St. Luke’s Spine Pre-op Class

Prepare yourself for surgery, recovery, and home

Your spine surgeon strongly recommends attending the St. Luke’s Pre-op Class. In this class you will learn:

- Preparations needed at home
- What the hospital stay will look like
- Tips for a successful recovery

Please join us to learn what to expect and how to experience a successful recovery.

“Thank you for this thoughtful and well done class. It was helpful in answering multiple questions I had.”

Call to schedule your pre-op class: (208) 381-9000.

Class options include:

**Monday’s 8-9 a.m.**
St. Luke’s Meridian
Main Medical Office Building: Basement level
Blackfoot Conference Room
520 S. Eagle Rd.

**Wednesday’s 4-5 p.m.**
St. Luke’s Boise - 5th Floor South Tower
(building next to main hospital)
Gem Conference Room
190 E. Bannock St.

**Online**
1. Type into your browser: [www.tinyurl.com/spinepreop](http://www.tinyurl.com/spinepreop)
2. Watch video
3. Email spine@slhs.org to let us know you watched and we’ll let your surgeon know

A Joint Commission Spine Center of Excellence Program

For Questions, call (208) 381-9000 or email spine@slhs.org

Need help quitting smoking or vaping before surgery? Call (208) 322-1680
The purpose of this guidebook is to help you have a better understanding of your spine surgery and what to expect after surgery. We believe it is important to empower you with information so you can be an active participant in your own care. Having this information is important to your recovery. Knowing what to expect will reduce anxiety, help make your hospital stay more pleasant, and help prevent complications and ultimately lead to a faster recovery.

This spine surgery guidebook is divided up into sections:

- Causes of back pain
- What to expect prior to surgery
- What to expect at the hospital
- What to expect at home
- Activity after surgery

We hope this book is beneficial and we look forward to caring for you!

The St. Luke’s Spine Team
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The spine is one of the most important parts of the human body. It supports much of your body weight and protects your spinal cord from injury.

The spine has 33 bones, called vertebrae. They are numbered based on where they are on the neck or back. There are 4 parts of the spine:

- **Cervical** (neck) - C1 to C7
- **Thoracic** (middle back) - T1 to T12
- **Lumbar** (lower back) - L1 to L5
- **Sacral** (tailbone area) - S1 to S5

In between each vertebrae is a disc. Discs can get damaged and cause pain.

Each bone in the spine is associated with a nerve. Many times, these nerves are the cause of pain in people who need surgery.

Injury to the **cervical** spine may cause pain in the arms, hands or fingers.

Injury to the **thoracic** spine may cause pain around the ribs, chest or navel.

Injury to the **lumbar** spine may cause pain in the legs or feet.

Injury to the **sacral** spine may cause pain in the buttocks, legs, or may cause problems going to the bathroom.
Dermatomes are areas of feeling. A dermatome is an area of skin responsible for the sensation on an area of the body. If there is pressure or damage to a nerve in your back, you may feel pain, numbness, and/or tingling. The location of where you feel these symptoms depends on the location of the nerve.

**Cervical** (nerves coming from the neck region)

**Thoracic** (nerves coming from the upper back region)

**Lumbar** (nerves coming from the lower back region)

**Sacral** (nerves coming from the tailbone region)

Think!

Where do you have pain, numbness, or tingling? Does it match to one of the areas seen here?
Getting Ready for Surgery

Medications your spine surgeon should be aware you are taking:

- Aspirin
- Ibuprofen (Advil, Motrin)
- Naproxen (Aleve)
- Blood thinning medications
- Medications treating rheumatoid arthritis
- Medications treating psoriasis
- Medications treating lupus
- Garlic tablets
- Vitamin E
- Omega-3 (Fish Oil)

Bring a list of **ALL** the medications you take to Pre-Admission Testing and the hospital on the day of your surgery. Please **do not** bring any home medications to the hospital.

<table>
<thead>
<tr>
<th>Medication Name &amp; Strength</th>
<th># of pills/tablets</th>
<th>How often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Tylenol (500mg)</td>
<td>2 pills</td>
<td>Every 6 hours</td>
</tr>
<tr>
<td>1</td>
<td></td>
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</tr>
<tr>
<td>2</td>
<td></td>
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<tr>
<td>7</td>
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</tbody>
</table>
Getting Ready for Surgery

### Around the House

**Move items to waist-level:**
- □ Shoes
- □ Clothing
- □ Pots/pans
- □ Food
- □ Medicine
- □ Shampoo/soap

**Remove tripping hazards:**
- □ Rugs
- □ Electrical cords

**Arrange the bathroom:**
- □ Non-skid bathmat
- □ Personal items at waist level
- □ Soap on a rope or liquid soap

**If you live alone:**
- □ Prepare some easy meals prior to surgery

**Find assistance for:**
- □ Yardwork
- □ Grocery store trips
- □ Doctor follow-up appointments
- □ Caring for pets—especially for active animals needing daily walks
- □ Dressing changes

### Packing for the Hospital

- □ Slippers or shoes
- □ Sweatpants
- □ Button-up shirt
- □ Underwear
- □ Toothbrush & toothpaste
- □ Hearing aids (if needed)
- □ Spine brace (if already given by surgeon)
- □ CPAP machine (if needed)
- □ Pre-op Spine Book

**Optional:**
- □ Headphones
- □ Tablet
- □ Laptop
- □ Book
Infection Prevention

Infection is a risk of any surgery. St. Luke’s takes every precaution to prevent this from happening. Here is how you can help lower the risk of infection:

**Hibiclens (Chlorhexidine Gluconate 4% Solution)**

Hibiclens is a medicated soap that kills germs that normally live on your skin. When used before surgery, it can lower the risk of infection.

**Where to get Hibiclens:**
- Pre Admission Testing (PAT)
- Spine surgeon’s clinic
- Local pharmacy

**Instructions for use:**

The **night before** and the **morning of** your surgery, use Hibiclens in place of your regular soap or body wash.

Apply Hibiclens to a wet washcloth and clean from your neck to your toes, including your arms and legs, front and back. This should take about 3 minutes.

Rinse with warm water.

Use a clean towel to dry off.

- Do not use regular soap, powders, lotions, or creams on areas where Hibiclens was applied.
- Do not use Hibiclens on your face or genital area.

**Other things you can do to prevent infection:**

- **Stop smoking** - research shows people who smoke increase their risk for infection
- **Do not shave the area where you will be having surgery prior to surgery** - we’ll take care of that for you!
- **Sleep on clean bed linen and sheets**
No longer is stopping eating and drinking after midnight the case... here are the new rules for the night before and the morning of surgery.

*This new process has shown to prevent constipation, nausea, and help with post-operative pain.*

1. **No food after midnight**
   You may continue to drink **water** and **clear liquids**

2. **4 hours prior to your surgery start time:**
   **Drink** a 12 ounce clear liquid **with carbohydrates**

3. **After finishing your 12 ounce drink:**
   **Do not** eat or drink anything until after your surgery

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**Examples of clear liquids**

- Water
- Chicken, beef, or vegetable broth
- Tea
- Jell-O
- Popsicle
- Sprite/Ginger ale
- Plain black coffee  
  *No cream or milk*

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**Examples of 12 oz drinks with carbohydrates okay to drink 4 hrs prior to surgery**

- Any color small Gatorade  
  *No diet. No G2*
- Any color small Powerade  
  *No diet. No Zero*
- Can of soda  
  *No diet. No Zero*
- Small cup of coffee **with sugar**  
  *No cream or milk*

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If your routine is to take a pain pill in the morning, please do so with a small sip of water.

Tell your surgeon and anesthesiologist the name of the medication and the time taken so they are aware

*Do not take ibuprofen or Aspirin*
Day of Surgery

Registration

Arrive at least 2 hours prior to surgery start time.

Check-in Desk Location

<table>
<thead>
<tr>
<th>Boise</th>
<th>Meridian</th>
<th>Twin Falls</th>
<th>Hailey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main lobby</td>
<td>2nd Floor</td>
<td>2nd Floor</td>
<td>2nd Floor</td>
</tr>
</tbody>
</table>

Post-op Unit

<table>
<thead>
<tr>
<th>Boise</th>
<th>Meridian</th>
<th>Twin Falls</th>
<th>Hailey</th>
</tr>
</thead>
<tbody>
<tr>
<td>9th Floor</td>
<td>5th Floor</td>
<td>2nd Floor</td>
<td>2nd Floor</td>
</tr>
</tbody>
</table>

You will be in the recovery room for 2-3 hours. A nurse will be monitoring you closely and partnering with your surgeon and anesthesiologist to help manage your pain and any post-op nausea you may have.

Things you will see when you wake up:

- **Nasal cannula** - flows oxygen to your body through your nose.
- **Oxygen finger sensor** - monitors how well you are breathing.
- **Ice Machine** - cooling pad that decreases swelling.
- **Systematic Compression Device (SCD’S)** - also known as “leg squeezers”, help with blood flow after surgery.

Things you might see when you wake up:

- **Drain** - helps decrease the pressure in your spine. You will not go home with a drain.
- **Urinary catheter** - dependent on the length of your surgery. Will be taken out as soon as possible.
- **Dressing** - will be on your neck covering your incision.
Daily Goals

Day of Surgery

4 goals for the day:
1. Tolerate food
2. Walk
3. Urinate
4. Pain management

Every Day After

(whether in the hospital or at home)

1. Eat meals in a chair
2. Walk 4-7 times per day with someone
3. Learn about new medications
4. Pain management

At Home

1. Walk 4-7 times per day
2. Follow bowel care regimen in discharge instructions
3. Prepare questions for follow-up appointment
4. Begin weaning off of pain medicine
5. Perform home exercise program 3x a day
Pain Management

Some pain is expected after spine surgery. Our goal is to keep your pain at a tolerable level by monitoring you closely and managing your pain safely. Below are some medications along with their purpose and side effects you will see before and after surgery.

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Purpose</th>
<th>Common Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acetaminophen (Tylenol)</td>
<td>Treats pain</td>
<td>Drowsiness</td>
</tr>
<tr>
<td>Hydrocodone w/acetaminophen (Norco, Vicodin)</td>
<td></td>
<td>Difficulty urinating</td>
</tr>
<tr>
<td>Hydromorphone (Dilaudid)</td>
<td></td>
<td>Nausea</td>
</tr>
<tr>
<td>Morphine (MS Contin)</td>
<td></td>
<td>Constipation</td>
</tr>
<tr>
<td>Oxycodone (Roxicodone)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oxycodone w/ acetaminophen (Percocet)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tramadol (Ultram)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cyclobenzaprine (Flexeril)</td>
<td>Relaxes muscles that may be tense</td>
<td>Drowsiness</td>
</tr>
<tr>
<td>Carisprolol (Soma)</td>
<td>after surgery</td>
<td>Constipation</td>
</tr>
<tr>
<td>Diazepam (Valium)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methocarbarmol (Robaxin)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ondanetron (Zofran)</td>
<td>Prevents or treats nausea and/or</td>
<td>Headache</td>
</tr>
<tr>
<td>Promethazine (Phenergan)</td>
<td>vomiting</td>
<td>Dizziness</td>
</tr>
<tr>
<td>Scopolamine patch (Transderm-Scop)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lavender &amp; peppermint aromatherapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Famotidine (Pepcid)</td>
<td>Prevents or treats heartburn</td>
<td>Constipation</td>
</tr>
<tr>
<td>Omeprazole (Prilosec)</td>
<td></td>
<td>Gas</td>
</tr>
<tr>
<td>Cefazolin (Ancef)</td>
<td>Prevents or treats infections</td>
<td>Diarrhea</td>
</tr>
<tr>
<td>Ciprofloxacin (Cipro)</td>
<td></td>
<td>Rash</td>
</tr>
<tr>
<td>Vancomycin (Vancocin)</td>
<td></td>
<td>Ringing in ears</td>
</tr>
<tr>
<td>General Anesthesia</td>
<td>Allows you to sleep during surgery</td>
<td>Sore throat</td>
</tr>
</tbody>
</table>

0 = No Hurt
2 = Hurts Little Bit
4 = Hurts Little More
6 = Hurts Even More
8 = Hurts Whole Lot
10 = Hurts Worst
Pain Management

Important Info About Your Medicines

Do **NOT** take NSAIDs until your spine surgeon approves.
- Motrin
- Advil
- Ibuprofen

Do **NOT** take Acetaminophen (Tylenol) if taking:
- Hydrocodone (Norco)
- Oxycodone (Percocet)
These medications already contain Acetaminophen. Too much can cause serious harm.

Do **NOT** drive or drink alcohol while taking pain medication.

If prescribed an antibiotic, finish **ALL** of the prescription as directed.

Managing Pain Without Medicine

**Movement** - make a plan with your team to walk 4-7 times per day in the hospital and 4-7 times per day at home.

**Ice** - helps to decrease the swelling.

**Relaxation** - focusing the mind helps decrease stress levels and relaxes the muscles.

**Distraction** - while in the hospital, free Wi-Fi and cable TV are available. Visitors are preferred between 7am and 9pm.

**Music** - bringing head phones to listen to music. This can help lower pain levels.

**Pet Therapy** - while pets should **NOT** sleep in bed with you until your surgeon approves, the love and affection they give reduces stress, lowers blood pressure, and relaxes the mind.
## Pain Medication Log

### Keeping Track of Medications

<table>
<thead>
<tr>
<th>Medication</th>
<th>Frequency</th>
<th>Date &amp; Time Taken</th>
<th>Date &amp; Time Taken</th>
<th>Date &amp; Time Taken</th>
<th>Date &amp; Time Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Tylenol 1-2 pills</td>
<td>Every 4 hours if needed</td>
<td>5/8 @ 11:15 pm 2 pills</td>
<td>5/8 @ 3:30 pm 2 pills</td>
<td>5/8 @ 8:00 pm 2 pills</td>
<td>5/9 @ 8:00 am 1 pill</td>
</tr>
</tbody>
</table>


Safely Reducing Pain Medications

Pain medicines and muscle relaxant medicines are not usually addictive if you take them for pain control. However, they can lead to addiction if not managed carefully.

3-5 days after surgery, you will need to start slowly coming off your muscle relaxant and/or pain medicine.

Do not stop taking the muscle relaxant or pain medicine right away. Slowly reduce the amount you are taking until you are off the medicine completely.

When you are ready to begin, here's an example you can use

If you have been taking 2 pills every 4 hours:

Step 1: Decrease the medication dose while staying on the same time intervals your doctor has instructed.
- Take 1 pill every 4 hours for 1-3 days
- Then, take ½ a pill every 4 hours for 1-3 days

Step 2: Increase the amount of time between doses.
- Take ½ a pill every 5-6 hours. Do this for 1-3 days
- Then, take ½ a pill every 7-8 hours. Do this for 1-3 days
- Then stop taking the medication

Discuss with your physician other ways to decrease your pain medication if the above does not work for you.

Some Pain Alleviation Tips:
- Pain medicines take about 45 minutes to start working
- Timing pain medications right before bed can help to get a full night’s rest
- If suffering from a stiff/sore back in the morning - set an alarm in the middle of the night to wake up and take pain medication
- Ice can help decrease pain and swelling
- Repositioning every 20 minutes while awake helps decrease muscle stiffness
What to Expect the Day of Discharge

Discharge Instructions
You will receive individual discharge instructions prior to leaving the hospital.

Going Home
Please arrange for someone to drive you home from the hospital on the day of discharge. Discharge goal is typically 12:00 p.m.

Dressings
You will be given dressings prior to leaving the hospital if needed. Please have the person who will be changing your dressing watch the final dressing change prior to discharge. This will occur between 11 a.m. and noon.

Discharge Checklist: Make sure you know...

- How to change dressing
- How to log roll in and out of bed
- When to call surgeon vs. when to go to emergency room
- How often to walk every day
- Showering instructions
- Equipment use (if applicable)
- How to put on brace (if applicable)

Medications
You will receive an updated list of medications. This list will tell you which medication to start, continue, or stop taking.

Follow-up Appointments
Typically occur within 2 weeks of your discharge date. Call your surgeon’s office after surgery if you do not have a follow-up appointment to schedule a date and time.
Home Bowel Care Regimen

Anesthesia, pain medicine, muscle relaxants, and reduced physical activity all contribute to constipation. Here are some tips for helping prevent constipation after spinal surgery.

Every day while taking pain medications:

In the morning -
- 1 Senna (Senokot) tablet
- 1 scoop of Polyethylene Glycol (Miralax) mixed into 8oz non-carbonated drink

At night -
- 1 Senna (Senokot) tablet
- 1 scoop of Polyethylene Glycol (Miralax) mixed into 8oz non-carbonated drink

If no bowel movement 3 days after surgery:

At breakfast:
- Drink 1 bottle of Magnesium Citrate

If no bowel movement by noon:
- Insert a Glycerin rectal suppository

If no bowel movement by 2pm or having frequent watery stools, call your surgeon’s office

*All of these medications can be purchased over the counter at any pharmacy or retail store*
When to Seek Help

- No bowel movement for 3 or more days
- Uncontrolled nausea or vomiting
- Pain not tolerable with pain medication

When to Call your Surgeon

- No bowel movement for 3 or more days
- Uncontrolled nausea or vomiting
- Pain not tolerable with pain medication
- Fever of 101° for more than 6 hours
- Redness, swelling, odor, drainage at incision site
- Headaches that go away when lying down

When to Go to the Emergency Department

- Difficulty breathing or swallowing
- Difficulty moving or increased weakness in legs
- Loss of bowel or bladder control
Do’s and Don’ts

No Bending your neck

No Lifting objects > 10 lbs

No Twisting your neck
Do’s and Don’ts

Bedroom Tips

Comfortable Bed Positioning

Pillow between legs, head, and neck   OR   Pillow under knees and head

Getting Into and Out of Bed

Getting into bed:
1. Sit on edge of bed. Scoot back until legs are touching bed.
2. Without twisting, lean onto forearm.
3 & 4. Bring one leg up at a time onto the bed.
5 & 6. Place head on pillow and roll onto back without twisting.

Getting out of bed:
6 & 5. Bend knees and roll onto side without twisting.
4 & 3. Pushing up on forearm, move legs onto ground.
2. Push upper body into upright position.
1. Sit on edge of bed and pause before standing to ensure no dizziness.
Do’s and Don’ts

Using the Restroom

- Avoid reaching across body when wiping.
  - Use toilet aid if needed to prevent twisting.
- Turn entire body towards toilet when flushing and lowering toilet seat.

Comfort in a Chair

- Always sit in a chair with back support.
- Resting or sleeping in a reclined position can be comfortable.
- Place pillows underneath arms and behind head for support and decrease strain.

Everyday Tasks

- Bring phone up to eye level when texting or dialing.
- When picking up objects on floor, avoid bending at your neck.
  - Bend at the hips and knees.
- Use a straw for all beverages and elevate plate to avoid bending your neck
Do’s and Don’ts

Household Activity Tips

Getting Dressed

- Sit in supportive chair when dressing.
  - NOT on edge of bed.
- To put on pants, socks, or shoes, either:
  - Cross legs.
  - Use reacher, sock-aid or shoe horn.

Laundry Machines & Dish Washers

- Front load washer/dryers:
  - Squat or kneel to reach for clothes.
  - Use reacher to reach for clothes.
- Top load washers:
  - Bend at hips to reach for clothes.

Sit to Stand

1. Slide forward in chair.
2. Tip forward with chest lifted up while keeping back straight.
3. Use arms of chair to push self upwards.

Stand to Sit

1. Back up until legs touching chair and reach back to find arms of chair.
2. Slowly sit down keeping neck and back straight.

Chair Rules

- Sit in chairs for 20 minutes or less.
- Chair must have back support.
- No time limit for sitting reclined in a recliner.
Pre- & Post-operative Exercises

The below exercises can be practiced before surgery and should be performed everyday after surgery until your follow-up appointment. These exercises are designed to promote blood circulation and help prepare your body for activity.

Ankle pumps
- Lie on back, pillow is optional
- Move feet up and down, pumping the ankle
Complete 1 set of 10 repetitions, hourly

Shoulder Blade Squeezes
- Sit or stand
- Roll shoulders back
- Squeeze shoulder blades together
Complete 1 set of 10 repetitions, hourly

Shoulder Rolls
- Sit or stand
- Roll shoulders forward, up, back, and down to complete a circle
Complete 1 set of 10 reps, 3 times a day
Activity at Log

Short walks every hour while awake are recommended until your follow-up appointment. Also recommended are 4-7 purposeful longer walks where each day you push yourself to go a little bit further than the last. Below is a walking schedule to help you keep track of these walks.

**If walking alone outside, please take a cell phone with you in case assistance is needed**

<table>
<thead>
<tr>
<th>At home day #1</th>
<th>Date: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Small walk every hour while awake</td>
<td></td>
</tr>
<tr>
<td>• 4-7 long walks per day</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>At home day #2</th>
<th>Date: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Small walk every hour while awake</td>
<td></td>
</tr>
<tr>
<td>• 4-7 long walks per day</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>At home day #3</th>
<th>Date: __________</th>
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</thead>
<tbody>
<tr>
<td>• Small walk every hour while awake</td>
<td></td>
</tr>
<tr>
<td>• 4-7 long walks per day</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>At home day #4</th>
<th>Date: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Small walk every hour while awake</td>
<td></td>
</tr>
<tr>
<td>• 4-7 long walks per day</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>At home day #5</th>
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</thead>
<tbody>
<tr>
<td>• Small walk every hour while awake</td>
<td></td>
</tr>
<tr>
<td>• 4-7 long walks per day</td>
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<table>
<thead>
<tr>
<th>At home day #6</th>
<th>Date: __________</th>
</tr>
</thead>
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<tr>
<td>• Small walk every hour while awake</td>
<td></td>
</tr>
<tr>
<td>• 4-7 long walks per day</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>At home day #7</th>
<th>Date: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Small walk every hour while awake</td>
<td></td>
</tr>
<tr>
<td>• 4-7 long walks per day</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>At home day #8</th>
<th>Date: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Small walk every hour while awake</td>
<td></td>
</tr>
<tr>
<td>• 4-7 long walks per day</td>
<td></td>
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<td>• Small walk every hour while awake</td>
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Bracing

Not all spine surgeries require a brace after surgery. A lot of times it depends on what the surgeon sees while they are operating. If you do need a brace, you will be given one prior to leaving the hospital. Here are instructions on how to wear properly.

Cervical Collar

Video on how to adjust brace: [www.tinyurl.com/spinecervicalcollar](http://www.tinyurl.com/spinecervicalcollar)

Initial adjustments: Minute 1:48 – 2:20

Step 1: Front panel placement

- Letters on plastic are right side up.
- Position the chin piece directly under the chin, supporting jawbone.
  - Chin should not fall down into collar.
- Hold with one hand.

Step 2: Front and back panels attachment

- Letters on plastic are right side up.
- Place back panel to back of neck.
- Attach Velcro straps from the back panel to each side of the front panel.
  - Ensure back panel is centered on the back of the neck.
- Lift strap out and re-attach Velcro until slack has been removed and a snug fit has been achieved.
  - The collar should provide support, allowing you to breathe without issue. If collar feels too tight or too loose, please adjust.

Step 3: Adjusting collar:

- Your collar will be adjusted to the appropriate height by your nursing team in the hospital. Please do not readjust after surgery.
  - Adjustment of the collar is done by twisting the yellow and green knob at the base of the collar.
Cleaning Collar & Skin Care:

Proper cleaning will prevent rashes and skin irritation. Cleaning when showering or at bedtime will allow for the extra set of pads to dry before reapplication.

Cleaning pads:

- Remove pads and wash with mild hand soap and water.
  - Do not use bleach, harsh chemicals, or machine wash.
- Thoroughly rinse pads with clean water.
- Place pads on a dry towel and gently pat out the moisture.
  - Let pads air dry on the towel. Do not machine dry.

Cleaning plastic shell:

- Wipe with mild soap and water.
- Wipe the shell dry with a towel or let air dry.

Reattaching pads:

- Attach replacement pads to shell in proper orientation.
  - White cotton side should always face out and have contact with the skin.
  - Back pad triangle should point up towards top of head.
  - Ensure letters on plastic are right side up.
- Adjust the pads as needed so the no plastic touches the skin.

*Notice triangle pointing towards top of head
Home Tip Sheet

NO

B  Bending

L  Lifting >10 pounds =

T  Twisting

No sitting on the edge of the bed for longer than a few minutes

Avoid lifting arms above shoulder level

And remember — a 45° recline is just fine!!
Use this section to write notes for questions for your surgeon either in the hospital or for a clinic visit, so you can make sure your questions get addressed

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