

Orthopedic Spine Surgery at The American Center

Getting Ready

This booklet will tell you what to expect as you get ready for your surgery.

Within 30 days of your surgery, you will need to have a pre-surgery work-up. This visit will take 2-3 hours. We will help you decide if your physical exam should be done by your primary doctor or at the Spine Clinic. It will depend on your health and insurance. You may want to speak with a financial counselor and confirm your insurance.

If your exam is done by your primary doctor, have them fax the office notes and any test results to the Spine Clinic **before** your work-up day. On the day of your work-up, bring any x-rays or other papers that your doctor or the Spine Clinic has given you.

Preparing for Surgery

Your surgery may have an impact on you and your loved ones. It can be both mental and physical. Finding out what to expect, what is normal, will help you prepare for the changes caused by surgery. Patients with a strong support system 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 a sense of control. This will help you 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 trouble coping or need support, please talk with your doctor or nurse.

Quitting Smoking

We strongly suggest you quit smoking and all forms of nicotine before surgery. You should remain nicotine free for at least 4-6 months after surgery. Nicotine can delay healing.

Talk with your doctor or nurse if you need help quitting. The Smoking Quit Line number is **1-800-784-8669**.

Planning Ahead

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

Plan for help with meals, child and pet care and household chores.

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.
- Ice on steps and porches.

Transportation

You will need to arrange for someone to drive you home. If you need to take a bus, cab or Uber, you will need to have a responsible adult with you. A four-door car works best. We can help you arrange a ride, but there may be a cost.

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

Length of Stay

You should plan on 1 to 3 nights in the hospital. Your length of stay depends on the type of surgery you have.

Most spine surgery patients may go home. In rare cases, you may need to go to a rehab facility. Your doctor will discuss this with you before surgery.

Day Before Surgery

A nurse will call you the day before your surgery (or on the Friday before a Monday surgery). The nurse will review your surgery, tell you what time to arrive, where you should go and answer any questions.

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 10:00 am the day before surgery, please call **(608) 234-6698**.

If you have a cold, fever, or illness before surgery, please call the Spine Clinic. If calling after hours or on weekends, please 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**.
- Do not use tobacco/nicotine **after midnight**.
- Do not drink milk or juice with pulp **after midnight**.
- Stop drinking all liquids **four hours** before your surgery.

If you are taking medicines, we will tell you during your clinic visit if you should take them the day of surgery. If you are told to take them, swallow them with a small sip of water.

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

Your doctor may want you do a bowel prep before surgery to empty stool from your bowel. You will get details at your clinic visit.

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. Guest Services can provide you with a list of nearby hotels at a discount rate. Their phone number can be found on last page.

Do not wear make-up. Please remove nail polish from at least one finger on each hand. 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 for co-payment for any medicines you want filled at the hospital.

Day of Surgery

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

Bring inhalers, CPAP, glucose meter, eye glasses, eye drops, hearing aids, dentures, prostheses, or anything else 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.

You may bring in your laptop. All the rooms have wireless internet access. **Please leave these items 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. **We are not responsible for lost or stolen items.**

Surgery Unit

The Surgery Unit is open 5:30 am to 9:00 pm. Enter using the main hospital door and check in. The main hospital door is open 5:00 am to 9:00 pm on Mondays-Fridays. On weekends it is open from 5:30 am to 5:30 pm.

Valet parking is free. It is open from 6 am to 4 pm.

After you arrive, you will be taken to a room to prepare for surgery. Your family member(s) will be given a pager and asked to go to the 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 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 OR depends on the type of surgery. You can wait in the Surgery Waiting Area. If you have family that will be calling, please have them call **(608) 440-6400**. We have 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. You will be given a pager so the nurse can keep you informed during surgery. The surgeon will talk with you after surgery. The nurse will send a page with the patient's location when they are ready to see you.

Operating Room (OR)

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 through your IV.

After Surgery

You will be taken to the After Surgery Unit 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. After 1-2 hours, when you are stable we will transfer you to the inpatient orthopedic unit.

Inpatient Unit

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.

Most patients get out of bed for the first time when they need to urinate. Please give nursing staff as much notice as you can 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 will use a bladder scan machine.

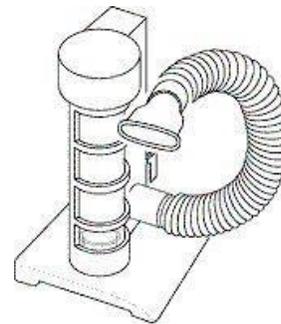
Coughing and Deep Breathing

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

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 at least 3 times a day. You should remove them 2 times each day for one hour at a time. Always sleep with them on. You may need to wear foot or leg pumps while in bed. These also work to improve blood flow and decrease the risk of getting a blood clot. The pumps are not needed at home.

Diet

Slowly moving from liquids to solids may prevent nausea. At first, you may get only ice chips. As your body allows, you will go from clear liquids (juice and broth) to full liquids (milk or ice cream) to normal foods.

Pain Control

We will work with you to control your pain the best we can. Your doctor will discuss options with you before surgery. We will ask you to rate your pain based on this scale:

Other pain relief methods:



- Ice can be used as needed.
- Distraction like deep breathing, meditation, music, books, audio books, puzzles, TV, massage, etc.
- Change positions. This can be a very helpful method to relieve pain. Many patients feel comfort lying on their side after surgery.
- Place a pillow between your knees and ice on your incision when lying on your side. Be open to trying more than one position to see what works for you.
- Short walks help to relieve stiffness.

Good pain control should help you stay active and allow you to rest comfortably without feeling too sleepy. 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 you can, take (or ask for) pain medicine when pain first begins or before you start an activity. Pain pills take 20-30 minutes to work.
- Tell us about pain that does not improve.
- Take pain pills with a meal or snack.
- Let us know if you feel any side effects from the pain medicine. Such as feeling very sleepy, dizzy or lightheaded.

Constipation

Surgery, narcotic pain medicine, decreased activity level, and a change in your diet all can cause constipation. We may order medicines to help prevent or treat constipation. We suggest stool softeners twice daily while taking narcotic pain medicine.

Activity

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

Spine precautions include:

- Logrolling.
- Not bending forward at the waist.
- Not twisting. Your shoulders must remain aligned with your hips.
- Not lifting more than 10 pounds (about one gallon of milk).

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

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. **This may take a few hours.**

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 co-payment and a valid driver's license. If you are unclear about how to pay, 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. Too little activity can delay the return of your strength.

Once you are home, the Spine Clinic staff will work with you to manage pain, medicine, and activity. The pain plan will be reviewed with you before your surgery.

The goal is to slowly take you off pain medicine. For any narcotic refill, contact the clinic 48-72 hours before you need a refill.

Who to Call

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) 662-2465**
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 Return Number
(608) 234-6698

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 ©2/2020. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7797.