



The Spine Program at The Miriam Hospital

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GLOSSARY OF TERMS

- ▶ **Ambulation:** Another term for walking.
- ▶ **Anterior:** Approach from the front of the area (i.e. the front of the neck).
- ▶ **Catheter:** A small tube placed in the bladder to measure fluids during surgery. You may hear this referred to as a “Foley Catheter.”
- ▶ **Cervical:** The upper seven vertebrae of the spine. This is the neck area of your body.
- ▶ **Compression:** Another term for pressure or squishing of a nerve or the spinal cord.
- ▶ **Diaphragm:** The “breathing muscle” that lies right below the lungs and is responsible for allowing for full expansion of the lungs. This muscle separates your rib cage from your abdominal area.
- ▶ **Diaphragmatic breathing:** Also called “belly breathing,” this is using your breathing muscle, the diaphragm, while taking deep breaths that expand the abdomen. It is used for relaxation and improved respiration.
- ▶ **Decompression:** To remove pressure from a nerve or the spinal cord via removal of a disc or bone that is the cause of the pressure .
- ▶ **Disc:** These lie in between the bones and are soft cushions that are filled with a jelly-like substance. They help separate each bone of the spine and keep the bones in place.
- ▶ **Dysphagia:** Difficulty swallowing - this sometimes occurs after anterior cervical spine surgery.
- ▶ **Fusion:** A surgical technique in which two bones are held together permanently with cages, plates, screws, and/or bone.
- ▶ **Lumbar:** The five lower vertebrae of the spine. This is a term for your lower back.
- ▶ **Osteophyte:** Bone spur.
- ▶ **PACU:** Post Anesthesia Care Unit, also called the “recovery room.”
- ▶ **Posterior:** Approach from the back of the area (i.e. the back of the low back).
- ▶ **Post-operative:** After surgery.
- ▶ **Pre-operative:** Before surgery.
- ▶ **Sacrum/Sacroiliac (SI) region:** The sacrum is the scoop-shaped bone at the bottom of your spine where your tailbone (coccyx) attaches. This bone attaches to the back portion of your pelvis (ilium) at what we call the sacroiliac joints.
- ▶ **Spinal cord:** Composed of nerves to and from the brain, passing through your spinal column. Spinal nerve roots come from the spinal cord.
- ▶ **Thoracic:** The middle 12 vertebrae of the spine. This is the mid back area of your body.
- ▶ **Vertebra/Vertebrae:** The word used to describe the bones that make up your spinal column. Each bone is called a vertebra, and several bones together are called vertebrae. The vertebrae make up your “vertebral column” or spinal column. These bones play an important role in protecting your spinal cord and the nerves that go into your limbs.

Spine Program at the Miriam Hospital - Welcome

We are delighted that you have chosen The Miriam Hospital for your spine surgery. Spine surgery can significantly help to decrease your pain and improve your quality of life.

The Miriam Hospital has worked with board certified, fellowship trained orthopedic surgeons and neurosurgeons, nurses, physical therapists, and others to develop a comprehensive spine program. Bringing together our combined expertise, we have created a multifaceted program unparalleled in our region.

We focus on patient education, exceptional surgical technique, excellent nursing care, and consistent postoperative therapy in a welcoming and comfortable setting. Our program extends beyond your hospital stay, ensuring that your recovery is successful and that you are able to reach your personal goals. This seamless continuum of care guarantees that you have the information, care, and support you need every step of the way, enabling you to once again move and function as you are meant to.

At The Miriam Hospital, we value your right to understand and participate in your care. The goal of this guide is to inform you about what to expect and to help you understand why each step of this process is important. As a valued member of the team, your active involvement is crucial to your success.

Thank you for choosing The Miriam Hospital for your surgery. We look forward to providing you with exceptional care and helping you successfully reach your goals.

Sincerely,

A handwritten signature in black ink that reads "Maria Ducharme". The signature is written in a cursive style with a large initial "M".

Maria Ducharme

President, The Miriam Hospital

Prepare Your Home For Your Return

Use this list to make small, simple changes to your home which will ensure you have what you need to recover safely and successfully.

- Remove throw rugs in any room of your home that you will be using during your recovery.
- Be sure you have a cell phone or portable phone to keep at hand.
- Arrange furniture to create space and open up all walkways leading to the main rooms of your home.

Kitchen

- Place frequently used items in accessible cabinets so you won't have to reach too high or low.
- Keep counters clear of clutter.
- Make sure flooring is not slippery.
- Buy juices/milk/etc. in small containers.
- Prepare and freeze a few meals before your surgery.

Bedroom

- Have a lamp and telephone on the bedside table.
- Use a nightlight to illuminate the path to the bathroom.
- If possible, arrange a place to sleep on the first floor. This may only be needed for the first few days that you are home.
- Place frequently used clothing in higher drawers.
- Move a chair with arms into the bedroom to use while you are getting dressed.
- Consider purchasing a short bedrail that slips under the mattress to help you with bed mobility.

Bathroom

- Use a nonskid mat in the tub.
- Consider using hooks with suction cups to hang objects at higher levels. Baskets with suction cups can be helpful to hold soap and shampoo.
- A long-handled scrubber can be helpful to avoid bending too much.
- A shower chair may be helpful at first if you are uncomfortable standing for too long.
- A handheld showerhead can be helpful.
- Consider installing fixed or removable grab bars by the toilet and the tub.

Living Room

- Pick out a chair that will be appropriate to sit in when you come home. A firm chair with arms is best. Avoid rockers and chairs on wheels.

Stairways/Halls

- Keep stairs and hallways free from clutter.
- Check to make sure all stairs have sturdy railings.
- Plan to have a loved one or friend be with you as you manage stairs for the first few times.

Outdoor Areas

- Make sure hedges, shrubs and trees do not interfere with outdoor walkways.
- Ensure that outdoor pathways are clear when you return home, especially during autumn (fallen leaves) and winter (snow).

Preparing for Surgery

Home Equipment for Your Recovery

You may choose to obtain the following equipment prior to surgery. These items will help make your initial recovery easier.

- Rolling walker (often used following lumbar surgery). If you do not already own a rolling walker, the hospital will provide you with one to take home.
- Cane (if recommended by your physical therapist)
- Suction cup grab bar for shower (optional)
- Shower chair (optional)
- Handheld shower hose (optional)
- Suction cup hooks for hanging objects and baskets for placing objects higher to avoid bending.
- Grabber/reacher (optional)
- Short bed rail (under mattress) to help with bed mobility
- Make a couple of homemade ice packs or purchase gel ice packs.



Your Health

- **Complete any preoperative appointments** you have been asked to schedule.
- **If you smoke**, it is recommended that you stop before surgery. Please see handout on smoking cessation for resources that can help.
- **Stay active.** Remain as active as you can in the weeks leading up to surgery. The stronger you are before surgery, the faster you will heal.

- **Please begin doing the simple exercises** provided in the handout in this guide before your surgery. These will lead to a speedy recovery and help control your pain.
- **Learn about your medications.** The pre-admission testing nurse will give you specific instructions about your medications. Follow these instructions.
- **Get proper nutrition.** A well rounded preoperative and postoperative diet are key to a rapid and successful recovery. Be sure to eat a well rounded diet high in protein prior to surgery. High protein foods include lean meat or fish, cottage cheese, eggs, and yogurt. See the handout included in this guide for more information about nutrition.
- **If you have diabetes**, check your blood sugar regularly and monitor what you eat. High blood sugar after surgery can increase your risk of infection, delay wound healing and impede progress toward your goals.

Assistance From Your Loved Ones

Ask friends, family or neighbors for some assistance with the following tasks while you are in the hospital and during the first two weeks after you return home:

- Seasonal yard work/snow removal
- Help with groceries
- Mail and newspaper pickup
- Pet care (walking, feeding)
- Taking the trash out to the curb
- Carrying laundry down or upstairs

See coach's guide for more information.

Recipe for Homemade Ice Pack:

Ingredients:

- 3/4 cup rubbing alcohol
- 2 cups water
- 2 Large Ziploc freezer bags

1. Mix ingredients in bag.
2. Double bag.
3. Leave in freezer until it turns to slush.

Insurance Questions

Please call your insurance provider before your surgery, as insurance coverage for doctor visits, hospital visits, surgeries, therapies, and equipment is dictated by your policy. Ask if any of the following apply to your insurance coverage, and get explanations:

- surgery deductible
- hospital stay deductible/copay
- copay for a walking device
- copay for home therapy visits (if needed)
- copay for outpatient physical therapy
- coverage of anesthesia services for LPG anesthesia

The Week of Your Surgery

- Review the medication instructions given to you at your pre-admission testing visit and at your surgeon's office. Be sure to follow these instructions.

- Eat a well balanced diet consisting of high protein to maximize healing and high fiber to prevent constipation. See handout on nutrition.
- If you have any unresolved questions or concerns, contact your surgeon's office.
- If you develop flu-like symptoms, a congested cough, severe vomiting or diarrhea, a skin condition, or new dental pain or problem near where surgery will occur, please contact your surgeon, or contact the spine surgery program manager at 401-793-2435
- Pack for surgery. Use (below) **What to Bring to With You to the Hospital** as your guide.

What to Bring With You to the Hospital

Information

- Insurance cards and identification (or photocopies of each)
- Payment method for copayment (if not paid in advance)
- Copy of your Health Care Directive, if you have not already provided the hospital with a copy

Medications and Equipment

- Please ask a member of the Spine Program team for the most recent policy on use of your home CPAP, if indicated

Clothing and Personal Items

- Comfortable shoes with nonskid soles. Tennis shoes with laces work well.
- Undergarments and socks
- Loose-fitting pants (Sweatpants work best, as they are easy to get on and off and allow room for the bandages.)
- Loose-fitting blouse or shirt

- Glasses or contact lenses
- Dentures
- Hearing aid
- Chewing gum or hard candy
- Chapstick
- Cell phone and chargers
- Specific personal toiletries

Do Not Bring

- Jewelry or other valuables
- Walker, cane or crutches. (These can be provided for use while in the hospital. Have them ready for use at home.)
- Home medications

Please make arrangements for transportation home following discharge. You will NOT be allowed to drive yourself home. Discharge usually happens before noon, although this is subject to your individual progress while in the hospital.

The Day Before Surgery

- Prepare your skin by washing with the Hibiclens soap, following the instructions for use.
- See small “preparing for surgery” booklet for your medication instructions.
- Get some rest—we will see you tomorrow!

Contact Your Surgeon’s Office If:

- You cannot make it to your surgery on time.
- You get sick (a cold or flu) or have a fever.
- You have infected skin, a rash, small cut, and/or a wound near the area where your surgery will be done.
- You have questions or concerns about your surgery.

The Day of Surgery

Before you arrive at the hospital:

- **Only drink** the Ensure Pre-Surgery drink on the day of surgery (provided at your Pre-Admission Testing appointment)
- Please drink the Ensure Pre-Surgery drink **2-4 hours prior to your arrival at the hospital.**
- **Enter through the main entrance** of the hospital at the time you were instructed to arrive. Very early in the morning, your family can park in the lot directly across the street (patient/visitor parking) after dropping you off. After 7 a.m., free valet parking is available.
- **Registration:** The admitting office is in the main lobby. The admissions staff will confirm your identity and insurance coverage, give you an identification bracelet, and register you for your surgery and hospital stay.



- **The Surgical Liaison and Waiting Area:** The liaison will greet you. Our waiting area has free wifi, television and comfortable seating. The liaison will ensure your loved ones remain informed about your surgery progress. While you are in surgery, the liaison can be reached for questions at 401-793-2273.

- **Pre-Op or Holding Unit:** The pre-operative (pre-op) department completes your preparation for surgery. You will change into a hospital gown, and we will start an intravenous line. Your personal belongings and clothing will be labeled with your name. A team of nurses and anesthesiologists will review your paperwork, vital signs and laboratory results. You will be asked your name, date of birth, and planned surgery by many members of the hospital team. This is a normal part of the routine safety checks done in preparation for surgery.

You will see your surgeon in the pre-op area. After reviewing the surgical paperwork and answering any questions, he or she will mark the surgical site with his or her initials.

- **Anesthesia:** Anesthesia is administered to make you comfortable during surgery. The anesthesiologist will talk with you and your surgeon to decide which type of anesthesia is best for you. See small “Preparing for Surgery” booklet.

- **Surgery:** After all the pre-operative checks have been completed, you will be taken into surgery. You may be given a sedative to make you sleepy. Once you are in the operating room (OR), the OR staff will make you comfortable, the anesthesiologist will administer your anesthesia, and the surgeon will begin the operation.
- **Post Anesthesia Care Unit (PACU):** Once your surgery is completed, you will be transferred to the recovery room. When you wake, you will have an oxygen mask on your face, a blood pressure cuff, a heart monitor, a device on your finger that measures your oxygen level, and devices on your feet that help circulate blood. The nurse in the PACU will make sure that you wake from anesthesia safely, that your heart and breathing are normal, and that you remain comfortable after surgery. Your length of stay in the PACU will be dependent on the type of surgery, type of anesthesia, and any medical conditions you may have. Some patients are discharged home directly from the recovery room, if they are able to meet all their goals for discharge. Please talk to your surgeon to discuss whether or not you are a candidate for this same-day discharge home pathway.
- **Visitors:** If you require a support person during the pre-operative phase, or while in the recovery room post-operatively, please inform a member of the spine surgery team at 401-793-2435.



- **Getting up and around:** Once you have been cleared by anesthesia to get out of bed, our nursing and/or physical therapy team will begin to work with you. Ideally, we would like this to happen within hours of your procedure, if possible. Early ambulation (walking) has been shown to lead to a reduction in postoperative complications and a speedier recovery. This will occur either in the recovery room or on the inpatient unit.

Your Hospital Stay

- The team that will be seeing you during your stay consists of highly trained registered nurses, nurse practitioners, physician assistants, certified nursing assistants, and unit secretaries. In addition, physical therapists, occupational therapists, and case managers may be involved in your care as well. The Miriam Hospital is a teaching facility, and our doctors, nurses, and therapists may have students assisting with your care. A resident, physician assistant, or nurse practitioner will make rounds daily.
- **Medications:** Your medications will be ordered for you while you are in the hospital. Please be sure to ask a member of your care team if you have any questions about your medicines.

Pain Management After Your Surgery

Pain after surgery is expected, and a normal part of the healing process. As extra blood flow enters the area to promote healing, you may notice some redness and warmth around the surgical site. This is normal. Swelling is caused by extra immune cells, which the body sends out to investigate the surgical site. This is also normal. Pain can occur because this extra fluid puts pressure on the nerve cells. In the event that your spine surgery requires moving some muscle around, you may also experience some muscle spasm. This is also to be expected and not a cause for concern. As you recover, these normal responses lessen over time, and the surgical pain will lessen.

Understanding why you have pain, how your nervous system works and how to manage your pain is essential to improve the outcome of your surgery. It is recommended that you review the book, “Your Nerves are Having Back Surgery” by Adriaan Louw to help you understand how your body responds to pain and surgery.

Pain control and the ability to move will facilitate a faster healing process. Adequate pain control will allow you to participate in therapy and care with your staff and family. Your care team may try different amounts of medication and different types of medication given at different time intervals in order to manage your pain effectively.

The Pain Scale

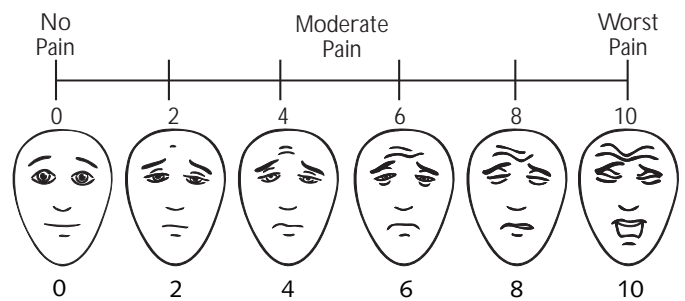
- 0-3 = Minimal/Mild Pain – EXPECTED. Annoying, but you are able to rest, eat, and participate in your therapy and recovery.
- 4-6 = Moderate Pain – Expected to occur periodically. Nagging, may have difficulty resting or participating with therapy.
- 7-10 = Severe/Intense Pain (RARE) – Severe, excruciating, and you are unable to participate in your care, sleep, or eat.

Pain Medications

- Some medications are given on a set schedule, and others are given as you need them throughout the day. Your care team will ask you frequently (about every three hours) about your pain level and they will ask you to rate your pain again after you receive pain medications.
- Oral pain medications are used for mild and moderate pain (pain scores ranging from 1-6).
- Intravenous pain medications are used for severe pain (pain scores ranging from 7-10). Your surgeon will prescribe a combination of pain medications to provide pain relief for you.

Side Effects

We will partner with you to monitor and treat pain medication side effects. Side effects include nausea, vomiting, constipation, itching, dizziness, and drowsiness.



This Faces Pain Scale-Revised has been reproduced with permission of the International Association for the Study of Pain® (IASP). The figure may not be reproduced for any other purpose without permission.

It is extremely rare that a patient becomes addicted to pain medication if it is taken as prescribed.

Non-medication treatments: There are things besides medication that can help you control your pain on your own:

- **Diaphragmatic breathing:** There are certain breathing techniques that you can practice that can be helpful in calming your nervous system after surgery (see handout on diaphragmatic breathing).
- **Meditation:** Using meditation videos or listening to meditation apps or recordings can help to calm your nervous system down and decrease anxiety and stress.
- **Movement** is the best thing for you to allow the oxygen and blood to get to the area and reduce stiffness, swelling and pain. Changing positions can help to alleviate pain as well.
- **Cold therapy** often works well to control pain, itching and muscle spasms.
- **Distraction therapy** reduces pain by taking your mind away from it. Music, crosswords, puzzles, cell phone games, and adult coloring pages are examples of distraction therapy. The Miriam Hospital offers MedCalm TV on Channel 18.
- **Positive thinking:** Individuals who stay positive and hopeful often feel less pain or are less bothered by the pain they feel. Remembering your long term goals can inspire you to think positively about the ultimate outcome of your surgery.
- **Integrative/Alternative Therapies:** Alternative healing therapies are provided to patients through

our integrative therapy department in collaboration with your team. Therapies such as our guided imagery channel (16) and care channel (18) are available 24 hours a day. Integrative therapy is available through consult for Reiki, gentle massage, and additional mind body practices (visualization and breath work). Ask your nurse for more information or to enter a consultation request.

Keeping your pain under control: Everyone feels pain differently and responds differently to pain control treatments. Be sure to:

- Inform your care team about pain control methods that have worked or not worked for you before.
- Talk about any concerns you may have about pain medications.
- Tell your nurse about any allergies to medications you may have.
- Take your pain medications as instructed or ask the nurse for pain medication as needed.
- Set realistic goals for your pain management, with the understanding that pain is expected but should be kept at a tolerable level so you can participate in your recovery.

Blood Work

- Blood will be drawn the morning after surgery. Additional blood will be drawn only as needed during your hospital stay.
- The nursing team and your physician will review your blood work before making decisions regarding your treatment plan.

Preventing Blood Clots

- After surgery you may wear compression stockings and/or have foot pumps while you are in bed. Foot pumps are devices that go around your feet and provide intermittent pulsation, helping to circulate blood and prevent clots.
- Your doctor will also treat you with medications to help prevent blood clots. Your nurse will give you

information about the blood thinner your surgeon has prescribed, and he/she will answer any questions you may have.

Urinary (Foley) Catheter

Most of the time, a urine catheter is not needed during or after your spine surgery. If you have a history of difficulty voiding after surgery, let your providers know. In these instances, the need for a urine catheter is temporary. The nurse will monitor your ability to urinate after the catheter is removed.

Incision Care

Your incision will be covered with a bandage (dressing) for several days after surgery. If you have an external drain from your incision, it will be removed within the first few days after surgery.

Incentive Spirometer

It is common for people to breathe shallowly when in bed or in pain after surgery. Deep breathing exercise can keep the base of the lungs open and prevent infections such as pneumonia. You may be prescribed an incentive spirometer, a clear plastic device to assist with deep breathing. At the very least, you will be asked to cough and breathe deeply every hour when you are awake.

Bowel Management

Some of the medications you receive while in the hospital may cause constipation. Your doctor will prescribe medications that prevent constipation and help you to have a bowel movement. These include possible stool softeners and laxatives. Moving around is one of the best ways to “wake up” your digestive system. **You do not have to have a bowel movement to be discharged from the hospital.** It is quite common for people to go several days without a bowel movement after having surgery. At a minimum, the goal is to have you pass gas before discharge.

If you have a tendency toward constipation on a regular basis or after surgical procedures, please inform your

nurse. It is also essential that you stay hydrated and eat plenty of fiber in the days leading up to and immediately following your surgery.

Preventing Falls

No one plans to fall after having spine surgery, but because of medications and the nature of certain surgeries, your balance and strength may be compromised. It is extremely important that you call the nurse for assistance prior to getting out of bed or moving from the bed to the chair or if you feel dizzy. When you are in the bathroom, it is important that you call for the nurse before standing and moving to the sink and into your room.

Cervical Collar

In some cases, a collar may be used for support and comfort following a cervical spine surgery. If a soft collar is prescribed, you may remove it as often as you like and use it for comfort only. If a harder collar is prescribed, you may be instructed to wear this more often for 6 to 12 weeks, depending on health factors such as smoking or bone quality. Smokers and those with osteoporosis may have to wear a collar for a longer period.

Collars and Braces

Most times, you will not be required to wear a brace after your spine surgery. If you do need to wear one, there are three types of braces that you may be required to wear.

- A lumbosacral orthosis (LSO) brace for lower lumbosacral fusions
- A thoraco-lumbosacral (TLSO) brace for upper lumbar fusions
- Warm n' Form lumbar brace for comfort

Speak to your surgeon if you have any questions about bracing.

Physical Therapy

Physical therapy can be an important part of your



recovery that helps you regain normal, safe mobility. A physical therapist will likely see you either on the same day of your surgery or the following morning to assess your need for services. The physical therapist will review any precautions that go along with your surgical procedure and ensure that you get in and out of bed, off a chair and into the restroom, walk typical household distances, and complete stair training if this is necessary for you to go home safely.

Depending on your progress during the first physical therapy session, the therapist may return a second time if needed, or your nurse may help you get out of bed or take a walk or sit up in a chair.

Driving after spine surgery: After spine surgery, it is important that you can comfortably get in and out of the car and to be able to turn your head or trunk adequately to watch for traffic. **Do not** drive while taking pain medications or muscle relaxants. Your surgeon will determine when you will be able to safely drive again.

Walking Devices

After lumbar spine surgery, many people find the rolling walker (two wheels and two posts) the most stable device to use for walking. If you have not been able to acquire a walker before your surgery, your physical therapist will obtain one on your behalf. If you have stairs that only have one railing, no railing, or if the railings are far apart, please obtain a simple cane. This can be purchased at supply stores, pharmacies, and large retail stores. They can also be found online.

Occupational Therapy

What is Occupational Therapy?

Occupational therapy services may include evaluations of your home and suggestions for adaptive equipment that may make routine tasks easier for you when you return home. Occupational therapy practitioners have a holistic perspective, in which the focus is on adapting your environment to fit your needs.

Occupational Therapy After Spine Surgery

After your surgery, you may work with an occupational therapist who will assess your ability to complete self-care and home management tasks so that you may return home safely. The occupational therapist will discuss adaptive equipment options to maximize your independence at home.

Adaptive Equipment Needs

Following your spine surgery, you may have difficulty performing personal care tasks. You may find it challenging to reach your feet to wash; to put on pants, socks, and shoes; or to bend to pick something up from the ground safely. Some people find it helpful to use adaptive equipment to perform these tasks while they are recovering from spine surgery. The most used items are:

- A reacher
- A sock aid
- A long shoehorn
- A long-handled sponge
- Elastic shoelaces

Because these items are not typically covered by insurance policies, there is generally an out-of-pocket

Goals for Discharge Home

- Get out of bed to the chair
- Pain at a tolerable level
- Walk household distances (50 feet)
- Perform bathroom tasks
- Understand any movement precaution (if applicable)
- Get dressed
- At minimum, pass gas
- Stair training if applicable
- Review discharge instructions with your nurse

cost. Some of the smaller self-care devices are available for purchase at the Lifespan Pharmacy in The Miriam Hospital.

Discharge Prescriptions: The Lifespan Pharmacy

Lifespan Pharmacy can fill and deliver your discharge medications to your bedside at no extra cost to you. If you prefer, you or a loved one may also pick up your medications at the pharmacy, which is located on the first floor of the hospital near the main entrance.

Your standard copay applies. Medications prescribed after a spine surgery do not have refills. You will receive one prescription from the Lifespan Pharmacy prior to leaving the hospital. You will also receive a printed prescription for a second fill to bring to your home pharmacy. Using the Lifespan Pharmacy will save you the convenience of stopping at the pharmacy on the way home.

Lifespan Pharmacy

The Miriam Hospital - Main Lobby
401-793-5500
LifespanPharmacy.org

Open Monday - Friday 7 a.m. - 7 p.m.
Weekends and holidays: 8 a.m. - 4:30 p.m.

Frequently Asked Questions Regarding Your Hospital Stay

When will I be able to get out of bed and walk?

One of your main goals in the hospital will be to get out of bed as soon as possible. For many, this should be within hours of your surgery. However, for some, this will be the day after surgery. It is anticipated that you will be getting out of bed and walking on a daily basis.

How difficult will it be for me to get out of bed and walk?

The answer varies, depending on the complexity of your surgery, your pain level after surgery, and how mobile you were prior to your surgery. You will be provided with assistive devices as needed and will have someone there to help you at all times.

If I feel pain when I get out of bed for the first time, should I be worried?

It is completely normal to have pain when trying to get out of bed and walk after surgery, and it is expected. This does not mean that anything is wrong, or that you have caused any damage.

Is there a situation where it would not be recommended that I get out of bed?

On very rare occasions, your surgeon may want to keep you in bed for 24 to 48 hours after surgery for medical reasons. Outside of that situation, you will be encouraged to get out of bed and walk every day you are in the hospital.

Planning for Your Discharge and Recovery

The Role of Case Manager

The case manager will:

- review your discharge options and ensure you are prepared.
- see you the day after your surgery and continue to monitor your progress and facilitate your safe discharge from The Miriam Hospital.

Determining Your Discharge Plan

- The team's goal is to identify the best and safest discharge option for you. Case managers work closely with you and with physical and occupational therapists to develop your discharge plan.
- Discharge plans can change for a variety of reasons. We encourage you to maintain flexibility in planning for discharge, and the team will help guide you through this process.
- It is your right to choose the providers, services, and agencies that help you recover after your surgery. Choice can be limited for many reasons, including your insurance coverage and resource availability.

Discharge Options:

Option 1: Home

If you meet all goals for discharge and have support available at home, you will be discharged to your home. Recovering in your home promotes more holistic and rapid healing. People tend to sleep, move, and eat better in their own homes.

With this option, it is recommended that you continue to move about the house regularly and safely until your follow up appointment with your surgeon where they will determine whether outpatient physical therapy could help you achieve the best outcomes.

Option 2: Home with Services (Home Care)

In some cases, it may be recommended that you go home and receive therapy and/or nursing care in your home. During the first two weeks, progressive mobility, strength, and balance is the priority and this can be achieved safely in your own home. You remain in control of managing your medication and other needs, and your surgeon remains in control of your care.

- Almost all spine surgery patients are able to go directly home from the hospital.
- For questions about what type of support you will need, please see the coach's guide in the handout in your folder.
- Plan ahead. Secure a support person who can provide you with a ride home and who is able to stay with you for ideally several nights after your surgery.
- Case managers are responsible for making referrals to facilities and/or agencies based on your choice. If a bed is not available at the facility of your choice, the case manager will seek alternatives.

Tips for Preparation

- Ask your surgeon or your primary care doctor for recommendations to home care agencies they feel provide excellent service.
- Contact visiting nurse agencies if you have specific questions.
- Call your insurer regarding copays and other coverage questions.
- Follow the list of tips provided in the Preparing for Surgery section of your patient education materials so your home is set up for your return.

Option 3: Skilled Nursing Facility

- This option is only for patients who cannot safely walk household distances, are having difficulty maintaining their balance, and who cannot safely return home. A list of facilities is available on request.
- There may be an out-of-pocket expense for transportation from the hospital to a skilled nursing facility via ambulance or wheelchair van. Please contact your insurance company for details.

Frequently Asked Questions About Discharge from the Hospital

How long will I be in the hospital?

We aim to have you return home once you meet the goals for a safe and successful discharge. The amount of time you spend in the hospital is highly dependent on the type and complexity of the surgery you have. Your surgeon and medical team will determine the best plan for your individual needs and will work with you the entire way.

When can I shower?

Most surgeons allow a stand up shower within three days after surgery, but you will not be able to submerge yourself in a bath or pool for at least four to six weeks.

How long will I be in discomfort after surgery?

Most patients experience pain for two to four months after surgery. Pain is a normal part of the healing process after surgery. Your pain will lessen over time, and you should be able to stop strong pain medications within 10 to 14 days after surgery. After four weeks, most people will switch to over-the-counter pain medicine such as Tylenol.

What activities can I do after surgery?

You may return to most activities gradually when you

feel up to it. You should avoid high impact activities such as running, downhill skiing, and vigorous racquet sports, such as singles tennis or squash, until you speak to your surgeon.

What exercises should I do?

Walking is the preferred exercise until you see your surgeon at your follow up. You may be instructed by your physical therapist on appropriate exercises. Be sure to speak to your surgeon and/or therapist before resuming any activities you are unsure about.

Can I have sex?

You may gradually resume sexual activity when you are comfortable. Typically, it is recommended to wait four to six weeks after surgery, but it depends on the type and complexity of your procedure.

When can I drive?

After spine surgery, it is important that you can comfortably get in and out of the car and to be able to turn your head or trunk adequately to watch for traffic. Do not drive while taking pain medications or muscle relaxants. Your surgeon will determine when you will be able to safely drive again, which is typically two to four weeks after surgery, but varies

Frequently Asked Questions About Discharge from the Hospital, continued

depending on the complexity of your procedure. You should avoid long rides in the car initially but may begin riding in vehicles up to 20 to 30 minutes at a time after the first week.

Will I need an assistive device to walk when I get home?

It is not uncommon for those who did not use an assistive device before surgery to use one, such as a rolling walker, immediately after surgery. However, you may find that you progress to a cane or no device even before you leave the hospital. If you were using an assistive device before surgery, you will likely require one after surgery for some time.

When can I return to work?

Returning to work is very dependent on the type of work, the complexity and type of your procedure, and your medical health after surgery. You can expect to be out of work for at least two to four weeks, but this can vary greatly.

How much weight can I lift after surgery?

After spinal surgery, your muscles must learn how to turn back on properly to protect and stabilize your spine. Lifting heavy objects too soon may put more stress on your spine and muscles than you want, so be cautious when returning to activities.

It is important to use good body mechanics when you bend or lift anything. This involves engaging your core (abdominal muscles), bending at the knees and hips (not your waist) and keeping the load (what you are lifting) close to your body. A generally good rule of thumb is if you feel pain or pressure in the area of your surgery when you lift something, the load is too heavy.

Your surgeon will provide you with specific weight restrictions and precautions with time frames according to the surgery you have.

Can I bend and twist?

Just like before your back surgery, you should avoid doing activities that stress your spine in extreme ways. Use smart body mechanics. Move freely within your comfortable limits but avoid extreme bending and twisting at the waist.

If you feel pain that is greater than your normal soreness or stiffness, change the activity so it is more comfortable or have someone help until you

can do it without significant discomfort or with better mechanics.

Your physical therapist or nurse can help to go over proper ways to get in and out of bed and bend or stoop. See handout on body mechanics.

How do I care for my incision after I go home?

You should leave the original dressing on the incision site for three to five days after surgery and avoid getting it wet. After that, you may remove the dressing and cover with clean gauze and medical tape. Try to leave it covered for seven to ten days from surgery, and then you may leave it exposed.

Always wash your hands before and after touching your incision. Do not put any ointments, lotions, or creams anywhere near the incision. Pat the incision dry after showering. Do not submerge in water such as a bath, hot tub, or pool for four to six weeks after surgery. Avoid wearing tight clothes that might rub on your incisions. Watch for signs of bleeding and call your surgeon's office if you notice any signs of drainage, redness, swelling or increased pain at the incision.

Will I need to wear a brace after my surgery?

In some cases, a collar may be used for support and comfort following a cervical spine surgery. If a soft collar is prescribed, you may remove it as often as you like and use it for comfort only. If a harder collar is prescribed, you may be instructed to wear this more often for up to 6 to 12 weeks, depending on health factors such as smoking or bone quality. Smokers and those with osteoporosis may have to wear a collar for a longer period.

Braces

Most times, you will not be required to wear a brace after your spine surgery. If you do need to wear one, there are three types of braces that you may be required to wear.

- A lumbosacral orthosis (LSO) brace for lower lumbosacral fusions
- A thoraco-lumbosacral (TLSO) brace for upper lumbar fusions
- Warm n' Form lumbar brace for comfort

Speak to your surgeon if you have any questions about bracing.

Community Resources – Support for a Successful Recovery

Department of Elderly Affairs (DEA)

- 401-462-0569
- www.dea.ri.gov
- State's primary agency that monitors community programs and services for seniors
- Senior companions – volunteers that can come by, provide one-to-one human contact to those in need of a helping hand or companionship

Dial 211

- For elders, adults with disabilities, families, and caregivers
- Additional programs offered through the Department of Elderly Affairs

Online Grocery Shopping and Delivery

- Stop & Shop, Shaw's, Amazon.com, Instacart, Whole Foods, Monroe Dairy, and Target offer grocery delivery service through online or in-app ordering.

Transportation Assistance

Many cities and towns offer transportation services for non-medical or medical appointments. Call your local senior center or town hall and inquire about what is available in your area.

www.medicare.gov

Website to check insurance coverage for those with Medicare

Freemasons

Long St., Warwick RI (across from Saints Rose and Clement Church)

401-246-0865

rifreemasons@rifreemasons.org

Organization offers gently used, durable medical equipment for free with the understanding that the equipment will be returned when no longer needed.

Open on Fridays, 9 to 12 p.m.

Assistance or Companionship Programs

- Visitor program (Providence, RI) 401-421-7833 ext. 228
- Senior companion program 401-462-0569

Home Health Aides and Other Additional Support Services

Home health aides are generally not covered after spinal surgery but are available for private pay.

- Home Instead: 1-888-336-0349
- Care.com

Cathleen Naughton Associates

Offer handyman services, companionship, rides to appointments. Services provided for private pay fee. Call for more information - 401-783-6116

Smoking Cessation – see patient packet

Resources for Opiate Dependence

- Lifespan Recovery Center
200 Corliss St. Providence, RI
401-606-8530
- Recovery Connection –many locations
877-557-315

Outpatient Rehabilitation Services

(This is not an exhaustive list of facilities)

Some people have outpatient physical therapy after their spinal surgery. If you think you could benefit from additional strengthening or want to seek out the expertise of a therapist postoperatively, speak to your surgeon.

Section 1802 of the Social Security Act “seeks to ensure that free choice is guaranteed to all Medicare individuals.” The law states: “Any individual entitled to insurance benefits under this title [i.e., Medicare] may obtain health services from any institution, agency, or person qualified to participate under this title if such institution, agency, or person undertakes to provide him such services.” This statement gives patients freedom to choose who they want as their provider of post-hospital services.

There are other companies not listed on this form. A patient has the right to find one of their own choosing.

The Miriam Hospital Outpatient Rehabilitation

Providence Location

195 Collyer St, 3rd Floor, Suite 301, Providence

Phone: 401-793-4080

Fax: 401-793-4110

Lincoln Location

1 Commerce St, 2nd Floor, Lincoln, RI

401-793-8501

Central Falls Location

1000 Broad St, Suite 101, Central Falls, RI

Phone: 401-606-7492

Fax: 401-606-7493

Rhode Island Hospital Outpatient Rehabilitation

Providence Location

765 Allens Ave, Suite 102

401-444-5418

East Greenwich Location

1454 South County Trail, Suite 1300

401-444-2050

Newport Hospital Outpatient Rehabilitation

20 Powel Avenue, Newport

401-485-1845

Sport & Spine Physical Therapy

West Warwick Location

328 Cowesett Ave, Suite 6

401-823-8856

Coventry Location

45 Sandy Bottom Rd

401-381-0515

University Orthopedics

Multiple locations

401-443-5000

Academy Physical Therapy

667 Academy Ave, Providence

401-227-9320

Roots Physical Therapy

(self-pay – no insurance accepted)

One Richmond Sq, Suite 152E, Providence

401-862-7037

www.rootsspecialtyservices.com

If you have a physical therapist that you worked with before surgery, you may continue to utilize their services after your surgery.

Home Care Equipment Vendors

(This is not an exhaustive list of vendors)

Section 1802 of the Social Security Act “seeks to ensure that free choice is guaranteed to all Medicare individuals.” The law states: “Any individual entitled to insurance benefits under this title [i.e., Medicare] may obtain health services from any institution, agency, or person qualified to participate under this title if such institution, agency, or person undertakes to provide him such services.” This statement gives patients freedom to choose who they want as their provider of post-hospital services.

Lifespan Home Medical

401-334-9000 or toll free: 1-800-480-2273 Delivers equipment directly to your home. To learn more, please visit www.lifespanhomemedical.org

Alpha Surgical Supply

1894 Smith St, North Providence, RI

401-353-9090

Apria Healthcare

70 Catamore Blvd, Suite 200, E Providence, RI

401-435-8500

Independence Home Health Wares

35 Agnes St., Providence, RI

Homehealthwares.com

401-273-8888

South County Surgical Supply

14 Woodruff Ave, Suite 13, Narragansett, RI

401-738-1850

Home Care Equipment Vendors (continued)

Lincare

401-434-2828

Multiple branches in RI

www.lincare.com

There are other companies not listed on this form.

A patient has the right to find one of his or her own choosing.

The Lifespan Pharmacy (main lobby) carries some smaller equipment, such as canes, sock aids, reachers, long-handled shoe horns, and sponges.



The Coach's Guide to Spinal Surgery

Coach Definition: A coach is someone who will help you achieve your best possible recovery by removing obstacles, helping you set and stay focused on your goals, and motivating you to stay active in your recovery. The coach can be anyone you trust – your spouse or partner, child, close friend, or a combination of these people.

Coach Expectations:

A coach should be compassionate and patient, with good observation, organization, and listening abilities. Your coach should be your cheerleader!

Time Commitment:

A coach should be there to:

- Remind the patient to keep moving at home as recommended and do all prescribed exercises.
- Help the patient to use proper body mechanics when moving.
- Attend appointments for the doctor or physical therapy as needed.

Responsibilities:

- Motivate your loved one to be as independent as possible.
- Encourage the patient to do preoperative and postoperative exercises daily.
- Assist with discharge from the hospital (transportation, medication, equipment, etc.).
- Do (or arrange for) the shopping, cleaning, cooking, laundry, and errands.
- Encourage adequate pain control, both in the hospital and after discharge (medication, ice, etc.).
- Keep track of medical appointments and provide transportation to and from the hospital, the surgeon's office, the physical therapy office, and any other appointments.
- Pick up prescriptions or arrange for delivery of prescriptions.
- Communicate with the healthcare team about any changes or concerns.
- Perform minimal lifting, carrying, or bathing tasks, if needed.
- If possible, find an alternate coach if you are unable to attend or assist. (Two are always better than one!)

MyLifespan[®]

Your secure on-line health records

Lifespan now uses LifeChart, an electronic health record system that gives you access to your own medical information and enables private communication with your physicians. Visit Lifespan.org/MyLifespan.



The Miriam Hospital
Lifespan. Delivering health with care.®

164 Summit Avenue, Providence, RI
401-793-2435