



Your Guide to
SPINE SURGERY



Beaumont

IMPORTANT: PLEASE READ

Information provided in this booklet is for educational purposes only. It is not intended to replace the advice or instruction of a professional health care practitioner or to substitute medical care.

Please contact a qualified health care practitioner if you have any questions concerning your care.

You have made an important decision to have surgery. But, did you know that the actions you take before your procedure can dramatically influence how you recover after your surgery? By learning as much as you can about your surgery and becoming actively involved in the preparation and recovery periods, you can influence your overall surgical experience. The information contained in this booklet has been designed to help you recover safely and quickly with fewer complications, allowing you to go home sooner and return to your normal activity level.

SPEAK UP

It is vital that you understand what will happen to you before, during and after the procedure. It is important to ask these three questions:

1. What is my main problem?
2. What do I need to do?
3. Why is it important to do this?

Expect to sign a consent form to give the surgeon permission to proceed with the procedure. Please do not be shy about talking to your doctor about additional questions or concerns you may have before your procedure.



We have developed this booklet to help you understand and prepare for your procedure. By becoming informed and involved, you and your designated support person can contribute to the success of surgery. Please review this booklet to help prepare for your upcoming surgery.

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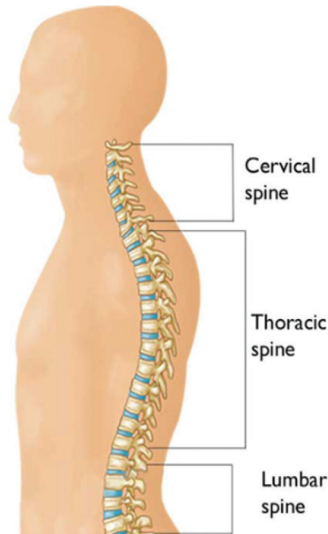
YOUR SPINE SURGERY

Thank you for choosing Beaumont Health for your surgery. We will do everything we can to make your stay here as pleasant as possible. We are committed to providing exceptional patient and family-centered care and we look forward to caring for you and your family.

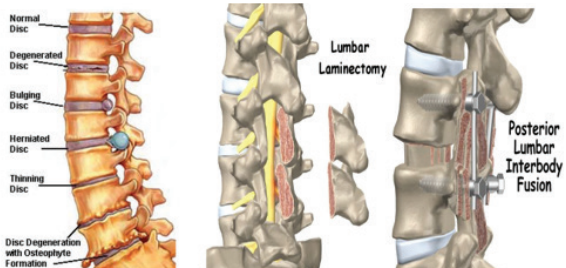
There are three common types of spinal surgery.

- Laminectomy: The lamina, which is the back section of your vertebra, is removed. This surgery is also called a spinal decompression.
- Discectomy: A damaged disk, or portion of a disc, in your spine is removed.
- Fusion: Permanently joining 2 or more vertebrae with bones and/or bone substitutes.

Areas of your spine.



Spinal surgery may be cervical, thoracic or lumbar.



YOUR BEAUMONT SURGICAL EXPERIENCE ITINERARY*

*Your individual itinerary may vary based on your surgery scheduling.

Six weeks before surgery

- Obtain medical/physical clearance by your primary care physician, and cardiology clearance exam, if needed.
- Have a dental exam, if you have not done so within the past six months.
- Get a flu shot if "in season" (can be done two to six weeks before surgery).
- Stop smoking.
- Reduce, then stop, any alcohol use.

Two weeks before surgery

- Stop taking certain medications as instructed by your physician.

Within 30 days before surgery

- Prepare for a phone call from an anesthesia pre-screening nurse, who will review your medical history and your list of medications (use medication list on page 10)
- Registration will contact you and may give the option to visit a surgical optimization clinic , depending on what campus you are having surgery at.
- Complete all pre-operative labs as ordered by your surgeon.
- If nasal swab was performed with positive results you may be asked to start a treatment, as directed by your surgeon. You may also be treated at the hospital in the pre operative area per that hospitals policy.

YOUR BEAUMONT SURGICAL EXPERIENCE ITINERARY*

*Your individual itinerary may vary based on your surgery scheduling.

Two days before surgery

- Start showering with 4% chlorhexidine gluconate as directed.

Day before surgery

- Continue to shower with 4% chlorhexidine gluconate as directed.
- Expect a call from the hospital to notify you of your surgery time and arrival time.
- Stop eating solid foods at 10 p.m. the evening before surgery.
- Approved clear liquids may be consumed until two hours prior to your surgical arrival time. See page 20 for more information.
- Review this guide and pack it for your hospital stay.

Day of surgery

- Continue to shower with chlorhexidine gluconate as directed.
- Consume the required clear carbohydrate rich drink two hours prior to your surgical arrival time.
- Take only medications you have been instructed to take, with a sip of water (see page 20).
- Report to the hospital at your scheduled arrival time.
- You may receive a nasal treatment at the hospital in the preoperative area.
- You may take clear liquids two hours prior to arrival time.

PREPARING FOR YOUR SURGERY: WHAT CAN YOU DO?

Did you know that the actions you take before your surgical procedure can dramatically improve the success of your surgery and your overall satisfaction with your surgical experience? There are several things you can do to accelerate your recovery and get you back to your normal activity level sooner.

Your support person

Patients who have a supportive person (coach) to assist them with their recovery do better after surgery. We recommend reviewing this booklet together with your support person.

Remember, your primary responsibility after surgery is to focus on recovery. This means that your home should be clean, your laundry complete and refrigerator/freezer/pantry stocked. This will allow you to focus on getting better. You may also consider arranging for a friend or family member to assist you with household work and other necessary errands during the days immediately following your surgery.

Mental wellness

We recommend reducing your stress and anxiety level before surgery. Doing so will allow you to heal more quickly. Many people find meditation, focused deep breathing, positive thinking and guided imagery helpful in decreasing stress. Practicing relaxation strategies for two weeks prior to surgery will help you recover after surgery. Relaxed patients have less pain, are less tense, require less medication and have shorter hospital stays. We also recommend learning as much as you can about your surgery beforehand. This will help you mentally prepare for surgery, allowing you to return to your normal activity level sooner.

Pain discussion

Pain is an unpleasant feeling following surgery. Patients experience pain differently (aching, cramping, sharp, dull, throbbing), and procedures result in different types of pain.

It is important that you discuss and work with your surgeon to develop an individualized pain management and treatment plan.

Some questions to aid in this discussion:

- How much pain should I expect after surgery?
- What type of pain will I experience?
- What can I do to help with the pain?
- How long will the pain last?
- When will the pain be at its worst?

Use of multimodal pain therapy is the use of one or more non-narcotic medications that target different pain pathways to reduce pain and reduce the use of narcotics.

Start exercising

Exercise will help prepare your body for surgery and will help you to heal faster. If you already exercise regularly, keep up the good work! Remember, exercise does not have to be strenuous. A daily 15-minute walk has been shown to be effective in preparing the body for surgery.

Lung health

You may have been provided with an incentive spirometer. This is a simple device which helps you strengthen your lungs. Practice using your incentive spirometer every day before your surgery. Doing so will help reduce your risk for developing lung infections after your surgery. You will be given a new incentive spirometer on admission. If you do not have an incentive spirometer, please complete deep breathing exercises several times a day prior to your surgery.



Stop smoking

You must stop smoking tobacco, vaping and/or using nicotine products at least two weeks before your surgery. You may be tested for tobacco use. Check with your surgeon regarding stopping marijuana or cannabidiol (CBD) use. Nicotine products interfere with your healing process and can lead to complications.

When you stop these products you will reduce your risk of lung complications following surgery. If you need help quitting, please contact your doctor. Smoking cessation information and assistance is also available through Beaumont. Call 313-593-8600 (option #4) to reach the Quit Smoking Resource Line. You can also call 1-800-QUIT-NOW for additional resources from the CDC.

Alcohol use

You are encouraged to reduce your alcohol consumption in the six weeks leading up to your surgery, and refrain from consumption entirely in the 24 hours prior to your surgery. It is important to be honest with yourself and your health care providers about your use of alcohol because it can affect the outcome of your surgery and recovery.

Dental appointments

Have your teeth cleaned and examined by the dentist at least two months prior to surgery. This will allow time to have any necessary work diagnosed and treatment planned. You will need to wait three months after surgery to have any routine dental work completed, including cleaning. Inform the dentist of your spine surgery. After surgery, some dental work may require oral antibiotics prior to dental appointments. Please ask your surgeon if this is the case.

Pneumonia/Flu/Covid Vaccines

If you are planning on receiving a vaccine prior to surgery, please schedule them at least two weeks before surgery. If you already received the pneumonia and/or flu vaccine, you will be asked the date of the immunization. If you have not received the pneumonia vaccine and your surgeon allows, you may be offered this injection after surgery. The flu vaccine may also be offered after surgery during the flu season.



Arrival time phone call

You will be notified the day before surgery of your surgical time as well as your arrival time, which will be a few hours prior to your surgical time. If surgery is scheduled on a Monday, you will receive the phone call on the Friday before. If you have specific questions regarding your scheduled time, please call the hospital.

My scheduled arrival time is: _____

Anesthesia pre-screening phone call

A nurse will call you within 30 days of your surgery to take a health history for the anesthesiologist. The call will include specific questions about your health and readiness for anesthesia, including any medical problems, alcohol or drug use and general overall health information. The nurse will need to know if you have had any problems with anesthesia in the past.

You will be asked to provide a complete list of all medications (prescription and over-the-counter medications, including vitamins, herbal products and inhalers that you use on occasion), as well as the dosage and frequency you use them. The nurse will give instructions regarding what medications and vitamins to stop ahead of time as well as which medications to take the morning of surgery (please fill in the chart on page 10 in preparation for this phone call).

Medications

You will be instructed by your surgeon to stop taking certain medications that increase bleeding (such as blood thinners and NSAIDs), as well as most herbal supplements and vitamins, generally 7-14 days prior to surgery. This information may be included in the information from your surgeon's office.

If you are taking blood thinning medications for your heart such as Coumadin, Plavix, Eliquis, Pradaxa, Xarelto or aspirin, you will need special instructions from the prescribing doctor to safely stop these medications. If you have questions regarding medicines, please call your prescribing doctor.

Your medication list*

It is very important to have an accurate list of all your medications including over the counter medications (vitamins, herbal supplements, etc.) for your upcoming surgery.

Within 30 days of your surgery, a nurse from the anesthesia department will be calling you to ask which medications you are taking, so preparing this list prior to the call will assist you in making sure your list is accurate. Your medications will be put into the electronic medical record so your surgeon can review to determine which medications are required after surgery.

**Please bring your medication list to the hospital.*



Medication name What is the medicine called?	
Dose How much do I take?	Frequency How often do I take it?
Reason I'm taking What is the medicine for?	Take medicine with Do I take it with food or water?
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Staphylococcus (staph) aureus screen

Before your surgery, you will be asked to have a nasal culture taken. This will be done at the same time as your other pre-operative tests. The nasal culture will determine if you have the bacteria staphylococcus aureus present in your nasal cavity. People who carry this germ have an increased likelihood of developing an infection.

Three to four days after your nasal culture is taken, a member of your health care team will notify you if your culture was positive. This result may also show up in your MyChart account. You may be treated prior to surgery or on the day of surgery per hospital protocol.

My staphylococcus aureus screen was completed on:

Yes, I have staph aureus. No, I do not have staph aureus.

If you test positive, you may be prescribed mupirocin ointment to decrease your risk of infection. You will need to apply the ointment to the inside of your nasal cavity two times per day for a total of five days. Your healthcare provider will give you specific instructions on when to start this. Please follow package directions for use.

Pre-surgical cleansing

Before your surgery, you must bathe with an antibacterial soap called chlorhexidine gluconate (CHG). 4% CHG is used as a pre-surgical skin cleanser. It kills bacteria and inhibits the growth of new bacteria.

As a patient, you play an important role in preparing your skin for surgery. Using CHG as directed will help reduce your chance of developing a surgical site infection. If you are allergic or sensitive to chlorhexidine, you may use an antibacterial soap, like Dial. Shower with CHG soap for two days prior to your surgery and again on the morning of your surgery.

Pre-surgical cleansing instructions:

- Wash your hair with your regular shampoo.
- Wash your face and your genitals (privates) with your regular soap.
- Rinse your hair, face and genitals (privates) completely with water.
- Apply a generous amount of 4% CHG soap to a clean, wet wash cloth. Do NOT use a bath poof, sponge or loofa.
- Cleanse your body with the washcloth from your neck to your toes, front and back. Be sure to clean the area that will be operated on. Do NOT use 4% CHG soap on the face, eyes, mouth, ears, genitals (privates) or any open wounds.
- Allow the 4% CHG soap to stay on your body for three to five minutes.
- Rinse your body with water.
- Dry your body with a clean towel.
- Wear clean clothes or pajamas daily.
- Apply clean sheets to your bed on the day you start to shower with 4% CHG.
- Do NOT apply lotions, creams or powders.
- Do NOT shave the surgical area.

Two days before surgery

Date: _____

- antibacterial shower
- wash bed sheets
- stop shaving around area

One day before surgery

Date: _____

- antibacterial shower

Day of surgery

Date: _____

- antibacterial shower

Prepare your home

Follow these steps to help prepare your home for your recovery.

Entrances

- Remove door mats and all throw rugs.
- Clear obstacles from the floor.
- Make a note of thresholds that may not be flush with the floor. They may be a tripping hazard.
- Install railings, if desired, to assist entry.

Kitchen

- Keep frequently used items (cups, dishes) on counter top or at waist height. Keep these items within easy arms reach or closer to front of cupboards/counter top.
- Store frequently used items within reach and choose correct cupboard shelf height and depth.
- Do not use a gas stove if you are on portable oxygen.
- Install fire extinguishers.

Living room/family room

- Start thinking about chairs to use after surgery. Consider chairs with arm rests and chairs that have firm cushions and sturdy legs that do not sit too low.
- Rearrange furniture to allow space for walker and walking.
- Move low lying objects, such as coffee tables, that may present a tripping hazard.
- Remove any clutter on floors.

Bathroom

- Remove bath rugs.
- Towel bars and soap dishes should NOT be used as grab bars.
- Consider placing non-slip strips or a bath mat on tub/shower floor.
- Consider placing grab bars in your shower.

Bedroom

- Clothing should be kept at an easily accessible height to avoid bending/leaning, or have support person pull out clothing and place on dresser for easy access.

Miscellaneous

- Make sure your home has adequate lighting.
- Use a nightlight in the bedroom, hallway and bathroom in case you need to get up during the night.
- Stairways should be well lit and paths should be kept clear. Ensure any railing(s) is/are secure.
- It is NOT safe to carry items (cups, books, plates, etc.) while using a walker. Consider attaching a bag, bicycle basket or walker tray to your walker. Use a larger cup or use cup/bottle with a lid to prevent spilling or risk slipping.
- Keep electrical and telephone cords away from walking areas.
- Have emergency numbers available.
- Wear comfortable clothing (elastic waist pants or shorts).
- Wear non-skid shoes with an enclosed heel.
- If you have a walker available, take a walk through your home before surgery and see what obstacles you encounter. Your hospital staff can help problem solve potential barriers. Ideally, you should be able to walk with and turn around with your walker without moving objects or lifting the walker.

DAY OF SURGERY

Are you sick?

If you think you are getting a cold, flu, fever or any other type of illness or infection during the week before surgery, contact your surgeon as soon as possible. Also, report any oral or dental problems, upper respiratory infections, difficulty urinating or any skin conditions such as rashes or open wounds. Any change in medical condition should be reported to your surgeon. It is important that you are in optimal health for surgery. If you need to cancel your surgery the night before it is scheduled, please notify your surgeon's office and the hospital.





Things to bring to the hospital

- picture ID
- loose fitting comfortable clothes
- insurance card
- cell phones and chargers (optional)
- list of your medications
- MRI results and CD, if requested by your surgeon
- respiratory equipment if you use any (CPAP or BiPAP machine)
- glasses, contacts, dentures or hearing aids if you use them
- pacemaker card
- advanced directive
- if you have an implanted device, bring your programmer to turn the device off
- supportive rubber soled walking shoes (lace up or Velcro)

Do not bring valuables or jewelry. Do not bring your own medications, unless instructed to do so by hospital staff or surgeon.

At home

- Stop eating solid foods at 10 p.m. the evening before surgery unless otherwise instructed by your physician. This includes chewing gum, hard candies, tobacco products and mints. Approved clear liquids may be consumed until two hours prior to your surgical arrival time. Clear liquids include: water, black coffee and tea (no milk or cream), soda, juice without pulp and Ensure-presurgical.
- Remove all jewelry, including body piercings, hairpieces, wigs, hair clips, barrettes, eyeglasses, and contact lenses. Any artificial limbs must also be removed before surgery.
- Take only the medications that you were instructed to take.

Take the following medication(s)*:

Do not take the following medication(s)*:

** You will receive a call from a nurse letting you know what medications you can and cannot take before your surgery. At this time, you will also be given instructions on eating and drinking before your surgery.*

I must stop eating solid foods at: **10 p.m.**

I must stop drinking clear liquids at: _____

Drink ERAS Clear Carbohydrate Drink at: _____

At the hospital

- After check-in, you will be brought to the preoperative area. You will meet members of your surgical team.
- For your safety, you will be asked many of the same questions by all the members of your care team.
- You will be asked to remove hearing aids and dentures at this time.
- You may receive medicine to help you relax.
- There are lounges for your support team to relax in during your surgery.
- We will do everything possible to start your procedure on time. However, there may be instances when delays occur due to emergencies.
- We apologize for any delays that may occur and appreciate your understanding.

Members of your surgical team

A highly skilled team of professionals has been assembled to care for you during your surgery.

They may include:

- surgeon
- physician assistant
- anesthesiologist
- CRNA (Certified Registered Nurse Anesthetist), pre-operative nurse, operating room (OR) nurse, recovery room/Post Anesthesia Care Unit (PACU) nurse, NA (nursing assistant)

During the procedure

- You will be given medication to make you feel very drowsy, relaxed and comfortable during the procedure.
- You will not feel any pain during the procedure.
- A catheter may or may not be placed into your bladder after you have received your anesthetic to monitor urinary output. The catheter is usually removed the morning after surgery, or sooner.
- Your heart rate, blood pressure, temperature and blood oxygen level will be continuously checked and monitored throughout the procedure.
- Your surgeon will come speak to your support team once the procedure is complete.

RECOVERING FROM YOUR SURGERY

Waking up

- You will need to stay in the recovery room, where you will be watched until you are alert and your vital signs are stable.
- The length of time you will spend in the recovery room will vary because some individuals take longer than others to wake up after anesthesia.
- Patients coming out of anesthesia react in different ways. You may be sleepy, have a sore throat or feel sick to your stomach. These reactions are normal and will go away as the anesthesia wears off.
- Patients may spend several hours in the recovery room.
- You will be reunited with your loved ones once you have been brought to your hospital room, where you will be spending the night.
- You will be receiving oxygen through your nose.
- You will be offered ice chips and something to drink once you start to wake up.
- Depending on the type of surgery, you may be discharged the same day of surgery.



Hospital inpatient unit (ortho/neurosurgery unit) and post-surgical care unit

This is the unit you will continue to recover in until you are discharged.

You will continue to recover in one of these units until you are discharged. Members of the recovery team who will be assisting you in your recovery, may include:

- registered nurse (RN)
- nursing assistant (NA)
- physical therapist (PT)
- occupational therapist (OT)
- care manager (discharge planner)
- mid-level providers (physician assistants and nurse practitioners)
- surgeons/doctors

Pain management

When you awake from anesthesia, you will likely experience some degree of pain. Our job is to assess your pain level (using the scale on the next page) and treat accordingly. Remember, you just had surgery. It is normal to experience discomfort following the procedure. It is the goal that your pain is well controlled while you are at the hospital. It is normal to experience discomfort following the procedure. It is important that your pain is well controlled while you are at the hospital.

Mankoski Pain Scale

Pain Score	Symptoms
0 (zero)	pain free
1 (one)	very minor annoyance; occasional minor twinges
2 (two)	minor annoyance
3 (three)	annoying enough to be distracting
4 (four)	can be ignored if busy, but still distracting
5 (five)	can't be ignored for more than 30 minutes
7 (seven)	makes it difficult to concentrate; interferes with sleep; still able to function with effort
8 (eight)	physical activity severely limited; can read and speak with effort; experience nausea and dizziness
9 (nine)	unable to speak; crying out or moaning uncontrollably
10 (ten)	either unconscious or wanting to pass out from pain

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After surgery, tell your recovery team or nurse if:

- Your pain is not controlled by medication
- You are experiencing negative side effects of the pain medication you are taking (such as itching, headaches, hallucinations)
- You are experiencing a new type of pain
- You are experiencing nausea or have vomited

Understanding pain after surgery

Most people do experience discomfort after surgery. The nurses will regularly assess your pain to help determine what type of pain medication may work best. There may be multiple types of pain medication available, such as muscle relaxers and narcotic pain medication, along with other multi modal pain control options. The goal of pain medication is to help make the discomfort less so you can effectively participate in physical/occupational therapy. It is important to take the pain medications on a regular basis. Your medical care team will work with you to balance good pain control with the fewest side effects possible. Further information on pain control is available if needed; please ask your nurse if you are interested.

Upon discharge, prescriptions will be given to you for the pain medication that is working the best for you. Michigan law states we can only give seven days of prescription medications at discharge.

Patients also find the non-medication techniques listed below helpful in treating and managing stress, pain and anxiety associated with surgery:

- calming breaths – slow, relaxed and controlled breathing
- relaxing the mind
- meditation
- guided imagery – bring pictures or a guided imagery CD
- music – listen to your favorite music
- comfort item – blanket or pillow
- ice, under the direction of your surgeon

Dangers of Opioids

Opioids are powerful pain medications but have many unwanted side effects. They can cause nausea, vomiting, drowsiness, constipation, and lead to opioid misuse, addiction and possibly death. This has prompted our staff to offer patients multimodal therapies to manage pain while reducing the amount of opioids that are needed for optimal pain control.

Common side effects from pain medications and anesthesia

Nausea and/or vomiting

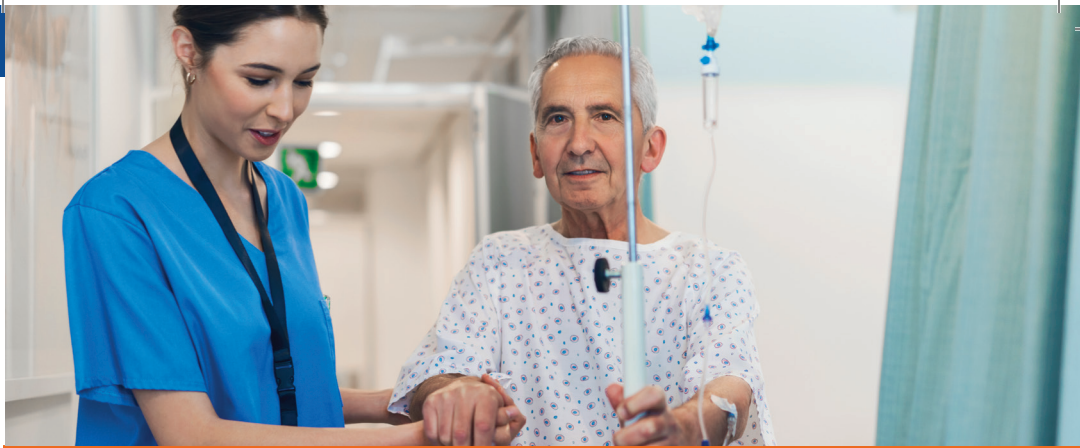
Many people experience nausea after surgery. To avoid this, it is helpful to always take your pain medications with food, especially foods high in protein. You can order additional snacks when you order your meals or simply bring snacks to the hospital.

Snacks that have protein include granola bars, protein bars and peanut butter or cheese crackers. If you do become nauseated, please ask for an anti-nausea medication from your nurse.

Constipation

Almost everyone will experience constipation after surgery. We will begin stool softeners to help minimize this. You should continue to use a stool softener while you are taking pain medications at home as well. You are encouraged to eat a high fiber diet, including prune juice and increase activity to help with constipation. Minimizing narcotic use will also help reduce constipation. Please see discharge information for specific instructions on constipation prevention and treatment.





WHAT SHOULD I BE DOING AFTER MY SURGERY?

Get out of bed

It is important that you get out of bed on the day of your surgery and regularly thereafter with assistance. This will help build your muscle strength and prevent complications. You should plan on eating all your meals sitting up in a chair.

Walking

Walking helps you recover faster, stimulates your bowels, prevents blood clots and prevents infections. Staff members will assist you with walking. Plan on walking at least three times a day with assistance from a staff member.

Breathing exercises

Breathing exercises help prevent lung infections. When you are awake, complete your incentive spirometer 10 times per hour.

Therapy

Your therapy team will work with you daily to assist you with progression towards your mobility goals.

Diet

A balanced diet is important to promote proper tissue healing and restore muscle strength. Please let your nurse know if you are on a special diet or have any special dietary preferences or needs. Be sure to drink plenty of fluids and add some additional fiber to your diet. Make sure to eat sources of protein with meals/snacks.

Follow-ups

It is very important to follow your surgeon's instructions regarding restrictions and follow-ups.

Pain and side effects tracking

Keeping track of your pain will help your medical care team effectively treat and manage your care. Remember to keep track of any side effects you may be experiencing as a result of the pain medication. It is also important to pay attention to the activity you are doing when you experience the pain.

Deep vein thrombosis (DVT) prevention

Blood clots or DVTs can occur any time blood flow slows down. They are most commonly found in the legs. Surgery and decreased activity may increase your risk.

Ways to prevent blood clots:

- foot and ankle pumps at least every hour
- walking
- pneumatic compression sleeves while in bed



Fall prevention

Falls can happen to anyone. Here are some things you can do in the hospital to prevent a fall from occurring:

- Call for assistance when getting in or out of bed or the chair or to walk to the bathroom.
- DO NOT attempt to get up and walk by yourself.
- While waiting for assistance, DO NOT attempt to get up.
- Move slowly. Take your time.
- Use non-skid footies or non-skid footwear when out of bed.
- Use your walker for transfers and when walking, if necessary.

Therapy

A physical therapist (PT) will be working with you after surgery to optimize your mobility. The goal of these therapy sessions will include getting in and out of bed, walking and progressing to stair climbing.

An occupational therapist (OT) may be working with you after surgery to assist you with your daily activities, such as bathing, dressing and toileting. The OT will also train you on equipment if needed to assist you during your recovery.



	DAY OF SURGERY	ONE DAY AFTER SURGERY (anticipated day of discharge)	TWO DAYS AFTER SURGERY (if not discharged day after surgery)
DVT Prevention	<ul style="list-style-type: none"> • Complete 10 ankle pumps per hour when awake. • Compression sleeves on when not walking. 	<ul style="list-style-type: none"> • Complete 10 ankle pumps per hour when awake. • Compression sleeves on when not walking. 	<ul style="list-style-type: none"> • Complete 10 ankle pumps per hour when awake. • Compression sleeves on when not walking.
Nursing Care	<ul style="list-style-type: none"> • Use the incentive spirometer 10 times per hour when awake. • Vital signs (blood pressure, temperature, heart rate, oxygen level) at least every four hours. • Monitor your incision. 	<ul style="list-style-type: none"> • Use the incentive spirometer 10 times per hour when awake. • Vital signs at least every eight hours. • Monitor your incision. • Remove Foley catheter (if applicable). • Assist you to the bathroom to brush your teeth and wash up 	<ul style="list-style-type: none"> • Use the incentive spirometer 10 times per hour when awake. • You may shower today. • Vital signs at least every eight hours.
Nutrition	<ul style="list-style-type: none"> • Begin with ice chips, water and liquids. Advance to a regular diet as tolerated. 	<ul style="list-style-type: none"> • Normal diet. Drink plenty of fluids. 	<ul style="list-style-type: none"> • Normal diet. Drink plenty of fluids.
Activities	<ul style="list-style-type: none"> • You will get out of bed, walk and sit in a chair as tolerated with assistance. 	<ul style="list-style-type: none"> • Your walking distance will progress as tolerated with assistance 	<ul style="list-style-type: none"> • You will progress from sitting, standing and walking as tolerated with assistance. • Sit up in the chair for all meals.
Pain	<ul style="list-style-type: none"> • Complete your pain diary. • Use relaxation techniques. 	<ul style="list-style-type: none"> • Complete your pain diary. • Use relaxation techniques. 	<ul style="list-style-type: none"> • Complete your pain diary. • Use relaxation techniques.

	DAY OF SURGERY	ONE DAY AFTER SURGERY (anticipated day of discharge)	TWO DAYS AFTER SURGERY (if not discharged day after surgery)
Daily Self Care	<ul style="list-style-type: none"> You may be getting up and walking to the bathroom with staff assistance. 	<ul style="list-style-type: none"> We will assist you to the bathroom to brush your teeth and wash up. You will be getting up and walking to the bathroom with staff assistance. You may get dressed in your own clothes with staff assistance 	<ul style="list-style-type: none"> You may shower today. You will be getting up and walking to the bathroom with staff assistance. You may get dressed in your own clothes with staff assistance
Medications	<ul style="list-style-type: none"> Your nurse will give you IV fluids, pain medications as ordered, antibiotics to prevent infection and your regular medications as ordered by your doctor. 	<ul style="list-style-type: none"> Your nurse will continue pain medications as ordered, stool softeners and your regular medications. 	<ul style="list-style-type: none"> Your nurse will continue pain medications as ordered, stool softeners and your regular medications.
Tests	<ul style="list-style-type: none"> Tests will be ordered as needed. 		
PT/OT	<ul style="list-style-type: none"> A therapist may work with you today. If a therapist does not work with you, a nurse will. 	<ul style="list-style-type: none"> You may have a physical therapy (PT) or occupational therapy (OT) session today. 	<ul style="list-style-type: none"> You may have a physical therapy (PT) or occupational therapy (OT) session today.

LEAVING THE HOSPITAL

Care management

A member of our care management team will meet with you the day after surgery to coordinate your discharge plan. Every discharge plan is unique and the care management team will work closely with you to assist you with all of your discharge needs.

Discharge planning

All our surgeons recommend patients go home if they are able to. We will need to make sure it is safe for you to go home. You will be discharged from the hospital once your surgeon determines that it is safe to do so. Your typical stay in the hospital will be 24 to 72 hours and then you will be ready to move on to your next phase of care.

A family member, companion or friend must be present to take you home.

You may receive prescriptions or other medication instructions following your surgery. Make sure you understand all medication instructions. If you have any questions, please contact your surgeon's office.

Discharge to home

You may want to plan for assistance at home following your surgery. As needed the hospital may arrange for home care services that may include a registered nurse, an occupational therapist and/or a physical therapist.

You may need equipment for home to help aide in your recovery, the occupational therapist and physical therapist will help to make recommendations for you. Equipment may be ordered while you are in the hospital or you can obtain after your surgery at your convenience.

You will need a family member or friend to provide transportation home. In some cases a short stay at a subacute rehabilitation facility may be needed if you are unable to return to your home safely.

The goal is still to return to your home environment as soon as you are able to do so.

Outpatient physical therapy

Your surgeon will determine when it is safe for you to initiate outpatient physical therapy. Do not start any outpatient physical therapy until you see your surgeon for your first post-operative visit.

Discharge instructions

- Schedule a follow-up appointment with your surgeon per your discharge paperwork.
- Increase your activity level, take frequent short walk with the walker, if necessary. Avoid wet, rough or irregular surfaces.
- At home, you will need to continue over the counter stool softeners and/or laxatives while on narcotics. Please continue these until you have returned to your normal activity levels and your bowel patterns have normalized.
- Always tell all doctors or dentists who care for you now and in the future that you have had spine surgery. You may need to take an antibiotic before dental care and certain surgical procedures.
- Schedule a follow up appointment 7 days after discharge with your primary care physician necessary, for instance, if you have multiple medical problems such as chronic pain, depression, anxiety, recent heart attack, chronic lung disease or diabetes.
- It is important that you keep moving following surgery. The goal is to return to your activities of daily living, while following the precautions and restrictions from your surgeon.

Things to report to your surgeon's office

Contact your surgeon's office if you experience:

- increased or lasting redness, swelling or warmth around your incision
- increased pain or pain not relieved with your prescribed pain medication
- drainage from your incision that is new or increased
- a calf that becomes swollen, tender, warm or reddened
- a temperature above 100.5 F for more than 24 hours or chills
- any openings in your incision
- burning or urgency when urinating or if your urine has a foul odor
- call 911 immediately if you have any chest pain, breathing difficulties, confusion or shortness of breath

Caring for your incision

- Always wash your hands before and after touching your incision. If someone else is caring for your incision, they should always wash their hands before and after care.
- Observe your incision/dressing twice daily for any changes.
- In the shower, gently cleanse your incision using bare hand with soap and water. Rinse your incision carefully and then gently pat your incision dry with a clean towel. Use a fresh towel each time you bathe.
- Do not share wash cloths/towels with other family members.
- Do not rub or pick at your incision. Limit touching your incision.
- Do not apply lotions, creams or powders to your incision.
- Dress in clean comfortable clothing. Use clean linen on your bed.
- No pets in your bed. Place a cover over chairs to ensure a clean surface free from pet hair or prior soiling.
- No bath, hot tub or swimming as directed by your surgeon.

Frequently asked questions

Will I set off metal detectors if any metal is implanted?

Yes, you may. Allow extra time for travel. ID cards are not routinely given anymore because they're not sufficient for airport security needs.

When can I drive again?

Your surgeon will determine when you are able to drive after surgery. Generally, three criteria must be met. You need to be off of narcotic pain medicines, able to get in and out of the driver's seat comfortably and must have regained your normal reflexes and strength.

Cancelling your procedure

If you get a cold or other illness, or become pregnant, please call your surgeon's office as soon as possible. If you cannot reach your surgeon, please call the hospital. It may be necessary to reschedule your procedure.

Important phone calls and numbers

Before your surgery, you will receive several phone calls from Beaumont.

Who	Why
Registration	You will provide general contact information and insurance information.
Anesthesia pre-screening nurse	You will provide information regarding your medical and surgical history.
Surgical scheduling office	You will be provided with your surgical time and information regarding where to park and where to go on the day of your procedure.

After discharge, you may receive a phone call to check on your progress/well-being. Your input and partnership is always welcomed to help us improve our processes. We welcome your comments during all stages of your care.

Additionally, you will be asked to fill out questionnaires regarding your functional status before and after your surgery.



Important phone numbers

Location	Phone number
Beaumont Hospital, Dearborn 18101 Oakwood Blvd. Dearborn, MI 48124	313-593-7000
Beaumont Hospital, Farmington Hills 28050 Grand River Ave. Farmington Hills, MI 48336	248-521-8000
Beaumont Hospital, Grosse Pointe 468 Cadieux Road Grosse Pointe, MI 48230	313-473-1000
Beaumont Hospital, Royal Oak 3601 West 13 Mile Road Royal Oak, MI 48073	248-898-5000
Beaumont Hospital, Taylor 10000 Telegraph Road Taylor, MI 48180	313-295-5000
Beaumont Hospital, Trenton 5450 Fort Street Trenton, MI 48183	734-671-3800
Beaumont Hospital, Troy 44201 Dequindre Road Troy, MI 48085	248-964-5000
Beaumont Hospital, Wayne 33155 Annapolis Street Wayne, MI 48184	734-467-4000
Primary care doctor:	
Surgeon:	
Pharmacy:	

APPENDIX

You will find useful information about your procedure in this appendix.

Websites

orthoinfo.aaos.org
aahks.org
OR-Live.com
recoversex.com

At the hospital

Parking

- Parking is free at all Beaumont hospitals.
- Valet parking is also available for a fee at the Dearborn, Farmington Hills, Grosse Pointe, Royal Oak and Troy campuses.

Where do family members and friends go?

- Your family members and friends may wait with you in the surgical waiting room until you are called back into the pre-operative area. Free Wi-Fi is available for use.

PRE-SURGICAL OPTIMIZATION

Patients who have scheduled surgery at a Beaumont hospital may be recommended to attend a presurgical optimization clinic appointment (not required for all hospitals). In order to obtain the best possible outcome following your surgery, these offerings are designed to ensure all pre-surgical testing is completed, answer common questions about the procedure and provide the information you need to prepare for a successful recovery. This preparation includes an in-depth health interview, diagnostic testing and educational offerings.

You are encouraged to bring a friend or family member with you to pre-surgical optimization. We recommend you participate in the optimization offerings two to three weeks before your surgery.

When/where

The pre-surgical optimization offerings will take place at the hospital at which you are scheduled to have surgery. Specific dates and locations will be provided during the registration process.

Registration

Site	Contact Information
Beaumont Hospital, Dearborn	800-543-WELL (800-543-9355)
Beaumont Hospital, Farmington Hills	surgeon will provide information
Beaumont Hospital, Grosse Pointe	313-473-1558
Beaumont Hospital, Royal Oak	Surgical Optimization Center 248-273-8100 800-633-7377 beaumont.org/joint-class 248-964-9200 Integrative Medicine beaumont.org/spine-prep
Beaumont Hospital, Taylor	313-887-5949
Beaumont Hospital, Trenton	800-543-WELL (800-543-9355)
Beaumont Hospital, Troy	STTAR Clinic 248-964-5012 248-964-9200 Integrative Medicine beaumont.org/services/spine-surgery/preparing-for-spinal-surgery/ beaumont.org/spine-prep
Beaumont B-Ready Clinic	248-551-3805
Beaumont Hospital, Wayne	800-543-WELL (800-543-9355)

Online education available for all Beaumont sites. Visit web-page to register beaumont.org/spine-prep.

Beaumont

beaumont.org

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