

Orthopedic Spine Surgery at UW Health East Madison Hospital

Getting Ready for Surgery

Pre-Op Visit

Within 30 days of your surgery date, you will need to have a preoperative (pre-op) evaluation in the Spine Clinic. This visit takes about 1-2 hours. At this visit, you will sign a consent for surgery and review pre-op instructions. You may also be asked to have a pre-op visit with your primary care provider.

If an exam is done by your primary care provider, please have them fax the office visit notes and test results to the Spine Clinic **before** your Spine Clinic preoperative visit. The best fax number for this is **608-203-4607**.

Support Person

It is important to have a support person(s) for after surgery. This person can help look for signs of infection, help with medicines and tasks such as cooking, cleaning, picking up prescriptions, bringing you to appointments, etc.

Surgery can be stressful and having a support person(s) can help ease some of that stress.

Plan Ahead

Some other things you can do to prepare for spine surgery include meal planning, arranging care for young children and pets.

Preventing Falls

It is important to try and avoid falls after your surgery. You should wear footwear that fits properly and has some form of grip to the bottom. Some common tripping hazards include:

- Rugs throughout the home
- Pets that may run in your path
- Water spills
- Extension cords
- Ice on steps and porches
- Climbing carpeted stairs in socks
- Ill-fitting footwear

Housing

If you are coming from out of town and wish to stay at a local hotel, please call Guest Services at **608-440-6242** to discuss hotel discounts.

If you develop a cold, fever, infection, or illness before surgery, please call the Spine Clinic at **608-265-3207** to discuss symptoms. If calling after hours or on the weekends, please ask for the orthopedic doctor on call.

Transportation

For same day procedures that require anesthesia, you will be required to have a someone 16 or older drive you home after surgery. They should stay with you the rest of the day and overnight. You **cannot** take a bus/cab/uber/taxi/Veyo service home by yourself after surgery. If you choose this type of ride service, you must also have someone 16 or older go with you during that ride home. There are a few transportation companies that can provide this type of service. There are often fees for this service that are not covered by insurance.

For patient's that require an overnight stay, you may use cabs/Uber/Veyo service to get home.

If you have a long distance to travel, bring an ice pack and pillows to help with repositioning. We would suggest you reposition every 45-60 minutes to avoid stiffness and prevent blood clots.

Length of Stay

The length of time you are in the hospital depends on the type of surgery. You will discuss this at your pre-op visit.

Most spine surgery patients can go home after surgery. In rare cases, you may need to stay at a rehab facility. This will be determined after surgery.

Pre-Op Phone Call

A nurse will call you between 8 am and 4 pm one business day before your surgery. If your surgery is on a Monday, you would receive this call on the Friday before surgery. This call will take about 10-15 minutes. You will need to take notes so if you are driving when you receive this call, the nurse will ask you to call back.

The nurse will ask you some questions and give you your arrival time and other important instructions. Listen carefully to your surgery prep instructions such as which medicines to hold the day of your surgery.

If you miss this call, you will need to call back before 4 pm. If you do not hear from the nurse by 3 pm the business day before your surgery, please call your surgeon's clinic.

Night Before Surgery

- **No alcohol after 8:00 pm.** When mixed with anesthesia, it can have serious effects on your body.
- **Start clear liquid diet at midnight.** This means **no solid foods or dairy products.** You can keep drinking clear, see-through liquids up until four hours before surgery. Clear liquids include:
 - Water (carbonated or flavored)
 - Fruit juices without pulp such as apple or white grape juice
 - Carbonated drinks
 - Black coffee/tea **without** milk, cream, non-dairy creamers, honey, or collagen
- **No gum, hard candies, mints, Tums, cough drops or chewing tobacco.**
- 4 hours before surgery, stop all clear liquids, even water. If you are told to take medicine the day of surgery, it is okay to take these with a small amount of water, enough to get them down safely.

Bowel Prep

Your doctor may ask you to do a bowel prep before surgery. You will be given these instructions at your pre-op visit.

Day of Surgery

You can brush your teeth and rinse, but please do not swallow any water.

Please remove **all** jewelry (wedding rings, watches, necklaces, piercings, etc.) and leave them at home. If you are unable to remove your wedding ring, the staff will remove it for you.

Shower with Hibiclens before leaving for the hospital.

Do **not** use any face lotion, makeup, body lotions, creams, powders, or perfumes/colognes.

Remove any nail polish.

What to Bring

Please bring the following in with you the morning of surgery:

- Inhalers
- CPAP machine
- Glasses
- Hearing aids
- Dentures
- Any needed prostheses

We ask that **all** other belongings (non-skid shoes, loose fitting clothing for after surgery) and overnight bags be left in your car or with a family member until you are transferred to an inpatient room. UW Health is not responsible for patient or visitors' belongings. We suggest patients leave all personal belongings at home, this includes patient belongings and non-essential valuables.

Please do **not** bring any medicines from home. Rarely there are exceptions to this, which would be discussed at your pre-op visit.

Arriving for Surgery

To check in for surgery, please enter the East Madison Hospital "Main Entrance." This door unlocks at 5:00 am Monday through Friday.

Go to the left onto the carpeted area and up to the desk that says "Check-In" above it. For surgery, you must check-in with a person, do **not** use a computer kiosk. You will then wait in the check-in area for a staff member to bring you and up to two support persons to the pre-op room.

A nurse will ask you questions about your health and help you get ready. The anesthesia team will meet with you and answer any questions. You will have an IV placed in a vein in your hand or arm for fluids and medicines.

When you go to the operating room (OR), your support person(s) will be sent back out to the check-in area. The surgeon will call one person when your surgery is done to tell them how the surgery went.

A note to families: The amount of time your loved one spends in the OR depends on the type of surgery. Surgeries can always go faster or take longer than expected.

We have TVs in the waiting area and free Wi-Fi.

Operating Room

Once you are in the OR, your nurse will answer questions and make sure you are comfortable. The staff wears masks, eye protection, 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 patches on your chest to monitor your heart, 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 in your IV.



After Surgery

You will be taken to the Post Anesthesia Care Unit, also known as the PACU or the recovery room. Here, a nurse takes care of you as you wake up from surgery and anesthesia. They will check your vital signs every 15 minutes, assess your surgery site, and manage your pain and nausea. Your support person(s) will **not** be allowed in this area.



When you are stable, you will be transferred either to the post-operative unit (if you are scheduled as an outpatient) or up to the inpatient unit on the 4th or 5th floor.

Inpatient Unit

The tubes, drains, and equipment you may see on the inpatient unit 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, if needed.
- IV pump for fluids and medicines.
- Leg wraps that inflate and deflate and elastic stockings to improve blood flow in your legs.

Most patients get out of bed for the first time when they need to urinate. Tell the nursing staff when you feel the urge to urinate.

Before you go to the bathroom for the first time, we will check your blood pressure. We will check it when you are lying down and when you are standing.

Your nurse will check on you throughout your stay. The nurse will assess your strength and feeling, pain, blood pressure, surgical site, urine output and bladder volume. To check urine output and bladder volume, we may need to use a bladder scan machine.

Coughing and Deep Breathing

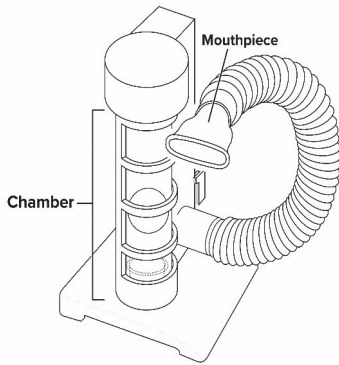
The nurse will ask you to breathe deeply, cough, and use a breathing tool called an incentive spirometer. Deep breathing helps prevent pneumonia.

To 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. 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.
3. Remove the mouthpiece and breathe out as usual.
4. Slowly, repeat 10 times each hour while you are awake.



Preventing Blood Clots

While in the hospital, you will wear leg pumps while in bed to help circulate your blood. You will also be asked to wear elastic stockings (TEDS). Once you are walking three times a day, you can stop wearing these stockings. If you notice swelling in the feet or legs, please reapply stockings and call the Spine Clinic.

Diet

Most often patients will start with clear liquids right after surgery. If tolerating well, this will be advanced to a normal diet. If you have a sore throat, soft and cool foods may help.

Going Home

Before you can go home, your nurse will teach you about your diet, incision care, bathing, driving, activity level, and your follow-up clinic visit.

Pharmacy will review your medicines with you. If you plan to have your medicines filled at the UW Health pharmacy before you leave, please bring money for your copayment and a valid driver's license.

Constipation

Constipation is common after surgery. This is due to decrease in activity level, change in diet, use of narcotic pain medicine and general anesthesia. Increasing fluid and fiber

intake can be helpful. Stool softeners should be used while taking narcotic medicine. If you are not passing gas and/or feel a lot of stomach bloating and cramping, please call the clinic.

Pain Control

You may have some pain, numbness and/or tingling as you heal. Nerves can take several weeks to calm down after surgery. To reduce these symptoms:

- Ice the neck for 30 minutes several times a day while using a barrier (sheet, towel, etc.) to protect your skin.
- Reduce your activity for 48-72 hours during a major flare-up. Still be sure to walk several times a day to help prevent muscle irritation and blood clots. Shorter and more frequent walks can sometimes be better tolerated.

Medicines that can help include:

- **Narcotics:** Do not increase the prescribed dose without calling the Spine Clinic. This may cause you to run out of medicine early and a refill is not guaranteed.
- **Acetaminophen (Tylenol):** Take 1000mg three times a day (every 8 hours). Do not take more than 3000mg within a 24-hour period. If you are taking hydrocodone-acetaminophen, each tablet has 325mg of acetaminophen. If you have a liver disease, do not use acetaminophen without checking with your primary care provider.
- If you have a fusion procedure, **do not** take non-steroid anti-inflammatory drugs (NSAIDs) for 3 months after surgery. These medicines can delay bone healing. Common NSAIDs include

ibuprofen, aspirin, meloxicam, diclofenac and Aleve.

- **Gabapentin:** Take as prescribed. This is most helpful for nerve pain. Do not stop this medicine suddenly. If you do, it may cause withdrawal side effects such as mood changes, agitation, dizziness.

Refills

Please allow **at least 2 full business days** for refill requests. If you expect to run out of pain medicine on a Thursday, please call the clinic by Tuesday morning to request a refill.

The clinic is open from 8 am to 5 pm, Monday - Friday. Please do not call after hours, as refills will not be given after hours or on weekends.

You should not need narcotic pain medicine beyond 3-7 days after surgery. If you used these medicines before surgery, and you feel you will need to keep taking them, talk with the provider who prescribed them. We do not prescribe opioids beyond 6 weeks after surgery.

Traveling

If traveling far distances after surgery, we suggest patients reposition every 45-60 minutes to help decrease risk of blood clot development. It is best to avoid long distance travel (plane or vehicle) in the early postop period if able to do so.

Who to Call

Spine Clinic
608-265-3207

Admissions/Registration
(608) 261-1600

Inpatient Services Unit
(608) 440-6263

Hospital Paging Operator
(608) 262-0486

Guest Services
(608) 440-6242

Spine Clinic
(608) 265-3207

Fax: **(608) 234-6692**
Toll-Free: **(844) 607-4800**

Pharmacy
(608) 240-4265

Patient Information (for room number)
(608) 440-6400

Patient Relations
(608) 263-8009

Registration
(608) 261-1600

Surgical Waiting Area
(608) 206-1638

Pre-Op Phone Call
(608) 234-6698

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 ©10/2023. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7797