frequently.
- › You will be frequently asked if you can move your feet and legs (extremities) and have any numbness or tingling in your extremities.

Neuroscience Units 5AB/7C

Once you have recovered sufficiently, you will be transferred from the recovery room to one of the neuroscience floors. There you will be monitored closely by your nurses and physicians.

Patient Centered Care Team

Atlantic Health System's Patient Centered Care Team brings together a multidisciplinary team including physicians, nurses, physical therapists, occupational therapists, care managers and social workers within state of the art facilities. The team will guide you and your family through your surgery and recovery. This team provides information, services and staff support that you will need before, during and after your spine surgery. Together, we will work to help you attain your optimal level of health and activity. Our goal is to help you accomplish the objectives of relieving pain and restoring motion to your spine and allow you to get back to doing the things you enjoy most, as safely and quickly as possible.

Case Manager

Case Managers are Registered Nurses who are members of your care team. They will work closely with you and your family to aid with the coordination of your care, communicating with your insurance carrier and assisting with your discharge planning.

Chaplain

A chaplain is a member of the Clergy who, upon request, provides spiritual care and support to you and your family.

Dietitian

Dietitians assess the nutritional needs of each patient. They work with the patients to adapt diets according to needs and preferences. They also teach patients about specially prescribed diets.

Home Care Nurse Liaison

A Registered Nurse will meet with both patient and family, if homecare is the next step in the rehabilitation process. She/he will coordinate all home care services including therapy, nursing, and additional home health aide care, as necessary.

Internist/Hospitalist

A physician who specializes in general medicine and management of medical diagnoses including diabetes, hypertension, high cholesterol, pneumonia, and a variety of complex medical issues.

Nurse Practitioner

A master's prepared Registered Nurse with specialized medical education that enables her/him to independently diagnose illnesses and prescribe treatments and medications. She/he collaborates closely with the physicians in the provision of your care.

Nursing Technicians (Patient Care Technicians)

Nursing technicians are bedside technicians who provide services such as bathing, dressing, and toileting. They are under the direct supervision of a Registered Nurse.

Occupational Therapist (OT)

An Occupational Therapist is a licensed professional who works with you to improve your ability to perform routine daily activities such as self care, homemaking and use of assistive devices. Their areas of focus are upper extremity function, cognitive and perceptual abilities and performance of activities of daily living.

Pharmacist

Pharmacists are licensed professionals who ensure that medications are used safely and appropriately. Pharmacists collaborate closely with physicians in optimizing patient care. They also can teach patients about the safe use of medications.

Physicians

Please see Internist/Hospitalist, Neurosurgeon, Orthopedic Surgeon or Physiatrist.

Physiatrist

A physician who specializes in rehabilitation following surgery and manages conditions such as spasticity, cognitive dysfunction, bowel and bladder dysfunction, gait disorders, activities of daily living, contractures, and skin breakdown.

Physician's Assistant

A licensed individual trained to assess patients, treat illness, and prescribe medications and/or treatment under the direct supervision of the physician attending to your needs.

Physical Therapist (PT)

A Physical Therapist is a licensed professional who will assess your movement skills and functional abilities. Their primary emphasis is on mobility, including position changes, walking and stair climbing. They will assess the need for assistive devices.

Registered Nurses

The Registered Nursing staff consists of licensed individuals who are specialized in areas that will help restore general health, independence with toileting regimes, medication administration, general education and family support. A nursing coordinator is available daily to handle nursing-related issues, concerns and problems.

Social Worker

A licensed Social Worker assists the family with the selection of a subacute or long term facility in the community. They also coordinate family conferences and provide emotional support.

Speech-Language Pathologist (SLP)

A Speech-Language Pathologist is a licensed professional who will assist patients with cognitive function activities, treatment, and speech/language/swallow assessment.

Surgeons

Orthopedic surgeon

A physician who specializes in correcting problems of the musculoskeletal system through surgery and special procedures.

Neurosurgeon

A physician who specializes in correcting problems of the brain and spinal cord through surgery and special procedures.

What to Expect During your Hospital Stay

Medical and Nursing Care

- › Your doctors and nurses will continue to observe you. They will be monitoring your vital signs, discuss your mutually-agreed upon pain goal and other goals and observe your movement and sensation in your extremities.
 - › Your surgical site will also be checked frequently. If you have a drain it will also be checked, the amount of fluid recorded and emptied at this time.
 - › You will receive pain medication by patient-controlled analgesia pump (PCA) or oral medication.
 - › You will be encouraged to do deep breathing exercises using an incentive spirometer.
 - › You will receive IV antibiotics to help prevent infection.
 - › With a physician's order, you can start on a clear liquid diet and advance to your regular diet if tolerating clears (water, broth).
 - › Your IV fluids will be stopped once you are tolerating fluids by mouth.
 - › Venodyne boots will be placed on both legs to help circulation. Depending on your surgeon and your medical history you may receive an injection into your stomach once or twice a day to prevent blood clots.
 - › You may have a urinary catheter; this will be removed within 24 hours.
- › Your doctor will also order some or all of the following evaluations:
 - *Physical Therapy Evaluation*
A Physical Therapist will assess your ability to sit, stand, walk, and hold various items. He/she will make a recommendation as to what rehabilitation services would best serve your needs. Your walking ability will be assessed within 24 hours of your surgery even if you still have your urinary catheter. You will be encouraged to increase your activity as much as possible. Expect some degree of pain especially with initial movement and while out of bed. Physical Therapy will review back mechanics, precautions, ambulation/stair climbing, transfers, as well as your need for durable medical equipment.
 - *Occupational Therapy Evaluation*
An Occupational Therapist will assess your ability to complete your daily activities in a safe and effective manner. The therapist might make recommendations for rehabilitation therapy and assistive devices to aid you in managing daily activities.
 - *Rehabilitation Evaluation*
Based on your progress and needs, a physiatrist (a rehabilitation physician) will assess your need for inpatient rehabilitation.
 - › A nurse case manager will also meet with you to discuss discharge planning.

Surgical Site Infection (SSI)

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection.

Prevention

- › Talk to your doctor about other medical problems you may have. Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.
 - › Talk to your doctor about how you can quit smoking before your surgery. Patients who smoke get more infections.
 - › Do not shave near the site where you will have surgery. Shaving with your personal razor can irritate your skin and increase your risk for developing an infection. If required, clipping of the operative field will be done by the surgeon in the preoperative holding area.
 - › Shower with antibacterial soap. Keep out of eyes as it may cause irritation.
 - › Ask your physician if you should receive antibiotics before surgery.
- › Make sure that your healthcare providers clean their hands before examining you, either with soap and water or an alcohol-based hand rubs.
 - › Family and friends who visit you should not touch the surgical wound or dressings.
 - › Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you.
 - › Ask your doctors and nurses about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital.
 - › Always clean your hands before and after caring for your wound.
 - › Know whom to contact if you have questions or problems after you get home.
 - › If you have any symptoms of an infection such as redness, excessive pain, thick drainage at the surgical site, or fever call your doctor immediately.

Questions, please call 908-522-2912

Pain Management

As you prepare for your stay in one of Overlook Medical Center's Neuroscience Units, know that our staff on Units 5AB and 7C are dedicated to ensuring that you receive the best possible care throughout your stay.

When you arrive on the nursing unit after your surgery, the nurse will discuss pain control with you and together you will establish a mutually-agreed upon pain goal for you. Pain control is a key part of your care after surgery, and setting realistic goals for pain control is essential.

Pain Facts:

1. It is hard to safely do away with all your pain.
2. You should expect to have some degree of pain after surgery.
3. YOU are a vital part of your pain management.

How We Assess Your Pain

Tell Us When It Hurts

It is best to let your Physicians and Nurses know as soon as your pain begins. If you wait for the pain to get worse before you tell them, it can make it harder to relieve, sometimes requiring more medication.

Tell Us Where It Hurts

This seems simple, but sometimes pain starts in one place and moves or "radiates" to another place. It also helps if you can point to the place or places where it hurts.

Tell Us How Much It Hurts

We use a ten-point scale to measure pain. The Nurses will ask you to "rate" your pain on a scale of 0 to 10, with 0 representing no pain at all, and 10 representing the worst pain you can imagine. There are no right or wrong answers. The "10 Point Pain Scale" is just a way of measuring how much pain you are having, how much is "okay" or acceptable for you, and how much relief you get from medication and other techniques.

Most patients can tolerate pain in the mild (0-4) to moderate (5-7) ranges. If you have severe pain (8-10), we will reduce it so you can walk, carry out your activities of daily living (such as dressing, bathing, and grooming) and, of course, rest.

How We Control Your Pain

Our goal is to reduce your pain to a reasonable level and control any unpleasant side effects from the medication.

Pain medication may be given intravenously (by IV). This is given by the nurse or through a patient-controlled analgesia pump (PCA). The PCA allows the patient to receive a set amount of pain medicine at a preset time interval at the touch of a button.

Our goal is to have you receiving pain medication in pill form as soon as possible because pills provide LONGER LASTING pain control than the IV pain medication.

We also have a Pain Management Team available that can assist us in meeting your pain goal.

REMEMBER: you should always let your nurse know about your pain BEFORE it becomes severe (8-10).

Other Pain Control Therapies

We are proud to also offer free Integrative Medicine therapies such as Guided Imagery and Therapeutic Touch. Please talk to your nurse about scheduling an appointment with our Integrative Medicine practitioners. These therapies are also effective in helping you manage your pain.

To request a bedside visit call 908-522-6168.

At any time, please ask your nurse if you have any questions or concerns regarding your pain control.



Discharge Planning

Your successful recovery is very important to us. In general, as each day passes you should be feeling better, your incision should be looking better and you should be regaining more movement. Of course, your progress will depend on your efforts, commitment and continued proper care.

A care manager or social worker will meet with you to plan your care for when you leave the hospital. Most patients will be able to go home. Some will continue with outpatient therapy services, others may need the help of a licensed home care agency. For others, the best plan of care may include a specialized inpatient rehabilitation hospital or nursing facility with rehabilitation services. Should you require inpatient services, you will be discharged to the first available bed.

Atlantic Home Care

Atlantic Home Care, a part of the Atlantic Health System, offers residents of Essex, Morris, Somerset and Union counties a full range of services for spine surgery patients in the privacy of their own homes. Atlantic Home Care is Medicare and Medicaid certified and accepts most commercial insurances, HMO/PPOs and private pay. For more information call 973-379-8421.

All services are provided under the direction of the patient's Neurosurgeon or Orthopedic Surgeon and are coordinated by the Home Care Nurse and Physical Therapist. Other professional staff that may be providing care include Medical Social Worker, Registered Dietitian and Certified Home Health Aide.

Services include:

- › Medication instruction
- › Wound (incision) care
- › Safety monitoring
- › Nutritional counseling
- › Teaching bathing and dressing techniques
- › Assistance with personal care

The Home Care Nurse

During each visit he or she will check and record your vital signs including: blood pressure, pulse, temperature, respiration and lung sounds, and answer any questions you may have. The Home Care Nurse will carefully examine your incision for signs of infection or open wounds, assist you with dressing changes and teach you or your Caregiver to do the same. He or she will make sure you have filled your prescriptions, and that you know how and when to take your medications. As you know, diet is very important to your recovery, so your Home Care Nurse will talk with you about nutrition, fluid intake and also the regularity of bowel movements.

Discharge to a sub-acute or inpatient rehabilitation program

This is usually recommended for those patients who:

- › Still need help walking
- › Need help caring for themselves
- › Do not have someone at home who will be able to assist

If you are to be discharged to another facility, your insurance provider will be contacted by the Care Manager to be sure you have the necessary coverage.

Here are some general guidelines to follow:

- › Take all medications prescribed to you.
- › Take your pain medication as directed and routinely for the first 48 to 72 hours.
- › You may shower as per your surgeon's instructions. Remember when showering use liquid soap only. If you use a wash cloth, use a clean one with each shower. Also use a clean towel after each shower patting the incision first then drying the rest of your body.
- › You may ride in a car, but may not drive until released by your medical team. This will be discussed at your first post operative appointment.

****Always remember follow your surgeons specific discharge instructions for you.****

Important reasons to call your surgeon:

- › Unable to maintain your pain goal or increasing pain
- › Fever greater than 101.5F
- › Drainage from your incision
- › Increased numbness and or tingling
- › Muscle weakness
- › If you are unable to control your bowel or bladder
- › For Patients who have had cervical spine surgery: difficulty with swallowing

Getting “BACK” in Action After Surgery

When you return home following your surgery, there are some things to remember. These are general guidelines that most people find helpful. However, always follow your surgeon’s specific post-operative instructions.

Body Mechanics

- › Maintain a neutral spine position with all positions and activities (i.e. **NO BENDING FORWARD and TWISTING from the trunk**). Avoid bending forward (spine flexion) at the sink, washer/dryer, dishwasher, garbage can, pet food trays, or anything on the floor, etc.
- › Bend at the hips, knees, and ankles while keeping your back in neutral position such as when sitting down or picking something up from lower level (**use a reacher if needed or have somebody else pick it up**).
- › Sitting - Sit in higher chairs (use pillow to raise height if needed) with good lumbar support and armrests, feet flat on the floor, hips and knees at 90 degrees, hips all the way back in the chair, back slightly reclined for comfort, weight through sitting bones, pillow on the back for comfort (use lumbar roll if appropriate), **DO NOT SIT FOR MORE THAN 20 mins AT A TIME**. Avoid seats that promote slouching (such as your favorite couch). Pillow behind back for comfort to prevent incision from hitting the backrest. Keep items frequently needed (such as telephone/cell phone) in front of you and within reach.
- › Standing – evenly distributed weight on both feet, keep knees soft, tighten abdominal and buttock muscles for stability.
- › Standing to sitting – Bend at hips, brace with abdominal muscles, use step position, exhale if needed to engage abdominal muscles; look for chairs with good armrests, and avoid low sofa seats.
- › Side lying to sitting – NO twisting, lower/lift legs to side, brace with abdominal muscles, exhale if needed, keep arms in front and push off slowly from bed with arm and elbow if needed.
- › Side lying to lying on back – log roll, brace with abdominal muscles, slight shift of hips in the opposite direction of roll may help, exhale if needed.
- › Change your position often (sitting, standing, lying, walking).
- › Avoid excessive straining during bowel movements (use laxative if needed—check with physician first) and avoid excessive coughing (You may use pillow for comfort if you have had abdominal surgery).

No heavy lifting

Check with your surgeon for exact restrictions (usually < 5-10 lbs, e.g. a gallon of milk).

Exercise

Avoid strenuous exercise for the first 3 to 6 months after surgery. Walking is usually the best exercise within the first few weeks/months. Your specific exercise routine will depend on your surgery and rate of recovery. Discuss with your surgeon during your first follow up outpatient visit for further instructions.

Driving

- › Resume only as directed by your surgeon (usually discussed after 1st office visit)
- › Be careful getting in and out of the car – avoid twisting and bending, turn body as a unit.
- › Move the seat all the way back to get in/out – give yourself plenty of room.
- › Ride with backrest in slightly reclined position as a passenger to avoid shock through spine from bumps (use cushion or seat wedge if necessary).
- › Use mirrors to avoid twisting and looking behind you.
- › Avoid reaching into backseat while sitting in front and avoid reaching for locks/windows, etc.
- › Avoid slouching – use lumbar roll as needed.
- › Limit initial driving (car rides) to short/local distances only (<~30-45mins).

Sleeping

- › Avoid a sagging mattress. A firm mattress that supports the natural curves of the spine is best.
- › Sleeping may be uncomfortable or difficult for the first few weeks.
- › Sleeping on your back or side opposite the site of your leg pain may be most comfortable.
- › A pillow under your knees AND lower legs when lying on your back or between your legs when lying on your side may provide comfort.

Bath/Shower

As directed by your surgeon, use caution while getting in and out of the tub or shower, use grab bars (install one if there isn’t one already), do not pull on towel bars. Use a shower bench or seat if needed.

Brace

If needed, it should be worn at all times when out of bed and walking; best when put on while laying on back (see your product instructions for details).

Walking

- › Stride length, duration, and speed of walking should be dictated by your symptoms. Increase slowly and within pain-free limits.
- › Avoid/be cautious on uneven surfaces. DO NOT walk outdoors during inclement weather.
- › Walking indoors (mall, grocery store, or treadmill) is a good alternative to walking outdoors during inclement weather, however caution must be taken to avoid tripping (hold onto rails, lift up your toes/feet, do not shuffle, use safety stop switch if available) and keep cart light if shopping.
- › Using a cane in public places helps other people be more aware of your current disability.
- › Be patient! Pace yourself even when you feel good. It may take up to 2-6 months for your back to heal completely. Exercise will NOT speed up this process.

Sexual activity

Check with your surgeon for any restrictions; usually as tolerated. **If it starts to hurt – STOP!**

Physical Therapy

May be indicated at home for safety with functional activities, or as an outpatient 2-3 months after surgery for abdominal strengthening, lumbar stabilization, leg strengthening/stretching and further education about body mechanics specific to individual lifestyles.

For any physical therapy questions, including outpatient services, please contact Overlook Medical Center at 908-522-2215.

Return to Work

As directed by your surgeon; when you can return to work is dependent upon your specific type of job and surgery. Sometimes a change in job description may be indicated.

Maintaining a Healthy Lifestyle

Smoking

If you smoke, STOP. If you are a smoker quitting has never been as important as it is now. If a family member or loved one smokes encourage them to stop. For information on smoking cessation programs, please refer to the information resources included in this booklet.

Watch your diet

Reduce your sodium intake. The average American consumes about 6-18 grams (one to three teaspoons) a day of salt. Your body needs only 2 grams of sodium. Cutting back will help you reduce or avoid high blood pressure. People with high blood pressure are more likely to develop heart disease and stroke, the number one and number four killers in the United States.

Reduce the total amount of fat and simple carbohydrates (sugars) in your diet.

Weigh yourself daily. Being overweight or obese increases your risk of heart disease. Obesity is defined as being at least 20% above your ideal body weight.

High blood pressure is also more common in adults who are obese than in those who are at a healthy weight. Obesity is associated with elevated triglycerides (blood fat) and decreased HDL ("good") cholesterol.

If you gain 3 or 5 pounds over the course of a week call your health care provider. Rapid weight gain may indicate water retention and a potential health problem.

Mind your medication

- › Know your medication and carry a current list at all times.
- › If you don't understand how to take your medication, contact your health care provider.
- › Do not stop taking medication without talking to your care provider.

Annual Physicals

Regular physicals are an opportunity to monitor and discuss your health with your primary care provider.

Specific Instructions for Post-op Cervical patients (Cervical Anterior Cervical Fusion/Discectomy Surgery/ Total Disc Replacement) and your Swallowing Abilities

The following includes feeding and swallowing suggestions for patients who are being discharged from the hospital after having an Anterior Cervical Fusion/Discectomy Surgery/Total Disc Replacement

ATTENTION: ALWAYS FOLLOW YOUR SURGEON'S SPECIFIC POST-OPERATIVE INSTRUCTIONS.

Please Contact your doctor if;

- › Your swallowing problems persist and interfere with your ability to meet nutritional needs; you may need a follow-up swallowing evaluation.
- › You are running a fever.
- › Your incision site shows signs of infection, redness, swelling, pain or drainage.
- › Your swallowing problems interfere with your ability to breathe.

During Surgery:

During Anterior Cervical Surgery, the surgeon is required to gently move some of the structures in the pharynx/throat to the side in order to reach the cervical spine. Some of the structures that are moved are very important for a swallow to be functional. Therefore, when these structures are returned to their place of origin, they may need some time to re-acclimate and start working properly again.

After the Surgery

(post surgical swallowing issues can be related to any of the following):

1. Pharyngeal structures that were moved during surgery are now settling back into place; which can cause a person's swallowing reflex to be delayed/slow.
2. Some swelling and/or pain/soreness near or around the incision site and/or near your cervical spine can be expected. Eating and swallowing may irritate the structures, which may increase pain/soreness.

An overview of the various food and liquid textures

Food Textures

Food Texture is directly related to how well a person masticates food and how strong/well your muscles contract in order to move food from the pharynx to the esophagus.

- › Regular texture: Typical diet/no restrictions. Muscle contraction and mastication are adequate.
- › Mechanical soft texture: soft solids, chopped meats and vegetables. Decreased mastication and/or muscle weakness.
- › Puree: All foods are pureed. More severe mastication issues and/or muscle weakness.

Liquid Textures:

Liquid textures are directly related to how fast your swallow reflex triggers.

- a. Thin liquids: all liquids that are the consistency of water. Coffee, tea, juice, soda etc. Timing of the swallow reflex is within functional limits.
- b. Nectar thick liquids: slightly thicker than typical liquid. Smoothie-like. Will coat the back of a spoon. Mild-Moderate delay in swallow reflex.
- c. Honey thick liquids: much thicker, will be difficult to suck through a straw. Moderate-Severe delay in swallow reflex.

Important note: Water is the most difficult thing to swallow because it travels extremely fast and has no taste! Flavor, Texture, and Temperature all stimulate the Swallowing Reflex. So the only thing harder to swallow than water is room temperature water.

After the surgery, you may experience some of the following issues when you are eating/swallowing: Try some of these suggestions provided by the Overlook Medical Center Speech Department:

If you are feeling this....	...Try this	Examples:
<p><i>Decrease in Motor function</i> Now that you've had Cervical Spine Surgery, it may be difficult to fully contract your posterior pharyngeal muscles (the muscles in the back of your throat). This may lead to issues swallowing tough solids such as; bagels, Italian breads, and tough/dry meats. On occasion a patient will have difficulty with leafy greens and items with tough skin such as an apple or celery.</p>	<p>You may have decreased motor function if you feel some of the food getting stuck in your throat. TRY NOT TO PANIC and test out some of our suggestions</p> <ol style="list-style-type: none"> Try multiple dry swallows. Always have a drink available. Drink before you start your meal to lubricate the pharynx. Alternate between liquids and solids. Stay away from tough solids, items with tough skins and any food that is giving YOU a problem. Stick with pureed, chopped or soft solid foods. Cut your meats and tough solids into very small pieces and chew well. Use gravies and sauces to moisten your food. 	<ol style="list-style-type: none"> Eat oatmeal/farina instead of cold cereal. Eat meatloaf or pasta and meatballs instead of steak. Eat soft steamed carrots instead of a leafy salad. Eat baked fish instead of grilled chicken.
<p><i>Pain and Swelling</i> Swelling inside the pharynx and around the incision site is normal considering you just had surgery. Pain often accompanies the swelling especially when you are eating and swallowing. Remember that some pain and soreness is typical and that you should not avoid eating. Receiving adequate nutrition is vital in the healing process.</p>	<p>Follow similar instructions as listed above.</p> <ol style="list-style-type: none"> Stick with softer foods; they will be less abrasive on the pharyngeal/throat structures. Cold items are very soothing and are highly recommended if you are tolerating thin liquids. 	<ol style="list-style-type: none"> Same food suggestions as above. Cold Items: Milk Shakes with Protein Powder, ice cream, slushies, smoothies, ice pops, lemon ice, sorbet etc. <p>(REMEMBER: YOU CAN ONLY HAVE THE ABOVE ITEMS IF YOU ARE DRINKING WATER WITHOUT DIFFICULTY).</p>
<p><i>Delayed Swallow Reflex</i> After surgery all of your pharyngeal (throat) structures that have been moved around, will need to re-acclimate and start moving again. It is typical for the swallow reflex to be slow at first and as things heal it should become more timely and functional. A delayed swallow reflex will directly affect your ability to tolerate and drink thin liquids. (see textures and liquids chart)</p>	<p>If you are coughing, throat clearing, feeling particles of liquid in your throat or if your voice sounds wet after drinking try some of our suggestions:</p> <ol style="list-style-type: none"> Do not drink from a straw, it makes the liquid travel faster. Make sure you are sitting up as straight as possible. Only eat and drink when you are fully alert. Make the Liquid ice cold, this will shock the reflex. Take SMALL, CONTROLLED sips from a cup. If you still have difficulty, try thickening your liquids as per the chart above. 	<p>Suggestions for thickened liquid drinks</p> <ol style="list-style-type: none"> Smoothies, thickened with vanilla yogurt instead of orange juice. Coffee shake instead of coffee. Thickening powders can be purchased from a drug store and added to any liquid.

Financial Responsibilities

As you have learned, your spine surgery involves many resources, facilities, and professional services. Your Patient Centered Care Team invites you to discuss openly any questions regarding services and fees. The best medical care is based on a friendly, mutual understanding between healthcare professionals and patient—do not be shy about discussing the financial responsibilities involved. How you will pay for these services depends on your personal circumstances, but in most cases, they are paid for in one of three ways:

- › Your insurance provider pays a certain amount and you are responsible for paying the balance.
- › If you are a Medicare beneficiary, Medicare will pay a portion of your bill, leaving a deductible and/or co-payment to be paid by your secondary insurer or yourself.
- › You may pay for services yourself.

Whatever your financial and insurance situation, you must be aware that this procedure does cost money. Ultimately, you are responsible to make sure the bill is paid.

Call your insurance carrier(s)

To prepare for payment, you should call your insurance carrier and find out the details of your coverage for this procedure. Do you need a second opinion? Does the company require documentation from your surgeon? Are there pre-admission forms to be filled out? Be sure to obtain any necessary preauthorization prior to coming to the hospital and verify home care benefits, should home care be necessary. Does your policy cover equipment like an at home hospital bed, raised toilet seat, bedside commode, walker, cane, and safety railings? Which rehabilitation facility does your carrier contract with? Call as soon as you decide to have surgery for answers to these questions.

Other Fees

In addition to your surgeon's fee and the hospital charges, you or your insurance carrier may receive a bill from other professionals and services involved in your surgery and post-surgical care. These may include:

The Operative Assistant

As in all cases of major surgery, an Assistant Surgeon, a Physician's Assistant or Nurse may assist your surgeon during the spine surgery. You or your insurance company will receive a separate bill for these services.

The Anesthesiologist

The charge you will see on your hospital bill for anesthesia represents the charge for the anesthesia materials supplied by the hospital. This does not include the Anesthesiologist's services for administering anesthesia during your surgery, which are billed to you separately.

The Radiologist

You will receive a separate bill from the Radiologist for reading x-rays taken in the course of your hospitalization. It is hospital policy that all x-rays are read by these Physicians who are specially trained in the interpretation of x-rays.

Physician Specialists

You may require consultation with a specialist such as a Cardiologist, Neurologist, Pathologist, Urologist, Hematologist, or an Infectious Disease Specialist. You will receive a separate bill for each service you receive.

Information Resources

Below is a short list of resources that you and your family may find helpful during your spine surgery recovery process.

Disability Information

Federal Government Disability-Related Information and Resources
disabilityinfo.gov

Disabled Sports USA

Offers nationwide Sports Rehabilitation programs for anyone with a permanent disability.

302-217-0960

dsusa.org

Eldercare Locator

Federal website that connects you to information resources on Senior Services

800-677-1116

eldercare.gov

FirstGov Seniors

Federal Government website for seniors with links to agencies and programs

seniors.gov

National Alliance for Caregiving

caregiving.org

National Aphasia Organization

800-922-4622

aphasia.org

National Center on Physical Activity and Disability

ncpad.org

National Council on Independent Living

703-525-3406

ncil.org

state.nj.us/health/senior/sanjease.shtml

State of New Jersey service that provides information about and access to senior services.

New Jersey Vocational Rehabilitation Department

State of New Jersey website that assists individuals with disabilities that are having trouble finding or holding a job because of their disability.

<http://lwd.dol.state.nj.us/labor/dvrs/DVRIndex.html>

Smoking Cessation Resources

NJ QUITLINE

A toll-free, telephone based, free service, available 6 days a week in 26 languages. Trained counselors give callers information, advice and one-on-one counseling. Participants receive 4 sessions with the option for adding sessions as needed.

1-866-NJ-STOPS (1-866-657-8677)

<http://stat.nj.us/health/as/ctcp/index.html>

Quitnet

A free interactive site that offers real support. Membership includes 24/7 support community, quit date wizard, buddies, message boards, expert support, medication guide and self assessment tools.

njquitnet.com

The American Lung Association

Free smoking cessation program is called FFS Online (Freedom From Smoking Online) and is specifically designed for adults who want to quit. There are lesson plans, message boards, products and relaxation exercises.

alanewjersey.org

Revolution Health

This program is adapted from Smokestoppers, an original cessation program developed in 1978. Some of the features: a weekly to-do list, a daily progress tracker, easy ways to start healthy habits such as exercise, better eating and stress reduction.

revolutionhealth.com

Feedback Form

Please take a moment to answer these few questions to help us make this booklet as useful to our patients as possible.

I received this booklet:

- from my surgeon
- at hospital pre-admission testing
- after surgery from the inpatient Neuroscience Unit Staff

I read this booklet:

- yes, from cover to cover
- yes, but only partially
- no, not at all

This booklet was helpful and informative:

- yes, extremely
- yes, a little
- no, not really

Comments and Suggestions:

Please tear out and leave with your nurse.

Thank you!

Atlantic Neuroscience Institute at

Overlook Medical Center

99 Beauvoir Avenue
Summit, NJ 07901
908-522-4983

For a referral to an Atlantic Health System physician
call 800-247-9580 or visit atlantichealth.org

NEUR-0363-12



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