

Spine Surgery

PATIENT GUIDE



HOW TO Prepare For Surgery:

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PALOMAR HEALTH

Reimagining Spine Care





Dear Spine Patient,

Welcome to the Orthopedic & Spine Center at Palomar Health.

As your partner in health, we will work with you to make your spine surgery a positive experience. Expert doctors, state-of-the-art technologies, therapists, case managers and specialty-trained orthopedic nurses all work together for the best possible outcomes with a patient-centered approach to care.

Before, during and after your surgery, our Spine Care Team will work closely with you. We encourage you to be actively involved in the whole process. If any issues come up during your treatment, or you feel that we are not meeting your expectations, please let us know. We value your feedback.



My Surgery Quick Facts

Surgeon: _____

Surgeon Phone Number: _____

Date & Time of Preoperative Appointment at Surgeon's Office: _____

Date & Time of Preoperative Screening with Nurse: _____

Date & Time of Surgery: _____

Surgical Procedure: _____

Hospital: _____ Time You Should Arrive at the Hospital: _____

Date & Time of Postsurgical Follow Up Appointment With Surgeon: _____

Home Health Agency Contact Number: _____

Palomar Medical Center Escondido Main Line: **442.281.5000**

Your Surgery To-Do List

As soon as you are scheduled for surgery:

Watch the Spine Class Video

We will email you a link to a virtual class that we ask you watch prior to your scheduled surgery. The class title is: **Preparing for Spine Surgery.**

You may also scan the QR code here to watch the Preparing for Spine Surgery Education Class.



Activate Your CarePath

Your surgeon has created a custom CarePath for you online. This roadmap will help you get prepared and organized for your surgery and recovery. We have just enrolled you, but now, please activate your account through the link included in the CarePath email you will receive from your surgeon.

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1

Getting Started



General Information

Introduction

Now that you and your surgeon have decided that spine surgery is the best treatment for your condition, you will begin the steps to get ready for surgery, undergo your operation and begin healing. Your Spine Care Team will work with you to make sure your needs are met.

You are the most important member of this team. Taking part in your treatment plan is key to a good outcome. We want you to experience a quick, but complete, recovery so you can return to a more active lifestyle.

This guide provides a full description of the journey that you will travel through Palomar Health and serves as a valuable resource to answer general questions that you may have about your preoperative clearance, progress with your goals in physical therapy and healing.

This packet includes:

- Information for understanding spine surgery
- What to do before surgery
- What to expect while in the hospital
- Information about care after you go home

We encourage you to use this guide as a journal of your spine surgery journey. Please have this packet with you during ALL appointments, therapy sessions and doctor visits, including your hospital stay. There may be information that you would like to write down and ask questions about. We urge you to:

- Write down your question(s) on the **"Questions and Notes"** on pages 56.
- Complete the medication list on page 55.

Centers of Excellence

Palomar Health is the largest healthcare district in California. Palomar Medical Center Escondido and Palomar Medical Center Poway are nationally recognized as top-performing orthopedic and spine centers and have both been designated as a Center of Excellence by Blue Shield, Aetna.





It is important to be in your best health before surgery.

When is Spine Surgery Right for You?

To make sure your spine surgery goes well and you are able to recover quickly, it is important to be in your best health before surgery. Palomar Health recommends that patients meet the following health standards before having surgery:

Have you tried other traditional treatment options for at least three months (such as physical therapy) that did not help?

- Yes If no, suggested treatment options: _____

	Ideal Numbers	Your Number	Comments
Body Mass Index (BMI)	20–35		
Hemoglobin (red blood cell level/anemia)	Greater than 12.5		
Hemoglobin A1c (blood sugar level)	Less than 8.0 (less than 7.5 preferred)		
Albumin (blood protein level)	Greater than 3		
Prealbumin (blood protein level)	Greater than 18		

Other Things to Consider Before Surgery:	Yes	No	Comments
Has your primary doctor or specialist (lung doctor, heart doctor, etc.) cleared you for surgery?			
Have you had a gastric bypass within the past year?			
Are you a smoker?			
Do you drink alcohol on a daily basis?			
Do you take drugs or medications not prescribed to you?			
Do you need pain medications every day in order to function?			
Has your doctor given you antibiotics for an infection in the past 30 days?			
Do you have loved ones that can help you at home for 7–10 days after surgery?			
Have you had complications with a previous spine surgery?			
Do you have a history of cognitive delays such as forgetfulness and some short-term memory loss?			
Do you struggle with depression or anxiety?			

Disclaimer: Each of these factors greatly increases your risk for potential problems after surgery, but does not always mean surgery is not right for you. Going forward with surgery should be carefully considered with your doctor and family.



Complete your
daily exercises
as directed.

Palomar Health Spine Program

The spine program is made up of the following steps:

1. Visiting the orthopedic or neurosurgery surgeon's office to discuss spine surgery.
2. Watching the virtual Preparing for Spine Surgery Class.
3. Preparing your home for your safe return.
4. Completing a preoperative screening by phone with your preadmission nurse.
5. Knowing the necessary equipment needed after your surgery (walker, commode or toilet riser, reacher, long shoe horn, etc.).
6. Making arrangements for caregiver support at home. It may be several days to weeks until you are independent with activities (for example: showering, dressing, meal preparation, etc.).
7. Arriving at the hospital for surgery, with the possibility of further recovery time on the Orthopedic unit or healing in the comfort of your own home. Your Spine Care Team will include your doctor, nurses, therapists, dietitians, pharmacists and case managers.
8. Working with your Spine Care Team to develop a home plan. There are several home options based on your healing progress in the hospital, your available insurance options and your ability to care for yourself at home, including:
 - Home for healing with home-care therapy and nursing, as needed.
 - Home for healing, going to outpatient therapy.
 - Skilled nursing facility, if needed, then home with therapy.
9. Completing daily exercises as directed by your surgeon and physical therapist.
10. Going to follow-up visits at your doctor's office.

Put Yourself in the Best Position for Success

Stop smoking now:

- Smoking can make medical problems worse and can make healing take longer. If you smoke, you should stop immediately.
- Quitting takes hard work and a lot of effort, but you CAN quit smoking.



Managing Your Diabetes

Good control of your blood sugar before surgery will help:

- Wound healing after surgery
- Prevent infection

Tell your doctors, nurses and pharmacists:

- The type of diabetes you have
- Names of your medications, how much you take and the times you take them
- Your last A1C value (if you know it)
- The name of the doctor who cares for your diabetes

Questions to ask your doctors, nurses and pharmacists:

- What diabetes medicine(s) should I continue to take the day before and the day of surgery?
- How much of my diabetes medicine(s) should I take the day before and the day of surgery?
 - How will my diabetes be taken care of in the hospital?



Please contact your surgeon if you have any questions about your medicines, your surgery or your upcoming hospital stay.

Spine Surgery

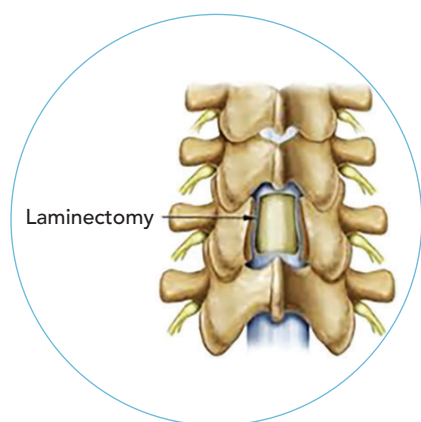
Most patients choose to proceed with spine surgery when their pain or weakness becomes disabling. This usually occurs when daily pain is present and interferes with daily activities.

Causes of the disability can include:

- **Degenerative Disc Disease** – damage of the disc caused by degeneration.
- **Disc Herniation** – also referred to as a “slipped disc,” the inner core of a disc leaks out through the outer portion of the disc.
- **Osteoporotic Fracture** – the thinning and weakening of the bone which can lead to fractures. A DEXA scan is used to test bone density (strength).
- **Stenosis** – spinal nerve roots become compressed.

Listed below are brief descriptions of the different types of spine surgery that could be performed on the cervical, thoracic, lumbar or sacral spine.

- **Laminectomy** – involves removal of bone through the back of the spine in order to relieve nerve compression.
- **Laminotomy** – making a hole in the back of the spine to access the disc or to decompress a nerve.
- **Foraminotomy** – removal of bone from the back of the spine to make the opening bigger where the nerve passes through.
- **Discectomy** – partial or complete removal of the disc material.
- **Fusion** – spine fusion aims to completely eliminate motion in the vertebral segments of the spine being fused. There are various types of devices used to perform a fusion and stabilize the spine: metal cage, screws, metal rods, metal plates and bone.
- **Artificial Disc Replacement (also referred to as Disc Arthroplasty)** – replacing a disc with an artificial disc that mimics a normal healthy disc. Artificial discs are structurally similar to natural discs and share similar functions, helping to maintain normal range of movement.



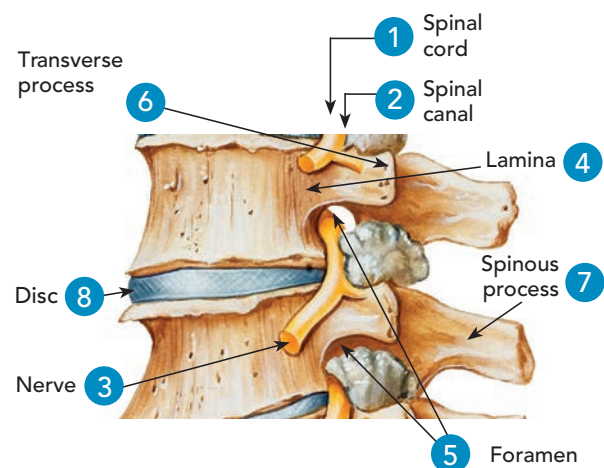
Laminectomy
Image by Krames

Most patients choose to proceed with spine surgery when their pain or weakness becomes disabling.

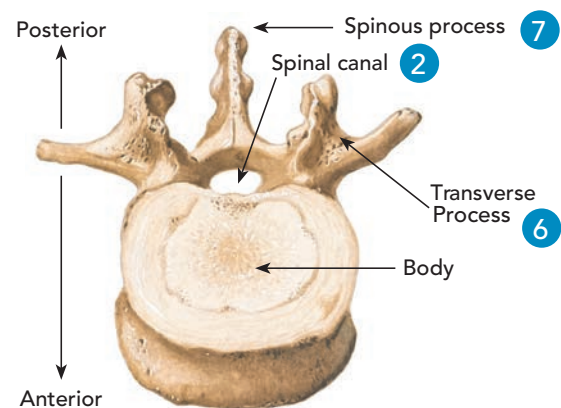


Parts of the Spine

1. **Spinal Cord** – the pathway between the brain and the body that is protected by the bones of the spine called vertebra.
2. **Spinal Canal** – a hollow passage in the vertebra that protects and supports the spinal cord and its many nerves.
3. **Nerve Root Branches** – branches off the spinal cord that supply sensation and strength to the body.
4. **Lamina** – forms the bony back of the spinal canal.
5. **Foramen** – a small opening where a nerve leaves the spinal canal.
6. **Transverse Process** – the bony wing where muscles attach on either side of each vertebra.
7. **Spinous Process** – the bony portion that you feel through your skin.
8. **Disc** – gel-like cushions that separate the vertebra and act as shock absorbers that allow for movement between the vertebra.
9. **Facet Joints** – allow for movement in the spine.
10. **Dura** – the outermost layer of the spinal cord and brain.
11. **Dural Sac** – contains the cerebrospinal fluid in which the spinal cord “floats.”



EXAMPLE OF A VERTEBRA



Understanding Your Spinal Anatomy

The **spinal cord** is responsible for relaying messages to different parts of the body and ensuring their proper function. Therefore, spinal cord injury or damage can cause numbness, weakness, pain or paralysis.

The vertebral column, also called the backbone or spine, protects the spinal cord and is divided into four distinct areas that are separated by spongy gel-like cushions called "discs."

These "discs" are made of cartilage and serve as the "shock absorbers" of the entire vertebral column. Each individual functional spinal unit allows for flexion, extension, rotation and bending from side to side.

- The Cervical Spine consists of 7 vertebra in the neck.
- The Thoracic Spine consists of 12 vertebra in the middle back area.
- The Lumbar Spine consists of 5 vertebra in the lower back area.
- The Sacrum consists of 5 sacral bones and 4 coccygeal or tailbones.

Cervical Spine

- The neck, or cervical spine, starts at the bottom of the skull and ends just above the shoulders.
- These seven vertebra support the weight of the head and control the arms and hands.

Thoracic Spine

- The mid-back, or thoracic spine, protects the organs of the chest and controls the region of the chest and abdomen.

Lumbar Spine

- The lower back, or lumbar spine, has five vertebra and controls the region of the legs and feet.

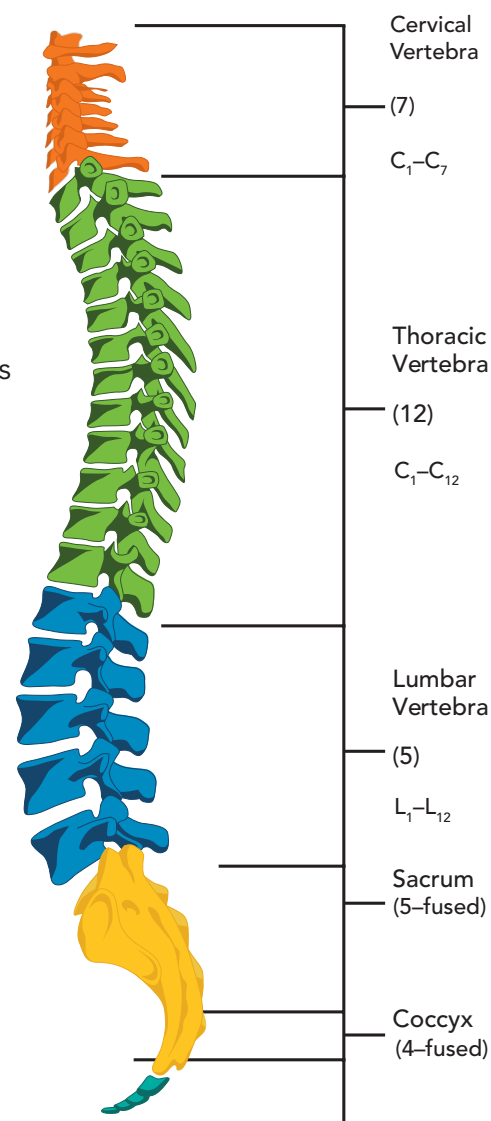
Sacrum

- The sacrum is the lowest part of the spine and serves as the junction between the spine and pelvis. These nerves control the bowel and bladder.

Coccyx

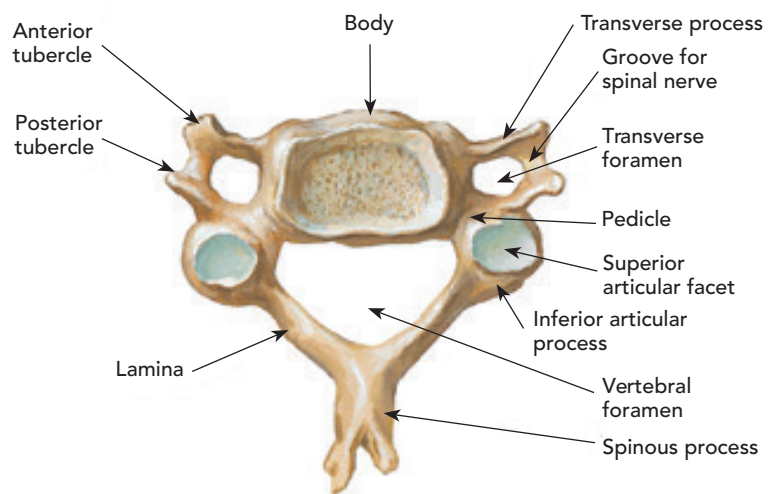
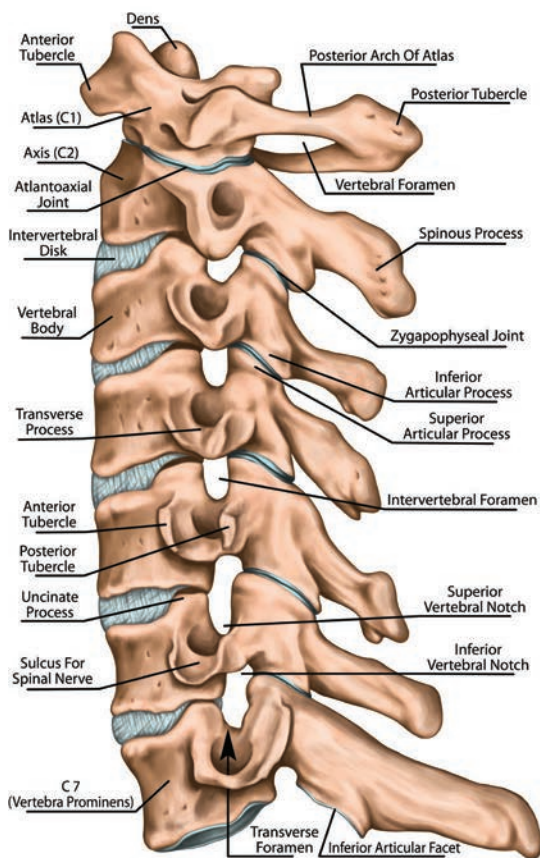
- Tailbone

SPINAL COLUMN WITH VERTEBRA

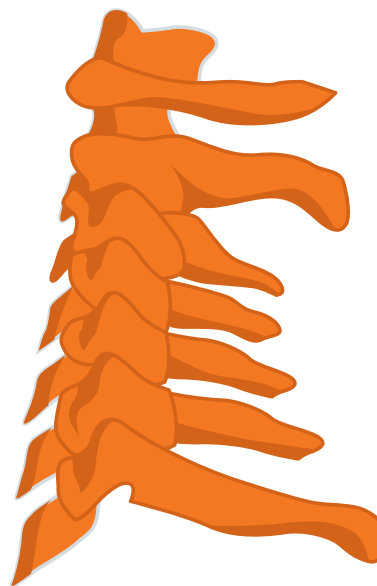


Cervical Spine

- The neck, or cervical spine, starts at the bottom of the skull and ends just above the shoulders.
- These seven vertebra support the weight of the head and control the arms and hands.
- Provides more movement than the other segments of the spine.



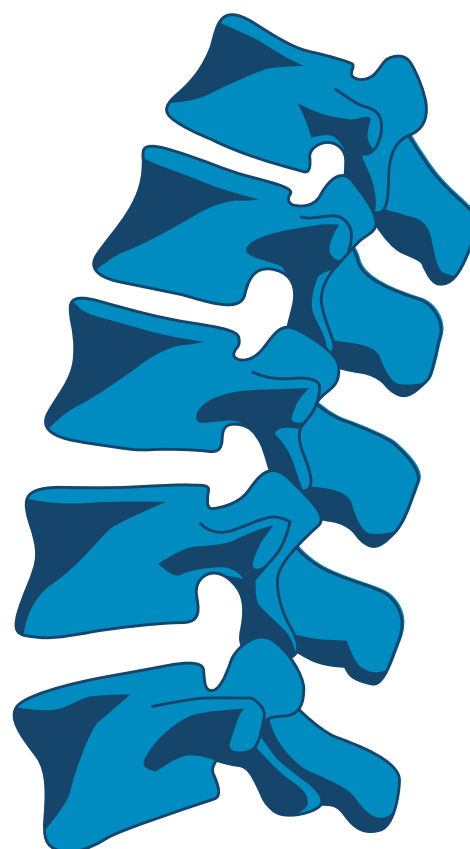
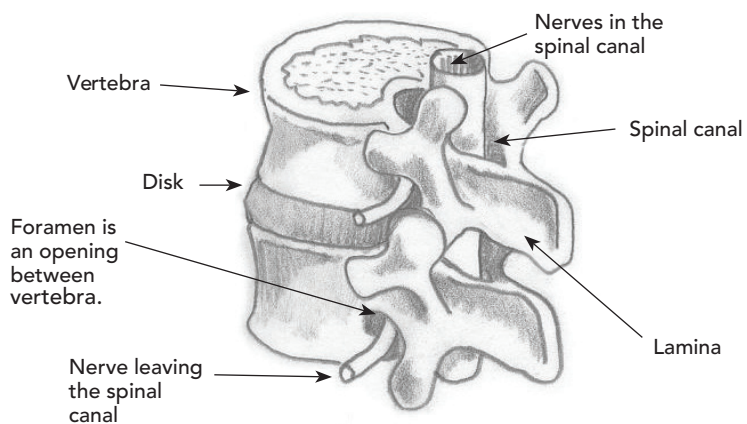
**Cervical Vertebra
Top View**



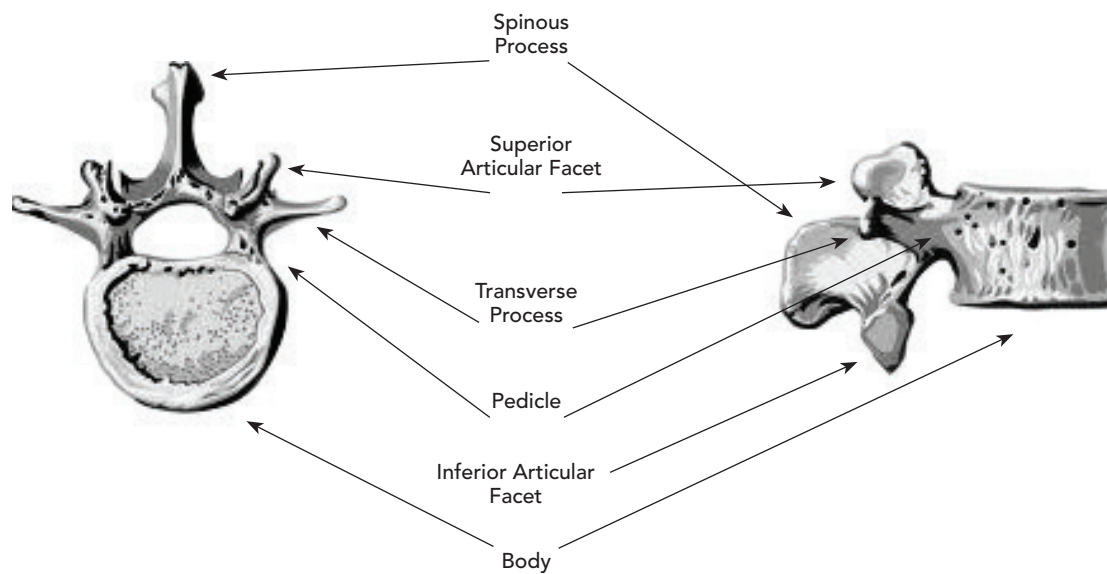
CERVICAL VERTEBRA

Lumbar Spine

- The lower back, or lumbar spine, has five of the largest vertebra.
- Carries most of the body's weight.
- Responsible for bending and twisting.



LUMBAR VERTEBRA





Relatives and friends with your blood type can also donate blood in your name.

Understanding Blood Transfusion

If you are scheduled for surgery, you may have concerns about a possible blood transfusion. Our doctors do all they can to prevent blood loss during surgery. However, it may be that you still require a blood transfusion after surgery. While rare, we want you to be aware of the options.

Autologous Blood Transfusion

- Autologous blood is your own blood. For this type of transfusion, you donate your own blood before surgery. Make sure to discuss this option with your surgeon. If it is the right plan for you, it can take extended time to complete the process of donating your own blood.
- Your doctor may ask you to take a daily iron pill.

Allogeneic Blood Transfusion

- If you are not able to donate for yourself, you may get blood donated by a blood bank donor. This is called allogeneic blood donation.
 - Blood bank blood is screened for disease and it is considered safe.
- Relatives and friends with your blood type can also donate blood in your name.
 - They are called designated (or directed) donors and may take extra time to process.

NOTE: If it is your choice to not have a blood transfusion, please let your surgeon know.

Getting Ready for Surgery

Our goal is to improve your quality of life, increase your mobility and make your care experience as easy as possible. For patients who need surgery, most are leaving our facility sooner than they may have expected. That's why our team has designed a CarePath that keeps you and the rest of your care team connected and moving toward the same goals.

For all appointments, including your hospital stay, please bring your health plan card, photo ID and know your Social Security number.

Before surgery, you will need:

- To register online or in person for surgery.
- To complete insurance and financial transactions.
- To be cleared for surgery by your surgeon. Your surgeon may want you to:
 - See your primary care doctor or your specialist before surgery for preoperative clearance.
 - **Obtain a brace if prescribed by your doctor and bring to hospital on day of surgery.**
 - Have some tests done before surgery. In order to keep your surgery on track, please allow sufficient time as additional testing may be necessary. Ask your doctor and insurance company where you can go to get your tests done. Tests may include:
 - Bloodwork
 - An electrocardiogram (EKG) for your heart
 - A chest X-ray

To complete the following documents:

- **Conditions of Admissions** – Gives Palomar Health permission to provide you with care and treatment.
- **Consent for Surgery** – Identifies the exact body part to be operated on and gives a complete description of the type of surgery.
- **Transfusion Consent** – Gives Palomar Health permission to give you a blood transfusion if your surgeon decides that you need one during surgery.
- **Health History Questionnaire** – Gives your anesthesiologist important information that will help them in providing the right anesthesia and medications.
- **Consent for Anesthesia** – Gives the anesthesiologist the ability to give you medications after discussing which types of anesthesia are best for you.



The Health History Questionnaire gives your anesthesiologist important information that will help them in providing the right anesthesia and medications.

2

Before Surgery



Pack Your Bag for the Hospital

Registration items:

To register for your surgery, you will need:

- Your health plan card
- A picture I.D.
- To know your Social Security number
- The name of your primary care doctor
- You will also be asked to pay applicable copays

What not to bring to the hospital:

- Large quantities of cash
- Highly valued items such as precious jewelry or family heirlooms
- Your actual medications (unless requested to do so by our staff)

What to bring with you at check-in (if applicable):

- Reading glasses with case
- Dentures with case
- Hearing aids (plus extra batteries) with case
- CPAP machine
- Closed-toe and closed-heel shoes (no slippers or flip-flops)
- Loose-fitting pants, shorts or loose house dress/house coat
- A neck/back brace, if you have been given one by your doctor

Before Surgery

Preadmission Screening

A preadmission nurse will screen you before your surgery. This will take 30–45 minutes by phone call. Individualized instructions will be provided.

- Do NOT eat or drink after _____ on _____.
(Time) (Date)
- Complete the medication list found on page 55. Various members of your healthcare team will inquire about the medications you take. This redundancy is intended for your safety.
- DO NOT shave or clip hair on operative site for 5 days prior to surgery.
- Plan rest periods before surgery to help your body be rested for surgery.
- Call your surgeon if you become ill, have an infection or skin problem prior to your surgery.



Medications to Avoid Prior to Surgery

Some medications, vitamins and herbal supplements below (and potentially many others) may have an effect on your blood's ability to clot during surgery. Your surgeon must be aware of all the medications, vitamins and herbal supplements you are taking. **It is important not to make any adjustments to your medications without the direction from your healthcare provider.**

Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) (Stop 7 Days Prior to Surgery)

If you are having a spinal fusion, it is important to STOP all NSAIDs 7 days before surgery AND 2-3 months after surgery as this can inhibit your fusion.

- Celebrex
- Daypro
- Diclofenac
- Etodolac
- Fenoprofen
- Flurbiprofen
- Ibuprofen (Advil, Motrin, Nuprin)
- Indomethacin
- Ketoprofen
- Magnesium salicylate
- Meclomen
- Mefenamic acid
- Meloxicam (Mobic)
- Naproxen (Naprosyn, Aleve)
- Salsalate
- Sodium salicylate
- Sulindac

Vitamins and Herbal Supplements (Stop 7 Days Prior to Surgery)

- Bilberry
- Chamomile
- Echinacea
- Ephedra
- Feverfew
- Fish oil
- Flaxseed
- Garlic
- Ginkgo biloba
- Ginger
- Ginseng
- Green tea
- Kava kava
- Selenium
- St. John's Wart
- Valerian
- Vitamin E
- Vitamin C (large doses)

Blood Thinners

Consult with your healthcare provider on when to **stop and resume these medications.**

Stop (date) _____ Resume (date) _____

- Aspirin
- Clopidogrel
- Coumadin
- Eliquis
- Plavix
- Pradaxa
- Warfarin sodium
- Xarelto
- Ximlagatran

Additional Medications to Avoid

- **Diet medications (prescribed, OTC, herbal)** should be discontinued at least one full week or more prior to surgery.
- **Diuretics** such as Furosemide, Lasix and hydrochlorothiazide (HCTZ) should not be taken the morning of surgery.
- **Endocrine** – Oral diabetic medications should not be taken the morning of surgery.
 - Rapid-acting insulin such as Novolog or Apidra should not be taken the morning of surgery.
 - Short-acting insulin such as Kwikpen, Humalog, HumulinR or NovolinR should not be taken the morning of surgery.
 - For intermediate/long-acting insulin such as HumulinN, NovolinN, Lantus, Levemir or mixed insulins (examples: 70/30, 70/25 or 50/50), you should take half of your morning dose.

Continue to Use These Medications (Unless Otherwise Instructed)

- **Autoimmune medications** such as Enbrel, Humira, Methotrexate and Remicade, unless you have been instructed otherwise by your healthcare provider.
- **Monoamine Oxidase Inhibitors (MAOI)** are medications that treat depression and panic disorders. Continue MAOIs unless instructed otherwise by your healthcare provider.

If you have been prescribed oral or injectable medications either for diabetes or for weight loss, or a combination drug that includes one of these medications, please consult with your provider.

The GLP-1 medications that are weekly injectables should be held a week before surgery.

Examples include, but are not limited to:

- Semaglutide (Ozempic, Wygovy)
- Dulaglutide (Trulicity)
- Exenatide XR (Bydureon)
- Tirzepatide (Mounjaro and Zepbound)

The GLP-1 injectables that are daily should be held the day of surgery.

Examples include, but are not limited to:

- Liraglutide (Victoza, Saxenda)
- Exenatide (Byetta) 2 times per day

The GLP-1 medications that are daily oral medications taken by mouth should be held the day of surgery.

Examples include, but are not limited to:

- Rybelsus oral daily pill

The SGLT-2 inhibitors that are daily oral medications taken by mouth should be held 4 days prior to surgery.

Examples include, but are not limited to:

- Bexagliflozin (Brenzavvy)
- Canagliflozin (Invokana)
- Dapagliflozin (Farxiga)
- Empagliflozin (Jardiance)
- Ertugliflozin (Steglatro)

The DPP-4 inhibitors that are daily oral medications taken by mouth do NOT need to be held before surgery.

Examples include, but are not limited to:

- Alogliptin (Nesina)
- Saxagliptin (Onglyza)
- Linagliptin (Tradjenta)
- Sitagliptin (Januvia)



Prepare Your Home Before Surgery

Prepare your home with the following safety tips:

- 1 Put away loose throw rugs.
 - Move furniture so that you have enough space to move around easily with a walker or cane.
 - Put away or tape down electrical cords.
- 2 Set up pet care.
- 3 Ensure adequate lighting to maximize safety.
 - Plan for a cordless phone or cellphone to be near you at all times.
- 4 Have option(s) for nonmoving chairs (NO rocking, rolling or swivel chairs).
 - Use solid chairs with armrests.
 - Ensure your toilet seat is secure.
 - Consider borrowing or purchasing a 3-in-1 commode if your toilet is low.
- 5 Identify narrowest hallways or areas to ensure walker will easily pass through.
 - My narrowest walkway is _____ inches.

- 6 Identify the number of stairs required to travel through to complete activities of daily living.
- The number of stairs to get around my living space, including the entrance to my home, is _____.
 - Describe your outdoor terrain: _____
- Identify the height of your bed.
- My bed height is _____ inches.
- Use nonskid socks or footwear that has a closed heel.
- Consider shoes that fit snugly without laces (tying your shoes may be difficult for a while after surgery).
- Plan activities so you can take your time. DO NOT rush.
- Anything else you feel is important to address for your own safety.

You will want to make arrangements for caregiver support at home. It may be several days to several weeks until you are independent with activities. You will need to have someone available to assist with:

- Showering
- Meal preparation
- Dressing
- Driving to appointments



Durable Medical Equipment

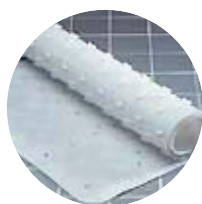
You and your Spine Care Team will determine what medical equipment you may need at home. The following are suggested pieces of equipment that may be useful during your healing. Please note, insurance policies vary, so you may want to check with your insurance company to determine your equipment coverage. **If you already have a front-wheel walker, please label it with your name and have a family member or friend bring it to your room after surgery.** The physical therapist will ensure it is properly fitted for your height. If you do not already have a walker, the therapist will make equipment suggestions to your doctor. Your case manager will arrange for your needed equipment before you leave the hospital.

Proper sizing and use of a front-wheel walker (FWW) can greatly increase your safety when mobilizing out of bed.

- Standard FWWs are built for individuals between 5'3" and 6'2"
- Junior/youth FWWs are best suited for individuals shorter than 5'3"
- Extra tall FWWs are best for patients taller than 6'2"
- Bariatric FWWs are wider than the standard FWWs and have a capacity between 400-700 lbs, depending on the manufacturer



Shower chair and shower extension hose



Nonskid mat/strips



Bath brush, long-handle reacher, long-handle shoe horn and sock aide



Commode



Walker and walker bag

Preoperative Exercises

Preoperative Upper Body Exercises for Spine Surgery

Your upper body strength will help when using a walker after spine surgery. You may begin the upper body exercises listed below before surgery to help build your strength. **DO NOT do these exercises if they cause your pain to increase above your tolerance level.**

Chair Push-Ups

Be sure to conduct this exercise with a chair with armrests.

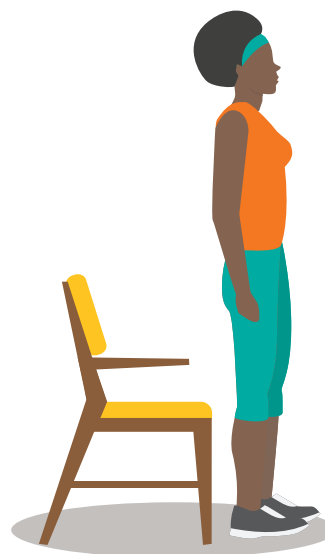
Step 1

While holding onto the arms of the chair, scoot to the front of your seat and lean forward from hips.



Step 2

Using the strength of your arms, push up from the chair into a partial squat position and hold for 1-2 seconds.



Walking

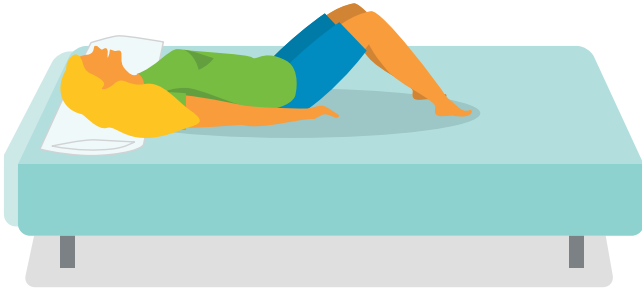
It is imperative to continue to build your overall endurance, strength and balance in preparation for surgery.

Continue to walk as much as you are able.

Log Roll Out of Bed

Step 1

Lying flat on your back, bend both knees up with your feet flat on the bed.



Step 2

Tighten abdomen and begin rolling onto your side toward edge of the bed in one motion.



Step 3

Slowly lower legs off the edge of bed while stabilizing your upper body with your elbow and opposite hand.



Step 4

As you begin to sit up, try keeping your shoulders, hips and knees aligned to push yourself up to a sitting position.



Step 5

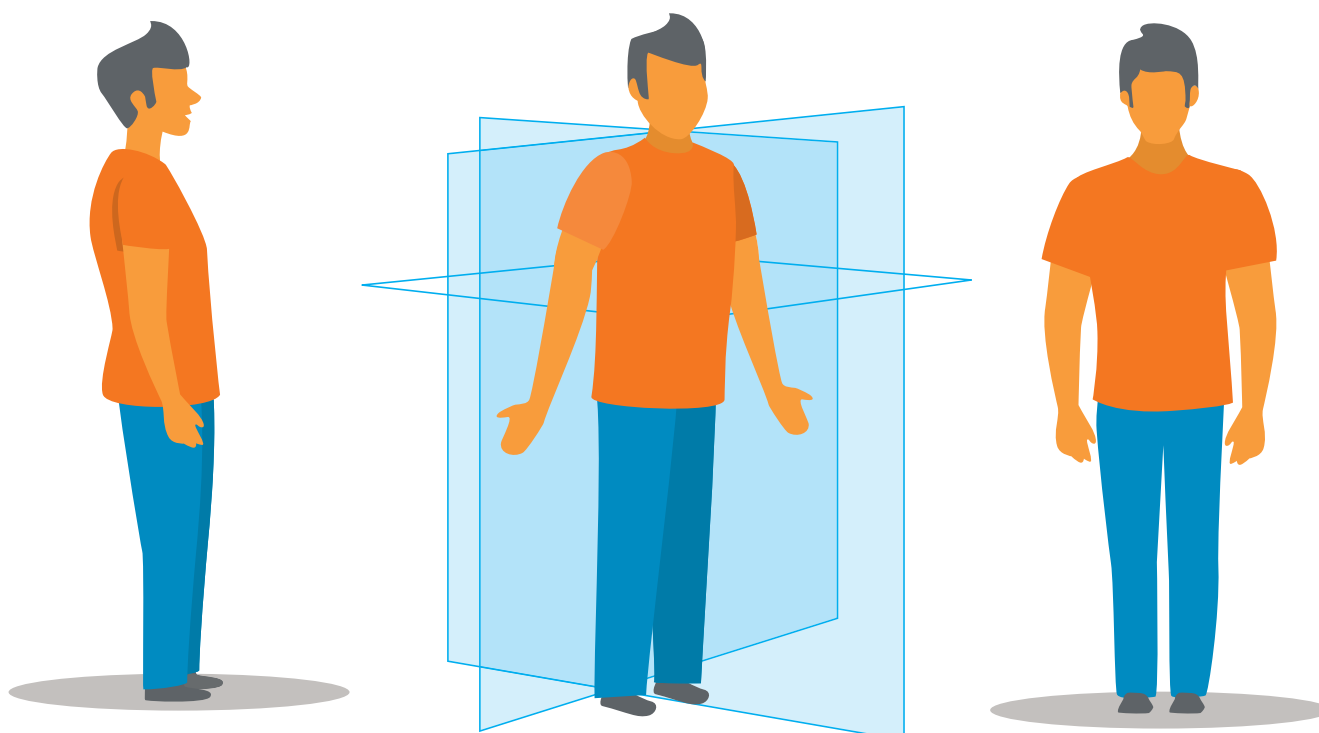
Complete seated position to stand up. Use these same steps in reverse to lie down in bed.



Neutral Spine Concepts

To prevent additional pain and aggravation leading up to your scheduled surgery, try to maintain proper posture throughout your normal everyday activity by:

- Keeping your neck and back in a straight alignment with your hips and knees.
- Chin pointing forward with ear aligned directly above shoulders.
- Keep your feet pointing in the same direction.



Surgical Site Infection Prevention Begins With You

Our hospital team does all we can to reduce the patient's risk of infection. We sterilize equipment, utilize clean linen/supplies and we wash our hands frequently. It is important for you to be a proactive member of your Spine Care Team by preparing your skin for surgery. Showering with special soap will reduce the normal bacteria on your skin, which can reduce your risk for infection.

General

Please take three showers using a 4% Chlorhexidine Wash (CHG) prior to your surgery:

- One shower 2 nights before (_____) (date)
- One shower the night before (_____) (date)
- One shower the morning of your surgery (_____) (date)

Steps to Follow:

1. Test the CHG soap on your wrist 1 hour prior. **If you have any sensitivity, do not use the product.** Liquid Dial™ can then be used as a substitute.
2. Wash your hair as usual with your normal shampoo and wash your body with regular soap. **Do not shave operative area.**
 - Rinse your hair and body very well to remove any shampoo or soap that may be on your skin.
3. Wet a clean, soft washcloth and turn off the shower.
4. Put the CHG soap on the clean, wet washcloth.
5. Apply the CHG soap externally to your whole body from the neck down only.
 - Do not put CHG on your face, eyes, head, ears or genital area.
 - CHG does not lather well.
6. Wash your body gently with the wash cloth from your chest down to your feet for 5 minutes. **Do not scrub. Do not wash with regular soap after using CHG.**
7. Turn the shower back on and rinse well to remove all soap from your body.
8. Pat yourself dry with a **clean towel** after each shower.
9. **Do not use any lotion, moisturizer, makeup or other products on your skin.**
 - Do NOT use deodorant on the day of your surgery.
10. Put on clean clothes.
11. Change bed linens each day while using CHG.



Day of Surgery: Preoperative Area

You will:

- Have a “patient identification band” placed on your arm. This band will be used to identify you throughout your stay.
- As a safety precaution, you will be asked about your allergies frequently throughout your stay. If you have allergies, a red identification band will be placed on your wrist.
- Be given a hospital gown.
- Have your belongings itemized and logged into our computer system.*
 - Initially, this should just be the clothes you wore to the hospital and any glasses, hearing aids or dentures you may have. Additional necessary items may be brought directly to your room after surgery.
 - CPAP machine
 - Back or neck brace prescribed by your surgeon
 - Be sure to notify the staff of additional items so they can also be inventoried.

**Please note that Palomar Health is not responsible for any lost items*
- Be asked to remove dentures, contact lenses and glasses before going into the operating room.
- Be asked questions to double-check important information for your surgery.
- Have an IV (intravenous fluid line) inserted to give you medications and fluids.
- Have your vital signs checked: temperature, pulse, blood pressure, level of oxygenation and respirations.
- Have the hair on your surgical site clipped and cleaned.
- Be given antibiotics before your operation.
- Meet with your anesthesiologist and your surgeon.
- Be able to ask any last-minute questions.
- Be given medication to relax you.
- If ordered by your surgeon, be started on our pain protocol.



Presurgery/ Procedure Patient Checklist

Steps to follow:

- Repeat your preoperative shower in the morning.
- Do not eat or drink anything before surgery unless otherwise instructed.
- Wear clean, comfortable loose-fitting clothing.
- Do not wear jewelry, including body piercings.
- Bring insurance cards, photo ID and know your Social Security number.
- Bring medication list.
- Bring brace.
- Do not wear contacts (glasses ok).



3

Hospital
Stay



Your Care in the Hospital

Surgery

- You will be moved to the operating room on a bed. If you have a loved one with you, they will be told where to wait. Your surgeon will speak with them at the end of your surgery. If your loved one cannot stay, they will be asked to provide contact information so the surgeon can contact them after surgery.
- The operating room staff will greet you and go over any final surgical plans. Repeated checks are safeguards to make sure everything is in order while you are in the operating room. Your safety is our highest priority.
- In the operating room, your anesthesiologist will talk you through each step of the anesthesia process. They will then give you a general anesthetic, as discussed during your anesthesia interview. They will monitor your status throughout the operation.

Surgical Recovery Room

Immediately after surgery, you will be taken to the Post-Anesthesia Care Unit (PACU).

- Nursing staff will monitor you closely in the PACU while you recover from anesthesia and slowly wake up.
- There will be a mask over your nose and mouth, providing oxygen until you are able to take deep breaths on your own.
- Your nurse will continuously check your heart and lung functions. You will have a blood pressure cuff on your arm, EKG patches on your chest and a small oxygen monitor on your finger.
- Your bladder may be emptied through a tube called a urinary catheter. This catheter will drain your urine into a collection bag until you are able to urinate on your own.
- A drain may be placed at the surgical site. This drain will gently remove blood or excess fluid from your surgery site to promote healing.
- You will continue to get fluids through your IV.
- You may feel a gentle squeezing on your legs due to a pumping device (called PAS or pulsatile anti-embolism stockings) used to help keep blood flowing through your body, which prevents blood clots.
- After several hours, you will be moved from the PACU to your hospital room, where loved ones can visit you.

Postsurgical Care: Your Hospital Room

- Your primary nurse will monitor you closely for the first few hours.
- Your nurse or certified nursing assistant (CNA) will take all of your vital signs often. This includes asking you about the pain at your surgical site.
- Soon after your surgery, a nurse or respiratory therapist will teach you breathing exercises using an incentive spirometer (IS). This will help keep your lungs clear, make your breathing muscles stronger and help stop future problems such as pneumonia, a lung infection.
- Your nurse and CNA will help you move positions by changing the pressure points beneath you with a few well-placed pillows.
- It is very important to flex your ankles up and down to keep the flow of blood through your body. This will reduce your risk for blood clots.
- If you have a catheter that drains urine from your bladder, it may be removed a day or two after your surgery.
- Your continuous IV fluids will be stopped as soon as you are able to take fluids and medication by mouth without feeling sick.
- You will have physical and occupational therapy to help you get better. You will be taught exercises that will strengthen your legs.
- Continue to observe spinal precautions as ordered by your doctor.



Incentive Spirometer for Breathing Exercises



It is very important to flex your ankles up and down to keep the flow of blood through your body. This will reduce your risk for blood clots.

Measuring Your Pain

A pain scale helps you measure the amount of pain you're in. On the scale, 0 means no pain and 10 is the worst pain possible. While in the hospital, you will be asked what your acceptable level of pain is.

Our goal is to keep you at or below YOUR acceptable level of pain.

My acceptable level of pain is: _____.

You may feel some pain even with medications. Tell your nurse or doctor if medications do not lower the pain. Be sure to tell them if the pain gets worse or changes.




Pain Control

There are many different types of pain control to help take care of your pain and keep you comfortable. Your doctor will choose the method right for you based upon your medical history, how much pain you are having and how fast you are healing. Your surgeon may utilize our pain protocol which includes long- and short-acting pain medications and acetaminophen. For best control, some medications will begin before your surgery.

The goal is to stop the pain before it becomes a problem. The key is to stay ahead of the pain and ask for pain medicine as needed. If your pain becomes too severe, it will be harder to get it back under control.



The goal is to stop the pain before it becomes a problem.



Visualization helps take your mind off the pain.

Medications are not the only way to deal with pain after surgery.

Try the following ideas:

- Visualization helps take your mind off the pain.
 - Close your eyes and breathe deeply.
 - Picture yourself in a quiet, peaceful place.
 - Imagine how you feel in that place.
 - If other thoughts enter your mind, take a deep breath and try again.
- Progressive body relaxation helps relieve stress and pain.
 - Close your eyes. Tighten your foot muscles.
 - Hold for a few seconds, then release.
 - Do it again with the muscles in your calves, then your thighs, and work slowly up your body.
 - Close your eyes and breathe deeply.
- Deep breathing relaxes your whole body.
 - Inhale slowly and deeply as you count to five (5) and exhale slowly through your mouth.

Let your nurse know right away if you are having any of these side effects from medication:

- Nausea, vomiting, diarrhea, lasting constipation or stomach cramps
- Headaches
- Breathing problems or a fast heart rate
- Feeling very tired, sluggish or dizzy
- Itching or skin rash

Postsurgical Care: Physical Therapy

- After your surgery, you will have a physical therapy (PT) evaluation.
- The physical therapist will evaluate your current abilities including bed mobility, walking, strength and balance.
- The physical therapist will ask you questions about your home setup and your mobility before surgery.
- The physical therapist will teach you how to safely:
 - Get in and out of bed
 - Go to and from a chair
 - Walk and climb stairs
- You should feel better each day. It is important for you to focus on working towards doing these activities by yourself. Remember that you make the difference in the speed and success of your healing. Your participation in your therapy program is vital to your success.
- There will be some pain as you increase your activities. Try to time your pain medication(s) 30-45 minutes before your therapy session.
- Exercise and movement are important parts of your healing.
- During your hospital stay, you will have daily physical therapy sessions.
- For your safety, the physical therapist may suggest help for you while you walk, such as a walker or a cane.
- Family or friend(s) who will be helping you at home during your healing are encouraged to participate in therapy sessions. Please inform your therapist so your therapy sessions can be scheduled accordingly.



Cervical Spine Surgery Physical Therapy Plan

First Day of Physical Therapy

- Review cervical spinal precautions and neutral spine concept.
- Perform log rolling technique to/from edge of bed.
- Stand from bed and walk 50-100 feet.
- Practice proper fitting and placement of cervical brace.
- Sit up in chair.



Physical Therapy on Day You Go Home From Hospital

- Perform proper log roll technique and maintain cervical precautions.
- Demonstrate ability to put on and take off cervical brace.
- Understand your assigned physical therapy exercises.
- Walk 100-200 feet with a walker, cane or no device without the help of others.
- Climb stairs safely with minimal help.
- Establish family and/or caregiver assistance for return to home as needed.

Cervical Bracing

The physical therapist and occupational therapist will instruct and educate how to put on and take off your assigned cervical brace according to your doctor's orders. You will be instructed on how often you will need to wear your brace and when to put on brace for safe mobility.



Cervical Spinal Precautions

Limiting the motion of your neck will help prevent additional stress and strain of your surgically repaired neck. It is very important to follow the listed precautions to avoid further injury of your neck and allow your surgery to heal properly.

Do not bend your head forward.



Do not bend your head backward.



Do not turn your neck.



Do not tilt your neck.



*Your surgeon will determine how long you will have to limit the motion of your neck and what physical activities you are allowed to perform while you are healing.

Cervical Spine Surgery Physical Therapy Exercises

Shoulder & Chest Stretch



Place palm of left hand against door frame and bend elbow as shown. Turn body away from fixed hand until stretch is felt.

Keep neck straight & avoid twisting spine.

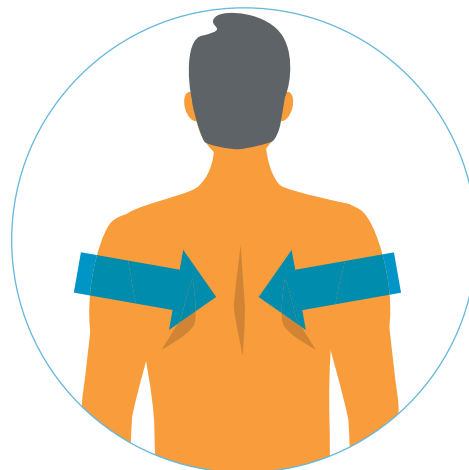
Hold for 10-15 seconds.

Repeat 3 times per set.

Do 3 sets per session per day.

Do 3 sessions per day.

Shoulder Blade Pinch & Hold



Pull arms back, pinching shoulder blades together.

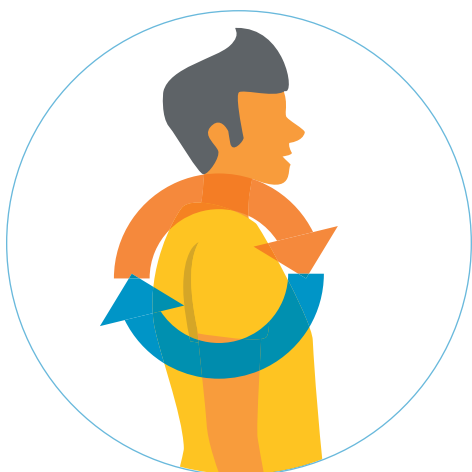
Keep neck straight while pinching shoulders.

Hold for 3-5 seconds. Relax.

Repeat 10 times per arm.

Do 3 sessions per day.

Shoulder Rolls

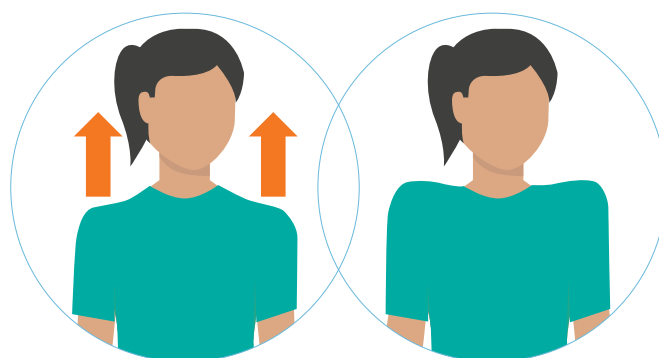


Roll shoulders forward, making 5 small circles.

Then roll shoulders backward, making 5 small circles.

Repeat 10 times. Do 3 sessions per day.

Warm-Up Shoulder Shrugs

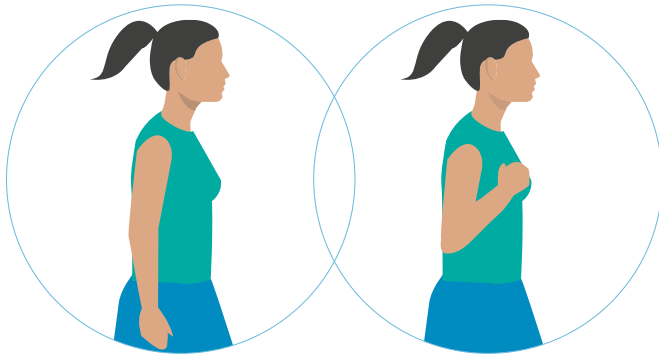


Shrug shoulders upward, hold for 3-5 seconds.

Relax.

Repeat 10 times. Do 3 sessions per day.

Elbow Flexion & Extension



Place one arm out with palm up. Slowly bend elbow and raise forearm toward shoulder. Then slowly straighten elbow to relax.

Repeat with other arm.

Repeat 10 times with each arm.

Do 3 sessions per day.

Shoulder Flexion with Arm Raise



Lift arm from thigh to shoulder height with palm down. Slowly lower arm down to side of body. Repeat with other arm.

Repeat 10 times per arm.

Do 3 sessions per day.

*Light weight optional

Lumbar Spine Surgery Physical Therapy Plan

First Day of Physical Therapy

- Review lumbar spinal precautions and neutral spine concept.
- Perform log rolling technique to/from edge of bed.
- Stand from bed and walk 25-50 feet.
- Practice proper fitting and placement of lumbar brace.
- Begin in-bed exercises as instructed by physical therapist.

Physical Therapy on Day You Go Home from Hospital

- Perform proper log roll technique and maintain lumbar precautions.
- Demonstrate ability to put on and take off lumbar brace.
- Understand your assigned physical therapy exercises.
- Walk 100-200 feet with a walker, cane or no device.
- Climb stairs safely.
- Establish family and/or caregiver assistance for return to home.

Lumbar Bracing

The physical therapist and occupational therapist will instruct and educate how to put on and take off your assigned lumbar brace according to your doctor's orders. You will be instructed on how often you will need to wear your brace and when to put on brace for safe mobility.



Lumbar Spinal Precautions

Limiting the motion of your back will help prevent additional stress and strain of your surgically repaired back. It is very important to follow the listed precautions to avoid further injury of your back and allow your surgery to heal properly.

Your surgeon will determine how long you will have to limit the motion of your back and what physical activities you are allowed to perform while you are healing.

Do not bend forward.



Do not twist your back.



Do not bend backward.



Do not lift.



Lumbar Spine Surgery Physical Therapy Exercises

Knee-to-Chest Stretch



With hand behind right knee, pull knee in to chest until a comfortable stretch is felt in lower back and buttocks. Keep back relaxed. Hold for 15 seconds.

Repeat with left knee.

Repeat 3 times per set. Do 3 sets per session.

Do 3 sessions per day.

Piriformis Muscle & Low Back Stretch



Pull right knee towards opposite shoulder until you feel a comfortable stretch across your lateral buttock. Keep back flat on bed. Hold for 15 seconds. Relax. Repeat with left knee.

Repeat 3 times per set. Do 3 sets per session.

Do 3 sessions per day.

Isometric Abdominal



Lying on back with knees bent, tighten stomach and keep abdomen firm. Hold 2–3 seconds. Relax then repeat.

Repeat 10 times per set. Do 3 sets per session.

Do 3 sessions per day.

Isometric Gluteal

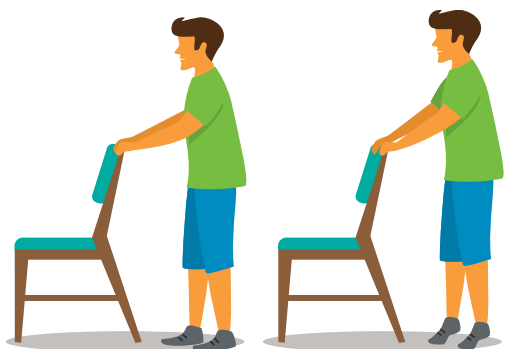


Tighten buttocks and keep back flat against bed. Press through your heels while tightening buttocks.

Hold 2–3 seconds.

Repeat 10 times. Do 3 sessions per day.

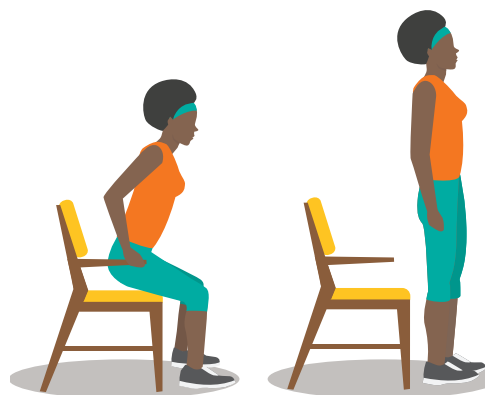
Standing Heel Raises



Holding a stable object, rise up on toes. Hold 1–2 seconds. Then rock back on heels while lifting toes and hold 1–2 seconds. Keep entire spine straight while looking straight ahead.

Repeat 10 times. Do 3 sessions per day.

Sit/Stand



With straight back, tighten stomach, place feet back under chair, lean forward and stand. Push with hands at sides as needed.

Slow rise to fully upright standing posture.

Then slowly lower self back to sitting with hand support.

Repeat 10 times per set.

Do 3 sessions per day.

Post-Surgical Care: Occupational Therapy

After your surgery, you may have an occupational therapist (OT) evaluate you. The occupational therapist will go over your upper body strength, range of motion and your ability to complete your activities of daily living (ADLs).

- They will teach you to complete ADLs such as dressing, bathing, toileting, grooming and hygiene, while maintaining any activity limitations you have.
- They will develop a program for you and may suggest special equipment, such as a reacher or a sock aide, to help you progress toward independence.
 - Please bring a pair of shorts or loose pants and closed-heel shoes to practice lower body dressing.
- They will ask you questions about your home and bathroom setup.
 - Shower training may be performed and a shower chair may be recommended if you are unsteady on your feet.

Lower Body Dressing

Applying Socks



1. Slide the sock onto the sock aid.
2. Use the cords to place the sock aid on the floor in front of your foot.
3. Place foot into the sock aid.
4. Pull on cords until sock slips onto your foot and the sock aid is free. Repeat on the other side.

Applying Pants



1. In sitting position, use a dressing stick or reacher to hook or pinch the pants by the waistband.



2. Lower the pants to the floor in front of your leg. Slip the item over one leg first, then over the other leg.



3. Pull the pants up above your knees using the reacher or dressing stick, stand with a walker and then pull the pants up all the way.

4

Going Home



Discharge

Spine Care: Home Activities

Sleeping on Back

Place pillow under knees. A pillow with cervical support is also helpful.



Side-Lying in Bed

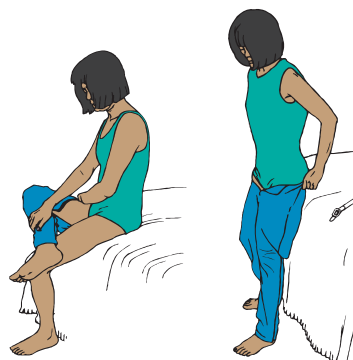
To maintain positioning in midline, place pillows between knees and under head.



Dressing Lower Body

Cross leg in tailor fashion (or cross-legged) to start clothing over foot. May use dressing aids to assist in pulling up.

Keep back in neutral position. Avoid arching back or bending.



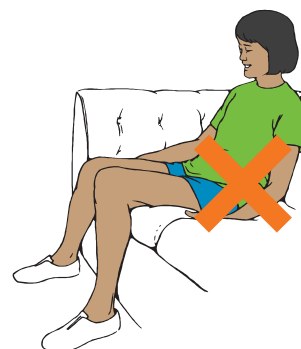
Sitting

Do not sit on low surfaces or soft seats as this causes additional stress on your spine.

Your hips should not be lower than your knees. Keep your hips and knees parallel.

Avoid recliners, rocking chairs and low stools.

Recommend use of a tall-back chair with armrests when possible.



Home Activities

When attempting to reach a lower item, bend at your hips and knees.

Keep your back straight.

Be cautious when squatting down and standing up.





Going Home

Your Spine Care Team will make a plan for outpatient or home health physical therapy and occupational therapy as appropriate for your continued care. Patients needing more nursing and rehabilitation will be sent to a healthcare facility that will provide those services.

Goals for going home:

- You are able to eat the diet ordered by your surgeon.
- Your stomach is active and bowel movements are returning to normal.
- You are able to use the toilet safely.
- Your surgical wound is clean and dry and you understand your wound care instructions.
- You show safe movement when moving from the bed to the chair, standing, walking, climbing stairs (if needed) without help and performing home exercises and activities of daily living by yourself.
- You understand your medication schedule.
- You understand your discharge instructions.
- You understand your resources in your home, family and community, including those necessary in case of an emergency.

Questions to ask your doctor when getting ready to go home:

- What type of diet should I follow?
- How much and what type of activity can I do?
- What medications do I need to be taking?
- When can I drive?
- When do I need to come back for follow-up appointments?
- When and where should I call for medical advice if I experience problems?
- Can I get a return-to-work slip (if needed)?
- When can I take a bath or shower?
- What special equipment do I need at home?
- Where can I buy medical supplies?
- When can I resume sexual relations?

Going Home Process

You will be visited by a social worker or case manager to talk about your physical therapy and/or medical care needs after leaving the hospital.

Most patients can discharge to home. If you are not able to meet the medical criteria for home management and safety, your Spine Care Team member will provide names and telephone numbers of places that can be hired for added care at home or at a rehabilitation facility.

- The Spine Care Team will make sure you have the equipment you need at home.
- Please note that if you are being sent to another facility for added therapy, your choices can be limited based on what your insurance carrier covers.
- **Your Spine Care Team members will include you in the decision-making process and will ensure that you get the care you need.**

If you and your Spine Care Team determine that you are ready to go home, written instructions will be given to you and the nurse will talk with you about the instructions.

- You may receive prescriptions for medications that you need to fill.
- Follow-up doctor appointments will be explained to you or may be made prior to you leaving the hospital.
- You will be asked to sign a form that states you understand and are willing to follow the outlined instructions.
- You should have your transport or support person get there early so they can also listen to the instructions.



Please Note

- Vehicles such as recreational vehicles and sports utility vehicles (SUVs) are tall and may be hard for you to climb in and out of.
Traveling home in a sedan may be easier for you.
- Do not drive until your doctor gives you permission. This is usually about 4 weeks after surgery. Long-distance travel should be minimal for the first 6-8 weeks and include many stops where you can get out and walk.

Things To Know At Home

Pain Management at Home

Once you are home, you may have some pain. When it comes to pain management, the tips you learned in the hospital also work at home. To get the best pain relief possible, remember these points:

Use your pain medications as directed.

- Take only the medications that your healthcare provider tells you to take.
- Take pain medications with some food to avoid an upset stomach.
- Call surgeon if pain is not relieved by medication.

Remember that medications need time to work.

- Consider alternatives to medications (see pages 32 for more information).
- Most pain relievers taken by mouth need at least 20-30 minutes to take effect.
- Take pain medication at regular times as directed. Do not wait until the pain gets bad to take pain medicine.
- Once you become more active, and as your pain lessens, try taking less medication.

Time your medication so that you take it before starting an activity, such as dressing, exercising or sitting at the table for dinner.

- Keep a log of when you take your medicines so that you can keep track of when your next dose may be due.
- Taking your medication at night may help you get a good night's rest.

Avoid wearing tight-fitting clothes over the incision as this can increase pain.

Avoid drinking alcohol while taking pain medication as this combination can cause dizziness and slow your breathing. It can even be fatal.

- Avoid driving or operating machinery while taking pain medication.

Bowel Health

Constipation is a common side effect after surgery and with some pain medications. It is also preventable. Please be proactive about your bowel regimen. Tips to reduce your chances of constipation include:

- Eating fruits, vegetables and other high-fiber foods.
- Being diligent about water intake.
- Consider over-the-counter laxatives if these efforts are ineffective. Check with your surgeon if you need suggestions.

Your doctor and surgeon want you on the road to recovery as quickly as possible. **Please feel free to call them** with any questions you may have. For more information about dietary guidelines, go to: **ChooseMyPlate.gov**.



Lung Health

While you are regaining strength and endurance, your lungs are at risk for pneumonia and infection. Inactivity and shallow breathing can put you at risk for pneumonia and other lung infections. Continue deep breathing exercises and incentive spirometer use at home.

Protect Your Spine

- Avoid lifting heavy objects more than 10 pounds (no more than a gallon of milk) for 6-12 weeks after your surgery to protect your spine from injury.
- Follow precautions taught to you during your hospital stay.
- Continue strengthening exercises as instructed.



Wound Health

Keep your wound clean and dry. You will most likely go home with an occlusive dressing over your incision. As long as this dressing is intact and in place, you are allowed to shower. You may shower without a dressing when permitted by your surgeon. Avoid taking baths, swimming or being in a jacuzzi/hot tub until cleared by your surgeon. Soaking in tubs increases the risk for infections.

Contact your surgeon if you have any of the following:

- A fever of 100.4°F or higher.
- New or more redness at your surgical incision site.
- More pain that does not get better with rest and is not because of more activity or physical therapy.
- Drainage of any amount from your wound several days after going home from the hospital.
- Medical conditions that you already had that get worse, such as blood sugar or blood pressure levels being too high or too low.
- Chest pain, palpitations (a "pounding heart"), difficulty breathing or fainting episodes.

These symptoms are a medical emergency, dial 911 for immediate care.

Blood Clot Prevention

Firm swelling in the back of the calf, knee and/or thigh is a possible blood clot (called a deep vein thrombosis or DVT). After your surgery, you remain at risk of blood clots for about a month. Notify your surgeon if you experience such symptoms. Strategies to prevent blood clots include walking frequently and performing ankle pumps when in bed or sitting for extended periods of time.

Spinal Surgery Over-the-Counter Medication Guide

NOT A VALID PRESCRIPTION

It is important to take these medications below as directed by your doctor after your surgery.

GENERAL PAIN PREVENTION

Pain can be an unpleasant feeling that happens in any part of the body after surgery. Take the following medications or as directed by your doctor.

- Acetaminophen (Tylenol) 500 mg*** – Take 2 tablets by mouth every 8 hours if needed for pain.
 - Do not take more than 4000mg of acetaminophen (Tylenol) from all sources combined within a 24-hour period.
 - Do not take more than 3000mg of acetaminophen (Tylenol) from all sources combined within a 24-hour period if you are 65 years or older.
 - Other: _____
 - If prescribed by your surgery team, please take narcotics as needed and only as directed.
 - Begin to wean narcotics as soon as postoperative pain starts to decrease.
 - **If you've had a Spinal Fusion, avoid NSAIDs (Nonsteroidal Anti-Inflammatory Drugs) for 2-3 months after surgery.** NSAIDs include, but are not limited to: Aleve, Etodolac, Ibuprofen, Meloxicam, Motrin, Naprosyn and Naproxen.

CONSTIPATION PREVENTION

Constipation happens when your stool is too hard and difficult to pass. Narcotic usage also slows bowel movements and causes constipation. It may take several days of the medications below to have an effect. Drinking plenty of water is also important. Lowering narcotic use will also likely help. Stop these medications if you begin to have diarrhea.

Your doctor recommends you take the following EVERY DAY with your postsurgery pain medications to prevent constipation:

- Docusate (Colace) 100 mg** – Take 1 capsule by mouth up to 3 times a day with plenty of water.
AND
- Polyethylene Glycol (Miralax)** – Mix 17 grams (1 heaping tablespoon) in 8 ounces of water or juice.
OR
- Magnesium Citrate (Citroma)** – Use as directed on bottle for constipation with plenty of water.

Patient Name: _____ Date of Birth: _____

Notes: _____

For more information, visit PalomarHealth.org/Spine



Restrictions After Surgery

After Cervical Surgery

The following restrictions may apply to patients that have had cervical surgery. Continue these restrictions until your physician releases you to full activity.

1. No lifting more than ____ lbs.
2. No pushing/pulling more than ____ lbs.
3. No raising arms more than ____ degrees.
4. Head of bed elevation:
no more than ____ degrees.

After Lumbar Surgery

The following restrictions may apply to patients that have had lumbar surgery. Continue these restrictions until your physician releases you to full activity.

1. No lifting or carrying more than ____ lbs.
2. No pushing/pulling more than ____ lbs.
3. No sitting more than ____ minutes.
4. Head of bed elevation:
no more than ____ degrees.

LUMBAR SPINAL FUSION

Post-Op Activity Chart

Do NOT attempt any activities below without consulting your surgeon.

✗ Stop +✓ Proceed with caution ✓ Proceed as directed

General Activity	Post-Op– Week 2	Week 3– Week 6	Week 7– 3 Months	4 Months– 6 Months	6 Months– 1 Year
Lifting < 10 lbs	✓	✓	✓	✓	✓
Lifting 15-30 lbs	✗	✗	+✓	✓	✓
Walking outdoors	✓	✓	✓	✓	✓
Climbing stairs	✓	✓	✓	✓	✓
School	✗	✓	✓	✓	✓
Sexual activity	+✓	✓	✓	✓	✓
Daily Living					
Showering	✓	✓	✓	✓	✓
Light housework	+✓	✓	✓	✓	✓
Vacuuming, laundry	✗	+✓	✓	✓	✓
Gardening, light house repair	✗	✗	✗	✓	✓
Travel					
Short car rides < 1 hour	✓	✓	✓	✓	✓
Long car rides > 1 hour	+✓	✓	✓	✓	✓
Driving*	✗	✓	✓	✓	✓
Air travel - short trip < 1-2 hours	+✓	✓	✓	✓	✓
Air travel - long trip > 2 hours	+✓	+✓	✓	✓	✓
Sports					
Light arm exercise	+✓	✓	✓	✓	✓
Dancing	+✓	✓	✓	✓	✓
Jacuzzi/hot tub	✗	+✓	✓	✓	✓
Swimming (no diving)	✗	+✓	✓	✓	✓
Low-impact aerobics	✗	+✓	✓	✓	✓
Noncontact sports (tennis, bowling)	✗	+✓	✓	✓	✓
Light jogging	✗	+✓	✓	✓	✓
Downhill skiing	✗	✗	✗	✓	✓
Golf	✗	✗	✗	✓	✓
Road bicycling	✗	✗	✗	✓	✓
Horseback riding	✗	✗	✗	✓	✓
Water skiing	✗	✗	✗	✓	✓
Stationary bike	+✓	✓	✓	✓	✓
Motorcycle riding	✗	✗	✗	✓	✓

*Please discuss driving with your surgeon.

CERVICAL SPINE FUSION

Post-Op Activity Chart

Do NOT attempt any activities below without consulting your surgeon.

✗ Stop +✓ Proceed with caution ✓ Proceed as directed

General Activity	Post-Op- Week 1	Week 2- Week 4	Week 5- Week 6	Week 7- Week 8	Week 9- Week 10	Week 11- Week 12	Week 12- 6 Months	6 Months- 1 Year
Walking	✓	✓	✓	✓	✓	✓	✓	✓
Side sleeping in neutral position	✓	✓	✓	✓	✓	✓	✓	✓
Pushing up from chair	✓	✓	✓	✓	✓	✓	✓	✓
Overhead reaching	✗	+✓	✓	✓	✓	✓	✓	✓
Lifting < 10 lbs	+✓	✓	✓	✓	✓	✓	✓	✓
Lifting > 10 lbs	✗	✗	✗	✗	✗	✗	+✓	✓
Daily Living								
Donning/doffing bra	✓	✓	✓	✓	✓	✓	✓	✓
Brushing hair	+✓	✓	✓	✓	✓	✓	✓	✓
Showering	+✓	✓	✓	✓	✓	✓	✓	✓
Food preparation	+✓	+✓	✓	✓	✓	✓	✓	✓
Intimacy	+✓	+✓	✓	✓	✓	✓	✓	✓
Light housework	✗	✗	+✓	+✓	+✓	✓	✓	✓
Laundry	✗	✗	✗	✗	+✓	+✓	✓	✓
Vacuuming	✗	✗	✗	✗	✗	+✓	✓	✓
Light yardwork	✗	✗	✗	✗	✗	✗	✓	✓
Travel								
Short car rides < 1 hour	+✓	✓	✓	✓	✓	✓	✓	✓
Long car rides > 1 hour	+✓	+✓	✓	✓	✓	✓	✓	✓
Air travel – short trips < 1-2 hours	+✓	✓	✓	✓	✓	✓	✓	✓
Air travel – long trips > 2 hours	+✓	+✓	✓	✓	✓	✓	✓	✓
Driving*	✗	✗	✗	✗	✗	✗	✓	✓
Work								
Computer work/typing	+✓	+✓	✓	✓	✓	✓	✓	✓
Upper extremity repetitive motion	+✓	+✓	✓	✓	✓	✓	✓	✓
Physical labor	✗	✗	✗	✗	✗	✗	✓	✓
Sports								
Jacuzzi/hot tub	✗	✗	✗	✓	✓	✓	✓	✓
Light exercise	✗	✗	+✓	+✓	+✓	✓	✓	✓
Low-impact aerobics	✗	✗	✗	✗	✗	✓	✓	✓
Swimming (no diving)	✗	✗	✗	✗	✗	✗	✓	✓
Contact sports	✗	✗	✗	✗	✗	✗	✗	+✓
Tennis/pickleball	✗	✗	✗	✗	✗	✗	✗	+✓
Bowling	✗	✗	✗	✗	✗	✗	✗	+✓
Jogging	✗	✗	✗	✗	✗	✗	✗	+✓
Golf	✗	✗	✗	✗	✗	✗	✗	+✓
Road bicycling	✗	✗	✗	✗	✗	✗	✗	+✓
Horseback riding	✗	✗	✗	✗	✗	✗	✗	✗
Skiing	✗	✗	✗	✗	✗	✗	✗	✗
Motorcycle riding	✗	✗	✗	✗	✗	✗	✗	✗

*Please discuss driving with your surgeon.

FAQs

How do I obtain a handicap parking placard?

Obtaining a handicap parking placard for a car requires a doctor's approval. Forms can be picked up at your local DMV or AAA facility. Patients may ask their doctor if they are eligible for a placard before surgery as well as after.

Where can I buy medical supplies?

Palomar Health gift shops offer certain equipment and supplies. Check your local community senior center for loaner equipment or your local surgical supply store/pharmacy.

When can I drive after spine surgery?

When you are off narcotic pain medications, regained reflexes and muscle strength and have been **cleared by your surgeon**.

When can I return to work?

It depends on the type of job.

Will I set off metal detectors?

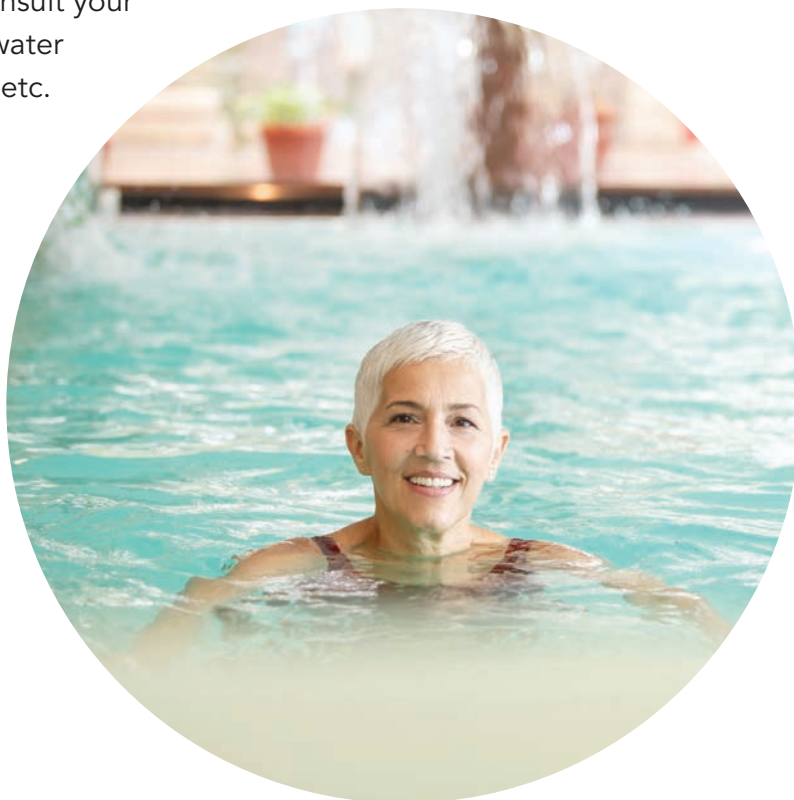
Plan for extra time to pass through security.

How can I reduce the scar?

You should not apply anything to your incision until it is cleared by your surgeon.

When can I get back in the bath, pool or jacuzzi/hot tub?

Generally, around 4 weeks, but you should consult your surgeon before you immerse your body into water such as a bathtub, pool, ocean water, jacuzzi, etc.



Medication List

Please include all medications you take. This includes all prescription, over-the-counter, topical ointments/patches, eye drops, herbs, vitamins or other supplements that you take.

Patient's Name: _____ Date: _____
(Please Print)

Medication Name and Dose	Purpose (Why do you take it?)	When do you take your medication?			
		Breakfast	Lunch	Dinner	Bedtime

Allergies?	What kind of allergic reaction?	Allergies?	What kind of allergic reaction?

*Please include all allergies (medication, environmental, metal, food, etc.)



Tell Us About Your Experience

Your comments are important to us.

Following your visit with us, you may receive a survey asking about your experience with Palomar Health. We value your feedback and look forward to receiving your response.

If you have an experience you would like to share with us about your visit to Palomar Health, please contact us directly by calling **760.740.6345** or by visiting PalomarHealth.org/Contact-Us/.

It is our privilege to serve you.

		very poor	poor	fair	good	very good
PHYSICIAN						
1. Time physician spent with you	1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Physician's concern for your questions and worries	2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. How well physician kept you informed	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Friendliness/courtesy of physician	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Skill of physician	5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments (describe good or bad experience): _____						
<hr/>						
DISCHARGE						
1. Extent to which you felt ready to be discharged	1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Speed of discharge process after you were told you could go home	2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Instructions given about how to care for yourself at home	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. If you received patient education about your Diabetes self-management (the Pinkbook), how well did it meet your needs	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments (describe good or bad experience): _____						
<hr/>						
PERSONAL ISSUES						
1. Staff concern for your privacy	1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. How well your pain was controlled	2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Degree to which hospital staff addressed your emotional needs	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Response to concerns/complaints made during your stay	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Staff effort to include you in decisions about your treatment	5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Degree to which the hospital staff addressed your cultural/ethnic needs	6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments (describe good or bad experience): _____						
<hr/>						
OVERALL ASSESSMENT						
1. How well staff worked together to care for you	1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Likelihood of your recommending this hospital to others	2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Overall rating of care given at hospital	3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments (describe good or bad experience): _____						
<hr/>						

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