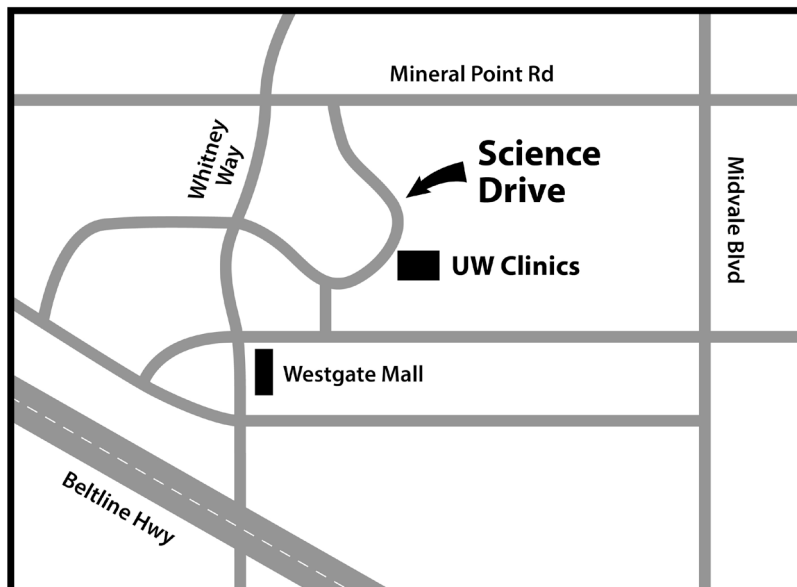


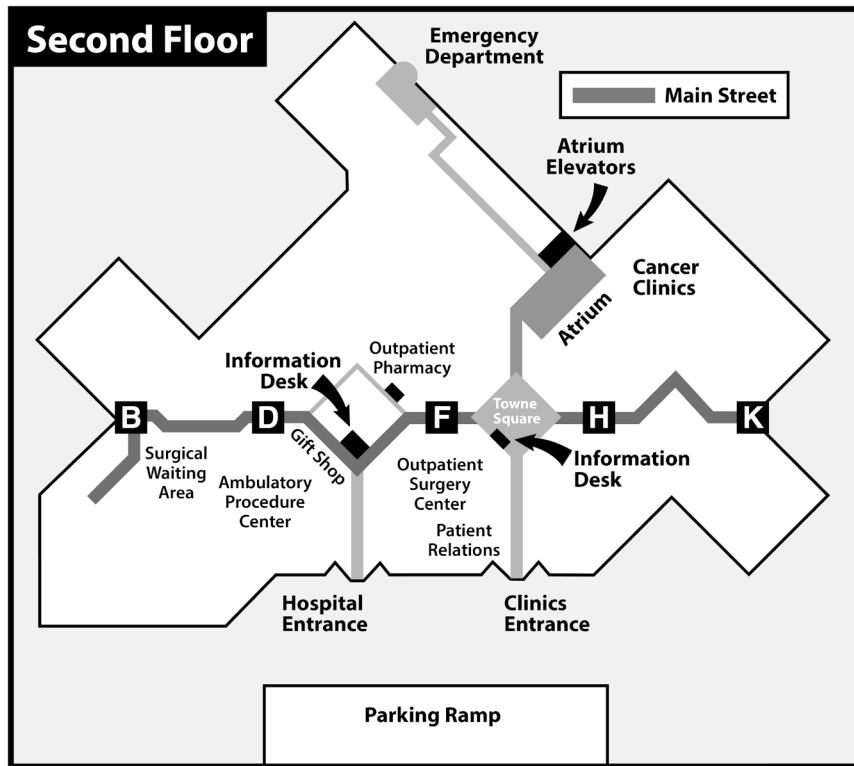
## A Patient's Guide to Orthopedic Spine Surgery

**First Day Surgery Unit**  
**(608) 265-8857**  
**1-800-323-8942**

**Spine Clinic**  
**Monday - Friday, 8:00am – 5:00pm**  
**(608) 265-3207**

**Nights, Weekends, and Holidays**  
**(608) 262-0486**  
**1-800-323-8942**





## Highland Avenue

Valet parking is free. It is open from 7:00 am to 7:00 pm. It is located between the clinic and hospital doors.

To go to the **First Day Surgery Unit**, enter at the hospital entrance. Follow the gray path to the D elevator. Take the D elevator to the 3<sup>rd</sup> floor and turn left to the First Day Surgery Unit entrance.

To go to the **Outpatient Surgery Center**, enter at the clinic entrance. Once inside the lobby, it's the 1<sup>st</sup> door on your left.

To go to the **Ambulatory Procedure Center**, enter at the hospital entrance. Follow the gray path past the D elevator. Turn left when you see the APC sign.

### This is the 2<sup>nd</sup> floor...

#### To get to the ...

Cafeteria: H4/1 – H elevator to the 1<sup>st</sup> floor

ECG: G3/452 – Take Atrium elevators to the 4<sup>th</sup> floor behind cafeteria

Pulmonary Function: E5/520 – E elevators to the 5<sup>th</sup> floor

Inpatient X-Ray: E3/3 – E elevators to the 3<sup>rd</sup> floor

Admissions: 2<sup>nd</sup> floor behind the information desk

By law, we need to ask if you would like to complete an advance medical directive (AMD). This is a Power of Attorney (POA) for Health Care or a Living Will. **This decision is up to you.** A POA allows you to name a health care agent who could speak for you if you were not able to do so. If you choose to complete an AMD, you must be 18 or older and of sound mind. **You have the choice to complete the form or not.**

If you choose to fill one out, complete it and have it signed and witnessed before coming to surgery. There is not enough time to complete the forms that morning. The two witnesses cannot be family members or UW Hospital staff. Exceptions are chaplains, social workers and volunteers. The person you name as your health care agent may not be a witness. We suggest you choose a neighbor or friend. If you need help to complete this form or have questions, call our Patient Relations office at **(608) 263-8009.**

You may wish to have a member of the **Spiritual Care Services** visit while you are in the hospital. We can arrange it for you or you can call **(608) 263-8574.**

### **Welcome to University of Wisconsin Hospital and Clinics**

Knowing what to expect is part of getting ready for surgery. We hope this booklet helps you.

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## Getting Ready

Within 30 days before your surgery, you will need to have a pre-surgery work up. This visit will take 1-6 hours. You will have a pre-op teaching visit with a Spine Clinic Physician Assistant. The Spine Clinic nurse will help you decide if you should have a complete exam by your primary doctor before your pre-op visit. This depends on your health status and insurance plan.

The exam may include:

- Blood work
- ECG (electrocardiogram)
- X-rays
- Other tests

The Physician Assistant will discuss any medicines that need to be stopped prior to surgery. These may include:

- Aspirin, Excedrin<sup>®</sup>, Ascriptin<sup>®</sup> and Ecotrin<sup>®</sup>
- Plavix<sup>®</sup>
- Vitamins and herbal supplements
- Coumadin<sup>®</sup> or warfarin
- Ibuprofen, Advil<sup>®</sup>, Motrin<sup>®</sup>, Nuprin<sup>®</sup>, Aleve<sup>®</sup>, Naproxen<sup>®</sup>, and Naprosyn<sup>®</sup>

If your work up is done by your primary doctor, please have the doctor's office fax the forms to the Spine Clinic **(608) 263-4995** 2-3 days before your pre-op teaching appointment. Please bring any x-ray films or other papers that your primary doctor or the Spine Clinic has given you.

Stop at Admissions the day of your clinic visit. If you cannot do this, you may call them. Please call as soon as you can to get your paperwork started. Your family gets one parking pass during your stay. It can be picked up the day of surgery by your family. Admissions is open 7:00 am to 9:00 pm. The phone number is **(608) 263-8770**.

## Psychosocial Aspects of Surgery

Your surgery may have an impact on you and your loved ones. The impact may be both mental and physical. Finding out what to expect, what is normal and what is not, provides a chance to adjust to the changes caused by surgery. Patients with a strong emotional support network tend to recover more quickly. It is best to talk with someone about your thoughts and feelings.

Setting goals and having a rehab plan before surgery will give you sense of control. You will be able to measure your progress. Try to focus on positive thoughts. Remind yourself the goal is to improve your movement and quality of life. Our staff is here to support you during this time. If you are having problems coping or need support, please talk with your doctor or nurse.

## Quit Smoking

We strongly suggest you quit smoking before surgery. Smoking will impair and delay healing time. We also suggest that you avoid second hand smoke. You should talk with your doctor or nurse if you need help to quit. The Smoking Quit Line number is **1-800-QUITNOW (784-8669)**.



## Planning Ahead

People who have spine surgery find it useful to plan ahead and prepare the home before surgery.

To prevent falls at home, watch out for

- Loose throw rugs or carpets.
- Pets that may run in your path.
- Water spills.
- Bare slippery floors.
- Long cords across the floor, such as phone or fan cords.
- Ice on steps and porches, etc.

You may want to make plans for help with

- Meals
- Child and pet care
- Household chores
- Yard work

## Transportation

You will need to arrange for a ride home. A four-door car works best. We can help you find a ride, but there may be a cost to you. The cost depends on your insurance.

You must also arrange for someone 16 years or older to stay with you the first night at home. If these plans cannot be made, your surgery will need to be rescheduled.

## Length of Stay

The length of time you spend in the hospital depends on the type of surgery you have. You should plan to go home after spending 1-3 nights in the hospital. Most spine surgery patients are discharged home. In rare cases, transfer to a rehab facility may be needed. Your doctor will discuss this with you before surgery.

## Day before Surgery

A nurse will call you the day before surgery (or on the Friday before a Monday surgery) to review your instructions, tell you what time to arrive at the hospital and where you

should go. If you have questions about how to prepare for surgery, please be sure to ask the nurse when they call.

Before this call, please review details your clinic or anesthesia staff gave you during your clinic visit. **If you do not hear from us by 3:00 pm, please call (608) 265-8857.** Tell us where you will be staying the night before surgery.

If you have a cold, fever, or illness before surgery, call the Spine Clinic. After hours or on weekends ask for the Orthopedic doctor on call.

## Night before Surgery

- Do not drink alcohol **after 8 pm**, the night before surgery. If mixed with anesthesia, it can cause problems.
- Do not eat solid food **after midnight**. This includes gum and candy.
- Do not use tobacco **after midnight**.
- Do not drink milk or juice with pulp **after midnight**.
- Stop drinking clear liquids **four hours** before your surgery. Clear liquids include:
  - Water
  - Popsicles
  - Carbonated drinks
  - Juices without pulp or solid material
  - Coffee or tea without milk or creamer
  - Jello without fruit, and only if it is home-made
  - Clear protein drinks
  - Bouillon cube broth or consommé with no fat

If you are taking pills, we will tell you during your clinic visit whether you should take them the day of surgery. If you are told

to take them, swallow with a small sip of water.

**If you have diabetes, you will be given details about your insulin or oral pills at your clinic visit.**

Your doctor may want you to take laxatives to empty stool from your bowel before surgery. You will get details on the bowel prep at your clinic visit.

Shower twice before surgery using the Hibiclens® soap. Use it the night before and the morning of your surgery. You may get this soap during your clinic visit, or you can buy it at your local drug store. First, shower with your own soap. Rinse. Apply the Hibiclens® soap on a damp, clean washcloth or new shower sponge. Wash (do not scrub) the surgical area for 1 minute. Rinse well. Do not use lotions, powder, or perfumes. Do not use Hibiclens® on your face, hair, rectal area, or genitals.

Try your best to have a restful night before surgery. If you are coming from out of town, you may want to stay in Madison. The Housing Coordinator **(608) 263-0315** can provide you with a list of nearby hotels at a discounted rate.

Do not wear make-up. Please remove nail polish from at least one finger.

The morning of surgery, brush your teeth and rinse, but do not swallow.

Please remove and leave all jewelry, body piercings, and rings at home. Do not bring large sums of money and credit cards with you. Please bring money to cover co-payment for any medicines you want filled at the hospital.

Bring along inhalers, CPAP, eye glasses, hearing aids, dentures, prostheses, and other special equipment that you will need. Be sure these items are labeled and in a case. Please do **not** bring bottles of pills with you the morning of surgery unless you have been told to do so. You will be asked to leave your glasses, dentures, and hearing aids with your family before you go to surgery.

Please bring non-skid slippers or slip-on shoes and a few personal items. You may want to bring loose fitting clothes or pajamas. You may want to bring a book or something to do. TVs are in each room. Bring a calling card or your cell phone if you wish to make long distance calls.

You may bring in your laptop. All the rooms have wireless internet access. **Please leave your belongings in the trunk of your car the day you check in (except CPAP and inhalers).** Once your room is ready, your family can bring your things to you. The hospital is not responsible for lost or stolen items.

**Day of Surgery**

The First Day Surgery (FDS) Unit is open 5:30 am to 6:00 pm. The Main Hospital door is open always. Please check in at FDS at your scheduled time. Enter using the Main Hospital Door the day of your surgery. See map on back of front cover.

After you arrive, you will be taken to a room to prepare for surgery. Your family member(s) will be given a pager and directed to a waiting room. A nurse will ask you questions about your health and help you get ready. A member of the anesthesia team will meet with you and answer questions. You will have an IV (intravenous) placed in a vein of your hand or arm. An IV is used to give fluids and medicine. You may be given medicine to

help you relax. Before you leave for the operating room (OR), we will page your family so you can meet with them again.

### **A Note to Families**

The amount of time your loved one spends in the operating room depends on the type of surgery. You can wait in the Surgery Waiting Area (C5/2) on the second floor. If you have family that will be calling, please have them call **(608) 263-8590**. You may want to bring along a book or something to do since the time may seem to pass slowly. There is coffee, tea, reading materials, computers, and TVs in this waiting area from 7:30 am to 6:30 pm weekdays. If you wish to leave the waiting area, please tell the staff at the desk. The nurses will keep you informed during surgery. The surgeon will talk with you after surgery.

Sometime during the day, take your parking pass to the main hospital information desk to have it stamped and to get one pass to be used during your loved one's stay.

### **In the Operating Room (OR)**

Once you are in the OR, your nurse will answer questions and make sure you are comfortable.



The staff wears masks, gowns, and hats. They will help you move onto a narrow, firm bed. The nurse will place a safety belt, like a seat belt, across your legs. They will place ECG (electrocardiogram) patches on your chest, a blood pressure cuff on your arm, and a plastic clip on your finger to check your heart rate and oxygen level. The anesthesiologist will ask you to breathe oxygen through a soft plastic mask and medicine will be given through your IV.

### **In the Post Anesthesia Care Unit (PACU)**

After your surgery, you will be taken to the PACU where staff will watch you as you begin your recovery. They will check your vital signs and pain level. Family and friends are not allowed in the PACU. Once you are stable, most often in 1-2 hours, you will be transferred to the inpatient orthopedic unit. Some patients may go to an Intensive Care Unit (ICU) for special care. Family and friends can visit you once you are settled in your room.



### **Inpatient Unit**

Your nurse will continue to check on you after you arrive on the orthopedic inpatient unit (B6/4). This will include: a neurological assessment of strength and sensation, dressing check, pain assessment, urine output, and bladder volume. To check urine output and bladder volume, we will use a bladder scan machine. It measures the amount of urine in your bladder.

The tubes, drains, and equipment you may see include:

- Face mask or tube under your nose to give you oxygen
- Plastic clip on your finger to check your heart rate and oxygen level
- Drain in your wound
- Catheter to drain urine from your bladder
- IV pump for fluids and medicine
- Leg wraps that inflate and deflate and elastic stockings to improve blood flow in your legs

### **Eating after Surgery**

Slowly moving from liquids to solids may prevent nausea. You may not be able to eat right after surgery. At first, you may get only ice chips. As your body allows, your diet will progress from clear liquids (juice and broth) to full liquids (milk or ice cream) to normal foods.

### **Coughing and Deep Breathing**

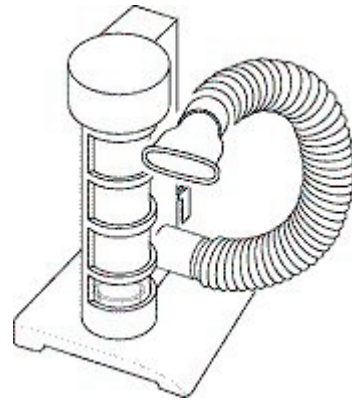
The nurse will ask you to breathe deeply, cough, and use a breathing tool called an incentive spirometer. Deep breathing helps prevent pneumonia.

To cough and deep breathe:

1. Place a pillow over your chest to decrease the pain while coughing.
2. Breathe in deeply and slowly through your nose. Hold it for a few seconds.
3. Exhale slowly through the mouth.
4. Repeat twice more.
5. Breathe in again; hold it, and then cough.

To use the incentive spirometer:

1. Exhale and place your lips tightly around the mouthpiece.
2. Take a deep breath. Slowly raise the Flow Rate Guide between the arrows.
3. Hold it. Continue to inhale, keeping the guide as high as you can for as long as you can, or as directed by your nurse or respiratory therapist.
4. Remove the mouthpiece and breathe out as usual.
5. Slowly, repeat 10 times each hour while you are awake.



### **Blood Clot Prevention**

To improve blood flow and decrease the risk of getting a blood clot, you may need to wear elastic stockings (TEDS) until you are walking 3 times a day. Please call the Spine Clinic if you have questions about when to remove the TEDS.

### **Pain Management**

Many people worry about how much pain they will have after surgery. Although it varies with each patient, you should expect some degree of pain after surgery. We will work with you to make sure you have the best pain control possible. Your doctor will discuss a few pain control options with you before surgery.



Your doctor may order pain pills or IV pain medicine. Your nurse can deliver the IV pain medicine with a syringe or by a Patient Controlled Analgesia (PCA) pump. The PCA pump allows the patient to deliver a set amount of IV pain medicine at preset time intervals.

No matter what your doctor orders right after surgery, the goal is to use pain pills as soon as you can. They give you longer lasting relief and better pain control than many other ways.

Some patients find pain relief from methods other than medicine. These include:

- Ice therapy
- Deep breathing exercises
- Distraction
- Repositioning

Your nurse may use a combination of these techniques. To help you, we offer 3 special TV channels.

- The C.A.R.E. channel (number 10 on your TV), which provides a constant relaxation environment.
- The Healing Images channel (number 15 on your TV), which includes breathing, meditation, and imagery exercises.
- The Chuckle Channel (number 11 on your TV), which offers light-hearted distraction with comedy.

You are a vital part of your pain management plan. You will need to talk with the nursing staff about setting realistic goals. They will work closely with you to find what works best for you.

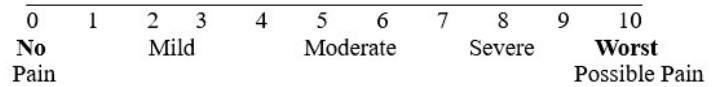
A good pain management plan will allow you to improve your activity level. Good pain control should also allow you to rest comfortably without feeling too sleepy. Each person responds in their own way to

pain medicine. It often takes a while to find what works best for you.

For best results:

- Talk with your doctor and nurses about the choices you have.
- When able, take (or ask for) pain medicine before activity or when pain **first begins**. Pain pills take 20 - 30 minutes to work.
- You will be asked to rate your pain using this scale.

0-10 Number Pain Scale



- Tell us about pain that will not go away. Do not worry about being a “bother.” Pain can sometimes be a sign of problems.
- Let us know if you feel any side effects from the pain medicine. This includes feeling very sleepy, dizzy, or lightheaded.

### Constipation

Surgery, pain medicine, decreased activity level, and a change in your diet all play a role in getting constipated. After surgery, it is common to have a problem with your bowels. Medicines may be ordered to help prevent or treat constipation.

### Activity

You should expect to be walking the first day of surgery. Depending on your surgery, your doctor may decide if you need to follow spine precautions.

These precautions include:

- Do not bend forward at the waist
- Do not twist
- Do not lift more than 10 pounds (about one gallon of milk)
- Logroll

Logrolling is a way of rolling from side to side in bed while keeping your spine straight. If you need to lift or pick up an object from the floor, squat with your knees while keeping your spine straight.

To prevent falls, use caution when getting up too quickly after eating, lying down, resting, or using the toilet.

### **Leaving the Hospital**

Once your doctor decides you are ready to go home, there are many things that need to be done before you leave. **These tasks may take several hours.** Your nurse will teach you about your diet, incision care, bathing, driving, activity level, and your follow-up clinic visit.

The unit pharmacist will review your medicines with you. If you plan to have your prescriptions filled at the UWHC pharmacy before you leave the hospital, please bring money for your co-payment. If you are unclear about how to pay for your medicines, a member of the case management team will help you.

The recovery time after surgery varies from person to person. Surgery can cause you to feel weak and tired. In most cases, common sense will tell you when you are doing too much. On the other hand, too little activity can delay the return of your strength.

Once you are home, the Spine Clinic staff will work with you to balance pain medicine, pain management, and activity. The goal is to work towards tapering you from pain medicine by 4-6 weeks depending on the type of surgery you had.

## Phone Numbers

Admissions.....	(608) 263-8770
To get admit paper work started, speak with a financial counselor or confirm insurance	
First Day Surgery Unit.....	(608) 265-8857
Fax .....	(608) 265-8858
Hospital Paging Operator.....	(608) 262-0486
Housing Accommodations .....	(608) 263-0315
Spine Clinic .....	(608) 265-3207
After hours or weekends .....	(608) 262-0486
Spine Clinic Fax .....	(608) 263-4995
Toll-Free .....	1(800) 323-8942
Outpatient Pharmacy (E5/236) .....	(608) 263-1280
Patient Information (for room number). .....	(608) 263-8590
Patient Relations .....	(608) 263-8009
Registration.....	(608) 261-1600
Spiritual Care Services.....	(608) 263-8574
Surgical Waiting Area.....	(608) 263-8590

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright ©5/2018. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7027.