



Health Facts for You



Patient's guide to
orthopedic spine surgery

UWHealth

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Getting Ready for Surgery

Complete Exam

You may need a complete exam with your primary doctor before your surgery. The Spine Clinic nurse will tell you if you need one. It will depend on your health status and insurance plan. This exam may include:

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

Pre-op Visit

Within 30 days before your surgery, you will need to have a pre-op visit. This visit will take 1-3 hours. You will have a pre-op teaching visit with a Spine Clinic physician assistant (PA).

The PA will discuss any medicines that you may need to stop taking before surgery.

These may include:

- Aspirin, Excedrin[®], Ascriptin[®] and Ecotrin[®]
- Plavix[®]
- Vitamins and herbal supplements
- Coumadin[®] or warfarin
- Ibuprofen, Advil[®], Motrin[®], Nuprin[®], Aleve[®], Naproxen[®], and Naprosyn[®]

If your work up is done by your primary doctor, please have the doctor's office fax the forms to the Spine Clinic **(608) 203-4607** 2-3 days before your pre-op teaching visit. Please bring any x-ray films or other papers that your primary doctor or the Spine Clinic has given you.

Admissions

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



Plan Ahead

Plan ahead and prepare your home before your 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 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

Follow the detailed instructions in the **Surgery Prep Checklist** at the back of the booklet.

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.

No alcohol after 8 pm, the night before surgery. If mixed with anesthesia, it can cause problems. **No tobacco** after midnight.

Clear Liquid Diet

Start a clear liquid diet at midnight. This means **no solid food, milk or juice with pulp.** 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

Bowel Prep

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.

Skin Prep

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.

Morning of Surgery

Medicines

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.

Diet

No food or drink. You may brush your teeth and rinse, but do not swallow.

Skin Prep

Bathe again using Hibiclens®. Do not wear make-up. Please remove nail polish from at least one finger.

What to Bring

- Inhalers
- CPAP
- Eye glasses
- Hearing aids
- Dentures
- Prostheses
- Other special equipment that you will need
- Non-skid slippers or slip-on shoes

Label these items and make sure any equipment you bring is in a case. We will ask you to leave your glasses, dentures, and hearing aids with your family before you go to surgery.

Optional items:

- A few personal items
- Loose fitting clothes or pajamas
- Book or something else to do (there are TVs in each room)
- Calling card or your cell phone if you wish to make long distance calls
- Laptop or tablet (all rooms have wireless internet)

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.

What to Leave at Home

- 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.

Your Stay in the Hospital

First Day Surgery (FDS) Unit

The First Day Surgery (FDS) Unit is open 5:30 am to 6:00 pm. The Main Hospital door is open always. Check in at FDS at your scheduled time. Enter using the Main Hospital Door the day of your surgery.

After you arrive, you will be taken to a room to prepare for surgery. Your family member(s) will be given a pager and sent 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.

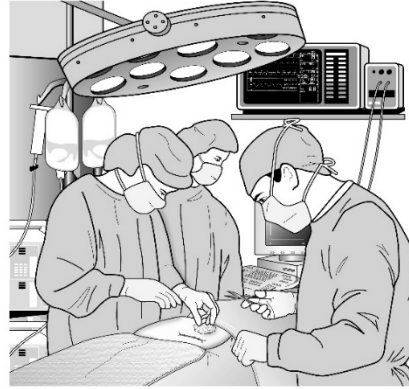
A Note for Families

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**. They 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 B6/4

Your nurse will keep checking on you after you arrive on the orthopedic inpatient unit (B6/4). This will include checking you:

- Strength and sensation
- Dressing
- Pain
- Urine output, and bladder volume (using a bladder scan machine)

Equipment

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.

Diet

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. Slowly moving from liquids to solids may prevent nausea.

Coughing and Deep Breathing

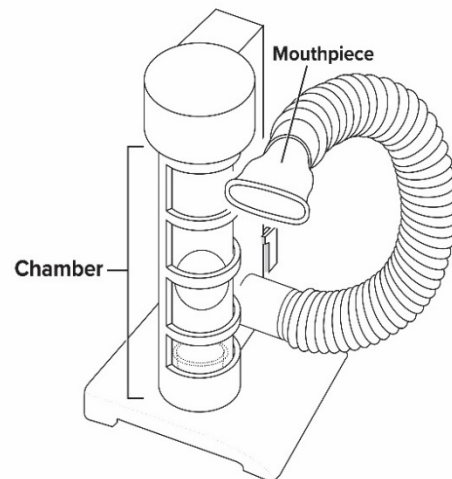
The nurse will ask you to breathe deeply, cough, and use a breathing tool called an incentive spirometer. Deep breathing helps prevent pneumonia.

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.



Preventing Blood Clots

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 Control

Pain varies with each patient. 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 combine these techniques. To help you, we offer 3 special TV channels.

- The C.A.R.E. channel, which provides a constant relaxation environment.
- The Window channel, which includes breathing, meditation, and imagery exercises.

- The Sitcoms Channel, which offers light-hearted distraction with comedy.

You are a vital part of your pain management plan. Talk to your nurse about setting realistic goals.

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

0	1	2	3	4	5	6	7	8	9	10
No Pain		Mild			Moderate			Severe		Worst Possible Pain

- 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 can all cause constipation. After surgery, constipation is common. 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:

- No bending forward at the waist
- No twisting
- No lifting more than 10 pounds (about one gallon of milk)
- Logroll in bed

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.

Who to Call

Admissions

(608) 263-8770

To get admit paperwork started, speak with a financial counselor or confirm insurance

First Day Surgery

(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**

Fax **(608) 234-6692**

Toll-Free **1(800) 323-8942**

Outpatient Pharmacy

(E5/236) (608) 263-1280

Patient Information

(for room number). **(608) 263-8590**

Patient Relations Office

(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 ©2/2023. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7027.

Surgery Prep Checklist

Day Before Surgery	
8 PM	<input type="checkbox"/> Stop using alcohol
Bedtime	<input type="checkbox"/> Shower #1 using Hibiclens® soap
Midnight	<input type="checkbox"/> Stop solid foods <input type="checkbox"/> Stop tobacco <input type="checkbox"/> Clear liquids only
Morning of Surgery	
4 hours before surgery	<input type="checkbox"/> Stop all liquids
Before leaving for hospital	<input type="checkbox"/> Shower #2 using Hibiclens® soap