

# My Guide to Spine Surgery



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# Welcome!

Thank you for choosing Sparrow for your spine surgery. When you or a loved one suffers from pain, numbness, or weakness, simple daily activities can be hard to do. Our approach to spine care is focused on you, the patient. We will partner with you and your family to set and meet realistic goals and get you on the way to recovery.

Use this book as a guide to help get ready for your surgery and healing after surgery. This book covers many different types of back or spine problems. Talk to your surgeon or office caregiver if you have any questions about your condition.





Recovery is a journey. You will face many new challenges in the days and weeks ahead. We hope this book will be helpful to you. Bring it with you to your office appointments and to the hospital. If you have any questions along the way, feel free to ask anyone on your healthcare team.

**Lansing Neurosurgery**  
**517.827.1800**  
Toll-free: **888.806.2703**

Christopher Abood, M.D.  
Charles Bill, M.D.  
Mohamed Elnabity, M.D.  
Omar Qahwash, D.O.  
Elizabeth Wild, M.D.  
Timothy Heilman, D.O.

**SMG Orthopedics and  
Sports Medicine-Lansing**  
**517.253.5100**

Michael Winkelpleck, D.C., D.O.

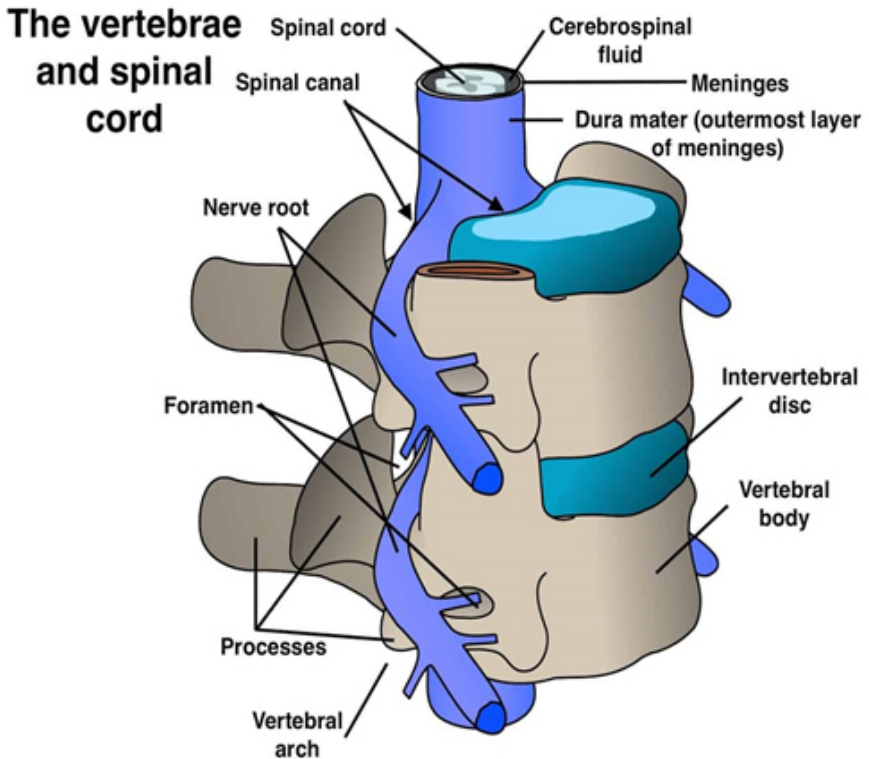
**Michigan Orthopedic Center**  
**517.267.0200**

John Flood, D.O.  
Benjamin Dorenkamp, D.O.

# Understanding My Spine

## Parts of the Spine

Your spine is made up of vertebrae (bones), discs, nerves, and the spinal cord. Your muscles, ligaments, and tendons support these structures. They give your spine its normal curve and allow you to stand upright. This also allows you to flex (bend forward), extend (arch your back), and rotate (twist). Parts of the vertebrae cover and protect the spinal cord (spinal canal) and the exiting nerve roots (neural foramen). These nerve roots work best when they have a clear pathway to travel.

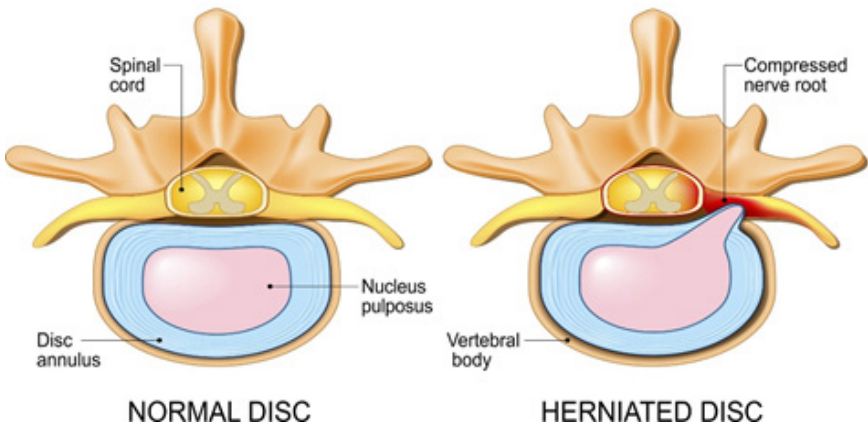


# Problems with Discs

The discs between your vertebrae work hard to absorb stress and cushion your movements. These discs can wear down (degenerate) in many ways. As they do, they can lose their shock absorbing function. Sometimes this degeneration can cause pain.

Degeneration can cause the outer layer of the disc to break down. This can cause the inner portion to bulge or herniate out. When this happens, it can cause numbness, tingling, or weakness because the disc pushes on the nerve roots as they branch off the spine. See images below.

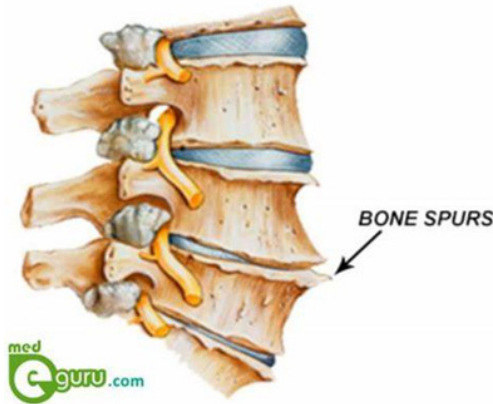
## Spinal disc herniation



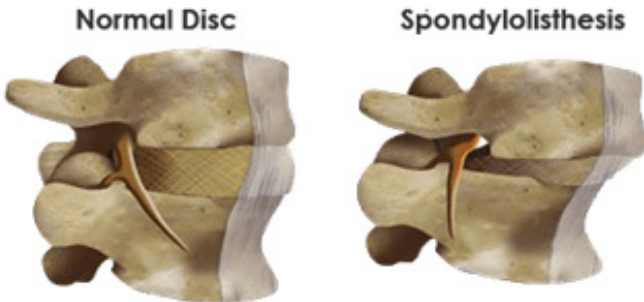
Most of this can heal with rest, medicines, and physical therapy. If those do not work and your symptoms persist, surgery can be done to remove the part of the disc that is pushing on the nerve. This may help relieve these problems.

# Problems with Bones

As degeneration occurs, this may cause the bones to overgrow (bone spurs or osteophytes). See image below.



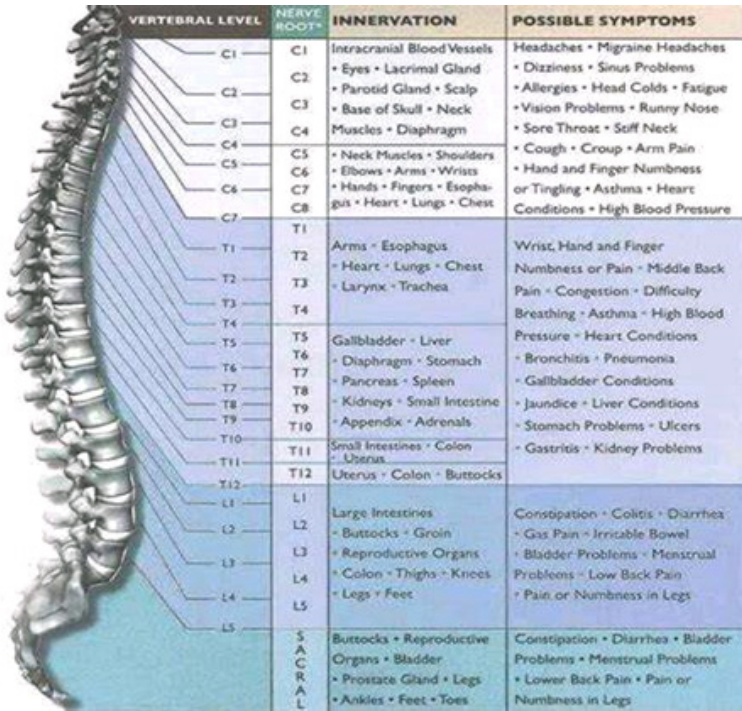
The supporting parts of the back of the spine may wear down and cause one vertebra to slip over another. This is called *spondylolisthesis*. See images below.



As the nerve root pathways become smaller, this may cause the nerves to be pinched. This is called *stenosis*. Stenosis may cause pain, numbness, tingling, or weakness traveling down the arms or legs. The next page explains further.

# Problems with Nerves

Some of your symptoms may be caused by nerve root compression (pinching). When this happens, your symptoms might show up in your arms, legs, or other parts of your body other than your back or neck. This is called *radiculopathy*. You may also have back or neck pain along with radiculopathy. See image below.



VERTEBRAL LEVEL	NERVE ROOT*	INNERVATION	POSSIBLE SYMPTOMS
C1	C1	Intracranial Blood Vessels	Headaches • Migraine Headaches
C2	C2	• Eyes • Lacrimal Gland	• Dizziness • Sinus Problems
C3	C3	• Parotid Gland • Scalp	• Allergies • Head Colds • Fatigue
C4	C4	• Base of Skull • Neck	• Vision Problems • Runny Nose
C5	C5	Muscles • Diaphragm	• Sore Throat • Soff Neck
C6	C6	• Neck Muscles • Shoulders	• Cough • Croup • Arm Pain
C7	C7	• Elbows • Arms • Wrists	• Hand and Finger Numbness or Tingling • Asthma • Heart Conditions • High Blood Pressure
C8	C8	• Hands • Fingers • Esophagus • Heart • Lungs • Chest	
T1	T1	Arms • Esophagus	Wrist, Hand and Finger Numbness or Pain • Middle Back Pain • Congestion • Difficulty Breathing • Asthma • High Blood Pressure • Heart Conditions
T2	T2	• Heart • Lungs • Chest	
T3	T3	• Larynx • Trachea	
T4	T4		
T5	T5	Gallbladder • Liver	
T6	T6	• Diaphragm • Stomach	• Bronchitis • Pneumonia • Gallbladder Conditions
T7	T7	• Pancreas • Spleen	
T8	T8	• Kidneys • Small Intestine	• Jaundice • Liver Conditions
T9	T9	• Appendix • Adrenals	• Stomach Problems • Ulcers
T10	T10	Small Intestines • Colon • Uterus	• Gastritis • Kidney Problems
T11	T11		
T12	T12	Uterus • Colon • Buttocks	
L1	L1	Large Intestines	Constipation • Colitis • Diarrhea
L2	L2	• Buttocks • Groin	• Gas Pain • Irritable Bowel
L3	L3	• Reproductive Organs	• Bladder Problems • Menstrual Problems • Low Back Pain
L4	L4	• Colon • Thighs • Knees	• Pain or Numbness in Legs
L5	L5	• Legs • Feet	
S	S	Buttocks • Reproductive Organs • Bladder	Constipation • Diarrhea • Bladder Problems • Menstrual Problems
A	A	• Prostate Gland • Legs	• Lower Back Pain • Pain or Numbness in Legs
C	C		
R	R		
A	A		
L	L	• Ankles • Feet • Toes	

Surgery cannot always take away all the pain or other symptoms. **Back pain is difficult to treat with surgery.** This is because there are often several causes for your back pain. Arm or leg symptoms are more likely to get better after surgery. A very small number will not get better or may take several weeks or months to improve. Talk to your surgeon about your risk factors and the expectations of your surgery outcomes.



# Getting Ready for Surgery

## Choose a Coach

Spine surgery is a journey and having someone to support you during this time is very important. Your coach can be anyone you choose that will encourage you, help you, and be a cheerleader. Your coach should be someone who is available to assist you after you leave the hospital. Depending on the type of surgery you have and your current level of functioning, your coach may need to assist you with dressing, bathing, getting in and out of bed, etc.

## Positive Attitude

No matter how long you've had pain or numbness, it can affect the way you deal with everyday stress. Your pain may have kept you from doing the things you enjoy in life. You may have gone through weeks of physical therapy or pain injections and still have no relief. You may feel hopeless and willing to try anything. You may say, "Will I ever get better?" or "It's not fair!"

- » All of these feelings are normal.
- » Now you may be thinking, "Is this going to work?"
- » Spine surgery is NOT a magic cure. Your doctor will be very honest with you on the expectations and goals of the surgery.
- » The road ahead is going to be hard and you can expect some bumps along the way. Recovery will take a lot of hard work every day.
- » Try to set small goals (i.e., walking a half mile). Once you reach that goal, set another.
- » Do what your doctor tells you to do (i.e., quit smoking, lose weight, etc.).
- » Your positive outlook can make a big difference in your recovery.

Being prepared for surgery is key to better outcomes. This is a link to an explanation of "Enhanced Recovery After Surgery" (ERAS) - [vimeo.com/451937093](https://vimeo.com/451937093).

## Pre-Surgery Testing and Appointments

We want to make sure you are as healthy as possible before surgery. We require patients to have tests completed. These typically include a blood sample and electrocardiogram (EKG). Depending on your medical history, risk factors, and type of surgery, you may need to schedule an appointment with your cardiac doctor, primary care physician, or other specialist before surgery. In rare cases, for your safety, your surgery may need to be rescheduled or canceled due to a medical reason. If this happens, your healthcare team will work with you to explore other options.

## Carbohydrate Rich Drink (Carbohydrate Loading)

Carbohydrates are foods rich in sugars and starches. “Carbohydrate loading” means consuming carbohydrates before spine surgery. Research has shown that this decreases discomfort before surgery by reducing hunger, thirst, and anxiety. More importantly, it can decrease nausea and vomiting after surgery and may shorten your hospital stay.

You will be given instructions from your surgeon or a nurse from Pre-Anesthesia Testing (PAT) either by phone or in person, prior to surgery.

If you have questions or concerns, please call **517.364.5552 (option 4)**.



# Patient Pre-Surgery Check List

**Surgery Date:** \_\_\_\_\_.

Arrival time for your surgery will be communicated to you the night before by an automated phone call between the hours of 4 p.m. and 7 p.m. It is important that you listen to the entire call or message for correct arrival time.

## **Step #1: Call Sparrow Today to Register.**

Call **517.253.6300, prompt #3**, or **877.773.7341** between 8 a.m. and 5 p.m. Monday through Friday to pre-register. (Some offices may do this for you. Please check with the office before calling.)

Have ready:

- » Your ID and Insurance Card(s).
- » You may be asked to pay your copay/deductible at the time.
- » Family physician and any other physician(s) names and phone numbers.

## **Step #2: Pre-Operative Phone Interview with a Registered Nurse.**

Once the surgery is scheduled, you will be called by a Sparrow phone nurse to go over your history, record your medications, and order pre-op lab work. Below are things we will need from you during your call.

- » Allergies (including drugs, latex, dyes, foods, tape, and environment)
- » Current Medications (include prescriptions, inhalers, eye drops, over-the-counter vitamins, and herbal supplements). Have the name, dose, and frequency ready.
- » Past Surgeries and Hospitalizations.

## **Step #3: Complete Labs and Diagnostic Studies (as Needed) as Instructed by the Sparrow Phone Nurse.**

Instructions will be given by your Sparrow phone nurse during your phone call.

## Inpatient Versus Short-stay or Observation Status

“Admission status” is a term used by your insurance company to set payment for your surgery and any care you may need after discharge. The surgeon and your healthcare team cannot change your admission status. This is done by your insurance company. Knowing this ahead of time will prepare you for any out-of-pocket costs for which you will be responsible (e.g., deductibles, copays). Using the information from your insurance company, you will be able to make plans for care after discharge. No matter what your admission status is, you will receive safe, efficient, and high-quality healthcare at Sparrow.

	<b>Inpatient</b>	<b>Short-stay/Extended Outpatient/Observation</b>
Can I stay overnight?	If medically necessary	If medically necessary
I have Medicare. How is my insurance billed?	<ul style="list-style-type: none"> <li>» Part A (hospital insurance)</li> <li>» Part B (outpatient medical insurance)</li> </ul>	Part B (outpatient medical insurance)
I have other insurance. How is my insurance billed?	Inpatient (hospital insurance)	Outpatient (office/doctor insurance)
I have Medicare. What discharge care will Medicare pay for?	<ul style="list-style-type: none"> <li>» After a three night stay, you may qualify for a skilled nursing facility (SNF)</li> <li>» May qualify for care at an inpatient rehabilitation (IPR) hospital</li> </ul>	<ul style="list-style-type: none"> <li>» NOT qualified for a skilled nursing facility (SNF)</li> <li>» May qualify for care at an inpatient rehabilitation (IPR) hospital</li> </ul>
I have other insurance. What discharge care will my insurance pay for?	Depends on medical necessity (SNF or IPR)	Depends on medical necessity (SNF or IPR)
Home Health	If medically necessary and “hombound” status exists	If medically necessary and “hombound” status exists

**IMPORTANT NOTES:**

- » Skilled nursing facilities (SNF) – Your insurance will determine coverage for SNF based on your admission status and medical necessity. Your doctor cannot change surgery coding or medical charting for the sole purpose of authorizing coverage.
- » Medical necessity means you have a current and active medical issue that insurance feels should be addressed in the hospital setting, rather than in the doctor’s office.
- » Home bound status is decided by your insurance carrier. Your ability to walk, current medical issues, and safety behaviors all factor in to this decision.

Call your insurance company if you have questions about what services are covered.

## My Medicines

Use this page to list all of the medicines you are currently taking including over the counter medicines. Also include vitamins, supplements, and herbal medicines. A nurse from Sparrow’s Pre-Admission Center will call you to review this list and your medical history one to two weeks before surgery.

Medicine	Dose	How often?	What is it for?	OK to take morning of surgery?	Stop this medicine?

My allergies: \_\_\_\_\_  
\_\_\_\_\_

# My Surgery Checklist

- Lab work and/or EKG complete.
- Medical clearance appointment date/time \_\_\_\_\_
- Specialist appointment (cardiology, pulmonology, etc.)  
date/time: \_\_\_\_\_
- Spine Camp complete: I have read this entire booklet.
- I have talked to a nurse from Sparrow Pre-Admission.  
**517.364.5552 (option 4)**
- I have talked to Sparrow Registration.  
**517.253.6300 (option 3)**
- Discuss Advanced Directives, Power of Attorney, and Living Will  
options with my family.
- Discuss my Discharge Plan with my family and friends  
(see next page).
- QUIT SMOKING!** Smoking is known to cause problems healing after  
surgery. For the best outcome after surgery and my overall health, I  
must quit smoking.

Surgery date/time: \_\_\_\_\_

# My Home Plan

Name of my coach: \_\_\_\_\_

Name of the person giving me a ride home from surgery:  
\_\_\_\_\_

Purchased groceries and prepare meals before my surgery.

Arranged for help with children, adults, or pets.

Arranged for help with driving, errands, and heavy household chores.

Removed any fall hazards around my home (e.g., rugs, cords).

Moved items from high or low cupboards to places I can easily reach them (counter-height).

Called my employer and complete any Family and Medical Leave Act (FMLA) or short-term disability paperwork.

# Day of Surgery

## Preoperative Skin Cleansing Protocol

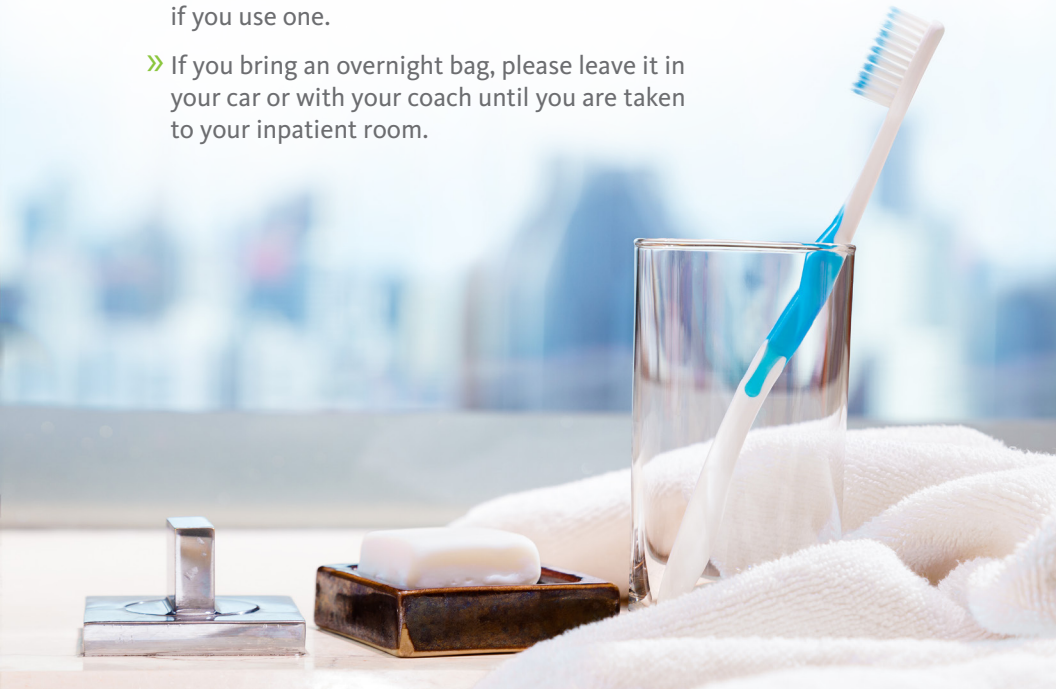
### Pre-surgery Showering Instructions for the Night Before and Morning of your Surgery

Showering before surgery can reduce the risk of infection at the surgical site. Do not shave the site or area near the planned surgery site.

1. Shower normally with soap.
2. Wash and rinse your hair as usual.
3. Apply a quarter to fifty cent piece size volume of CHG (chlorhexidine gluconate) soap (can be bought over the counter at local pharmacies) to a clean, wet washcloth and gently lather (do not scrub) your body from your neck down, paying special attention to the planned surgical site, armpits, belly button, and any folds. Do not apply directly to your eyes or genital area.
4. Gently rinse your entire body.
5. Repeat this process a second time (Step 3), although before rinsing, let the soap stand on your skin for two minutes.
6. After the two-minute wait period, gently rinse your entire body. Do not use regular soap after washing and rinsing with the CHG soap.
7. Clean off with a clean towel. Put on clean clothing and make sure your bed has fresh sheets. This is to reduce the number of germs on your skin.
8. Do not apply any lotions, deodorants, powders, or perfumes to your body.



- » Brush your teeth and tongue the night before and the morning of surgery. Rinse with water.
- » Plan to leave your home with plenty of time to get to the hospital on time. You may be asked to arrive between two to two and a half hours before your scheduled surgery time.
- » You may have clear liquids AS INSTRUCTED before your surgery. The staff will tell you when to stop drinking clear liquids before. Remember, you will be asked to consume a carbohydrate-rich drink at least two hours prior to surgery start time.
- » Wear clean, comfortable, loose-fitting clothing. Make sure to pack clean clothes to leave the hospital in.
- » Do not wear makeup or nail polish.
- » Do not wear jewelry. Remove any piercings.
- » Leave money, jewelry, and valuables at home.
- » Bring your photo ID and insurance card(s).
- » Bring cases for your eyeglasses, hearing aids, and/or dentures.
- » Bring a copy of your advance directives.
- » Bring your positive airway pressure (CPAP) machine, if you use one.
- » If you bring an overnight bag, please leave it in your car or with your coach until you are taken to your inpatient room.



## Important

Only one adult visitor may be at the bedside at any time. The policy may change due to COVID-19. Updates will be posted at [Sparrow.org](https://www.sparrow.org).

Children under the age of 12 are not allowed in the pre-operative area for their safety and ours.

If you are having outpatient surgery, plan for a responsible adult to come to the hospital, remain at the hospital until you are discharged, and be home with you for 24 hours following the anesthesia or sedation. You must have an adult drive you home. Patients should not drive, sign important documents or consume alcohol for 24 hours following their surgery.

## Arrival and Parking

### All Patients Report to the Desk in the Hospital Lobby

Parking is available in Ramp A and can be accessed from Michigan Avenue on the South or Jerome Street on the North. Take a “ticket” to access the ramp, and please take the ticket with you to be validated.

At this point, masks must be worn by all staff, patients, and visitors.



# Sparrow Hospital



Main Campus: 1215 E. Michigan Ave., Lansing, MI 48909



# Arriving for Surgery

## Before Surgery

Please check-in at “Pre-operative Surgery” in the basement using the Tower Elevators on the first floor of the lobby.

A staff member will call you when it is time for you to go back to the pre-op room. This is where you will change into a patient gown and sign consent forms.

You will be asked your name, date of birth, type of surgery you are having, and the name of your surgeon many times. This is for your safety. We want to make sure we have the right patient for the right procedure every time.

A nurse will start your IV. You may receive antibiotics, nausea, or pain medicine before the surgery. We may also check your blood sugar even if you do not have diabetes.

You will meet with the anesthesiologist. They will talk with you and answer questions you may have about anesthesia.

Your family will be directed to the “Family Waiting” area to wait while you are in surgery.

# Staying in the Hospital

After you have recovered well enough in the Post Anesthesia Care Unit (PACU), you will be taken to your room. Your visitors can join you in your hospital room, typically in the Tower on the 9th or 10th floor.

In some cases, you may need more frequent checks and care after surgery. If this happens, you may be admitted to an intensive care unit (ICU) such as Neuro Intensive Care, also located in the Tower.

## My Care Team

You will have many members of your healthcare team coming to see you during your stay. Team members meet together often to discuss your care. They are dedicated to your recovery.

**Your surgeon, resident doctors, physician assistants (PAs), and nurse practitioners (NPs)** direct your surgical care and will make daily rounds to check on your recovery progress.

**Registered nurses (RNs)** will care for you in the hospital. Nurses will assess you at the bedside, give you medicine and provide education. RNs wear green scrubs.

**Patient care assistants (PCAs)** will take your vital signs and help with your care and activities. PCAs wear blue scrubs.

**Physical therapists** teach safe movement, instruct on exercises and evaluate your equipment needs.

**Occupational therapists** evaluate your needs and teach safe techniques for self-care and the use of assistive devices as needed.

**Medical social workers** can link you and your family to community resources, provide medical financial counseling and emotional support.

**Case managers** will help you put your discharge plan into action. They assist with ordering equipment, outpatient referrals, rehabilitation facility placement, and discussing your progress with your insurance company.



# Managing Pain

## Managing Pain at the Hospital

You will have some pain after surgery. We will help you manage your pain.

Pain levels will vary depending on the type of surgery you are having and how your body handles pain. It is important to manage your pain. Doing so allows you to recover sooner and return to normal activities. Being active decreases your risk of problems such as blood clots, pneumonia, and constipation. It also helps your back or neck heal faster.

### Pain Medicines

There are a variety of pain medicines that can be used while you are in the hospital and after you go home. The two types are opiates and non-opiates. One way to address your pain is to use both of these types of medicine together.

Opiate medicines are useful in pain control, but they have risks and may have side effects such as upset stomach, constipation, dizziness, sedation, and overdosing. The Center for Disease Control has issued new guidelines for prescribing opiates to patients. In December 2017, Michigan passed a new law that puts more rules in place when prescribing controlled substances. Many insurance companies have limited the number of opiates that a patient can be prescribed.

Non-opiate medicines such as Tylenol, Motrin, Toradol, Celebrex, and Neurontin (gabapentin) are used for mild to moderate pain. They provide long-lasting relief with fewer side effects than opiates.

Often you will be prescribed a combination of opiates and non-opiates after surgery. These two types of medications work together to reduce your pain.

## Other Pain Control Methods

There are other ways to help control pain and decrease anxiety before and after surgery. These include guided imagery, deep breathing, music therapy, ice, and heat. Activities such as reading or watching television may also help.

## After Surgery, Tell the Doctor or Nurse

- » If your pain is above a five out of 10 and isn't getting better with medicine.
- » If you are having a new type of pain.
- » If you are experiencing side effects of the pain medicine you are taking.

## Before you Leave the Hospital

Your nurse will review your discharge instructions. Be sure to ask questions:

- » What medicine am I taking?
- » Why am I taking it?
- » How should I take it?
- » What are the side effects I should watch for?
- » When should I stop taking it?

## Why is this Important?

You can impact how you feel after surgery by actively sharing in your own recovery. What you do can impact how soon you recover and how you feel. Your healthcare team wants to work with you to build a plan to manage your pain. We will ask you about your pain and offer options to decrease your pain. Unmanaged pain can lead to a longer recovery, longer hospital stay, problems sleeping, and depression.

## Managing Pain after My Spine Surgery

It is important to have realistic expectations of your pain after surgery. You will still have some pain after surgery. The goal is not to make your pain zero out of 10. The goal should be to reduce your pain to a level where you are able to safely do your activities. For most patients, this is between five or seven out of 10.

Typically, the first week after surgery is the worst. Moving can help ease your pain. You will be encouraged to move and walk very soon after surgery.

Pain medicines can also help manage pain. Your doctor will prescribe different types of pain medicine depending on your pain level, the type of pain you have, and your medical history.

You may also have muscle spasms or cramps as the muscles around your spine heal. Your doctor may prescribe medicine that can help relax those muscles and make movement less painful.

The nurses, physical therapists, and occupational therapists will help you move safely. These movements can help bring down the level of pain. At first, these movements may be painful because your body is healing.





# My Activity After Surgery

## Moving after Surgery

Now that surgery is done, it's your turn to take charge. Your recovery will depend on your active involvement with the plan of care following the directions of your healthcare team. The first thing to do is increase your activity level. You can expect to get up and walk within four to six hours after the surgery is complete. If not contraindicated, you will **walk from the stretcher to the bed** upon arrival to your room and sit up for all meals.

You will be evaluated by the therapy team if you stay in the hospital. The physical and occupational therapists will focus on safe movements and keeping you as active as possible within the limits of your surgery.

### Some of the topics covered may be:

- » Moving safely in bed
- » Sitting to standing
- » Walking
- » Managing stairs
- » Getting into and out of a vehicle
- » Dressing yourself
- » Grooming and hygiene
- » Proper body mechanic while doing self-care

Your body has been through a lot and needs energy to recover. It is important to balance your activity with periods of rest.

## Preventing Falls

Falls can happen anywhere. Please follow these guidelines to keep yourself safe.

- » Call or ask for help when getting up to the bathroom. Wait until someone comes to help you. Getting up the first few times after lying in bed or taking medicine may cause you to feel dizzy or lightheaded.
- » Understand nursing and therapy staff may use a gait belt around your upper body for extra safety when you walk.
- » Get up slowly from the bed or chair to help prevent dizziness. Use a walker, cane, or wheelchair if needed. Hold onto grab bars in the bathroom. Use handrails in the hall.
- » Keep personal items within easy reach such as eyeglasses, phone, tissue, water, or call button. Use your call button when you need help, such as when you can't reach things you want.
- » Wear non-skid socks or slippers with closed heels. If you do not have any, ask your nurse for a pair.
- » Keep pathways clear of clutter and remove throw rugs.



# Caring for Yourself in the Hospital and at Home

## Prevent Breathing Problems and Pneumonia

- » You will be given a device called an incentive spirometer to help you take deep breaths and measure your lung capacity. Staff will teach you how to use this.
- » Take a deep breath in and then cough deeply 10 times every one to two hours while awake.
- » If you have pain when you cough, you can hold a pillow or rolled-up blanket against your chest or stomach and apply pressure as you cough.
- » Be active as soon as possible after. If there are no contraindications, you will be helped to walk from the stretcher to the bed in your room after you have finished recovering in the post-anesthesia care unit.
- » Changing your position helps you breathe deeper. This prevents breathing problems and improves blood flow in your legs.
- » Do NOT smoke. This slows the healing process.
- » Get out of bed for all meals (at least three to four times a day). Call for help first if needed.

## Reduce the Chance for Blood Clots

- » Keep the blood moving in your legs.
- » Do ankle exercises three to five times each time you use the incentive spirometer:
  - » Lie on your back with legs straight and flat.
  - » Move your ankles by pointing your toes toward the foot of the bed, and then point your toes toward your knee.
  - » Trace circles in the air with each foot.
- » You may have elastic stockings (TED hose) or inflatable wraps placed on your legs to help your circulation.

## Preventing Constipation

- » Constipation occurs when you have problems emptying your bowels. Constipation is common after spine surgery. Anesthesia, the narcotic pain medicines, and lack of activity slow your body's digestive system.
- » Constipation can be uncomfortable especially after spine surgery. It can cause belly pain, loss of appetite, and nausea and vomiting. If left untreated, constipation can lead to an emergency and may require more surgery.
- » To prevent constipation, you will be given a stool softener and may be given a mild laxative every day. You may not have a bowel movement before you leave the hospital, but you should be passing gas.

# Activity after Upper and Lower Back Surgery

## Activity

### No BLT: Bending, Lifting, Twisting

Your doctor may ask that you avoid certain movements after your upper or lower back surgery: bending, lifting, twisting. The length of time for these limits varies depending on your surgery. Ask your healthcare team how long you should avoid these movements. These limits are for your comfort and to prevent muscle spasms.

**No** – Bending at the waist.

**YES** – Use your knees and hips (squat) to reach objects.

**No** – Lifting greater than five pounds for the first few days.

*NOTE: One gallon of milk = about eight pounds*



**No** – Twisting your body (for example, vacuuming).

**No** – Driving initially.

**Yes** – Move your whole body as a unit.

# Activity after Neck Surgery

## Cervical Surgery Activity

**No** – Overhead reaching, lifting from high to low.

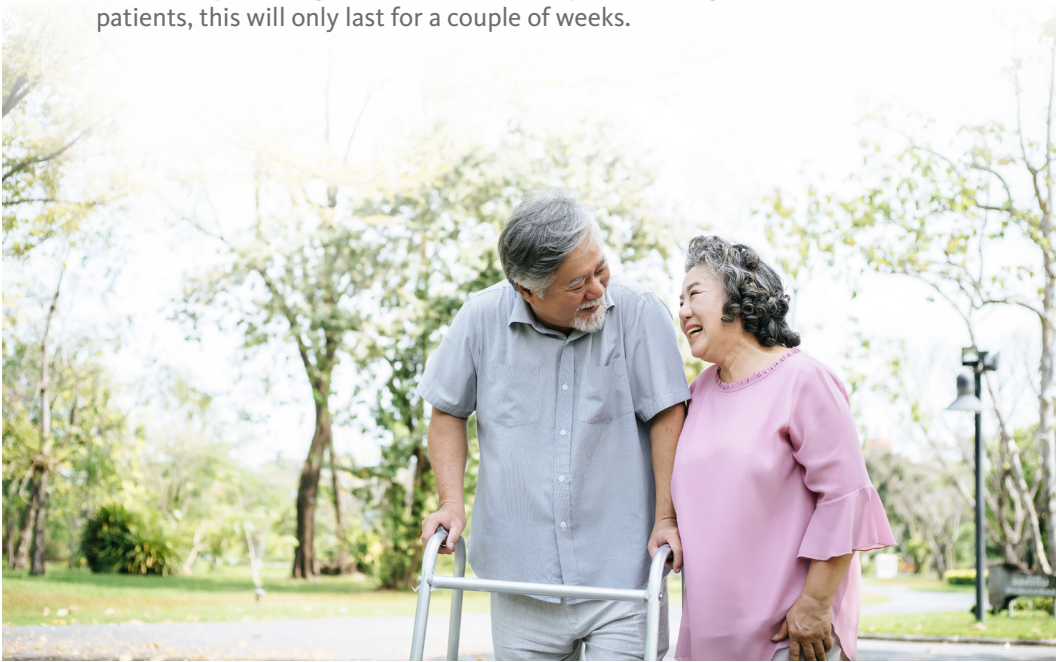
**YES** – Put things in easy to reach places (on counters).

**No** – Lifting, pushing, or pulling over 10 pounds.

**Yes** – Aim for three to four short walks each day. Work your way up to longer distances.

### Eat a Softer Diet

If you have an anterior (in the front) neck surgery, you may have difficulty swallowing after surgery. This is called dysphagia. Dysphagia after this surgery is caused by swelling of the tissues around your esophagus (food tube). In most patients, this will only last for a couple of weeks.



# Leaving the Hospital

Your doctor will discharge you from the hospital when you have met certain goals:

- » You can move safely and steadily (with a walker if necessary).
- » Your pain is controlled with medicine you can take by mouth.
- » You do not have any medical problems that will make it hard for you to leave the hospital.

If you need help getting stronger before going home safely or have a medical condition that requires further care, you may receive care from:

- » Home Health Care
- » Skilled Nursing Facility (SNF)
- » Inpatient Rehabilitation

The options available to you depend on your surgery, therapy recommendations, and insurance coverage. Not all patients will qualify for these options. It is important that you understand your insurance coverage. Ask your case manager for more information.

## Returning Home

You have taken the next step in your journey to recovery by returning home. With good preparation and support from your family and coach, you can focus on getting stronger and healing.

- » It is normal to feel anxious and uncertain about returning home after spine surgery. It's OK to ask for help from family, friends, and your coach as you recover.
- » Listen to your body! It's normal to be sore, but do NOT overdo your activities. Make sure you are following the limits set by your doctor. It is important to continue to ambulate as instructed at home.
- » It's normal to have ups and downs with your pain. As the nerves heal, they may be very irritated and painful. It may take several weeks or months for this pain to lessen.





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ATTENTION: If you speak a language other than English, language assistance services are free of charge and available to you. Call **517.364.3935**.

ATENCIÓN: Si habla un idioma distinto del inglés, hay servicios gratuitos de asistencia con el idioma, disponibles para usted. Llame al **517.253.2405**.

تنبيه: إذا كنت تتحدث لغة بخلاف الإنجليزية، فإن خدمات المساعدة اللغوية مجانية ومتاحة لك. اتصل برقم