

O:A:S:I:S Hospital

Caring for Patients Like Family

Preoperative Education Spine Class



Mission - *Caring for Patient's like Family*
Vision - *Transforming the Hospital Experience*

OASIS Hospital • 750 North 40th Street • Phoenix, AZ 85008
(602) 797-7700 • www.oasishospital.com

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O:A:S:I:S Hospital

Millions of Americans suffer from neck and back pain. This pain can be injury-related or simply due to the normal aging process and wear and tear on the spine. You have taken the first step towards a healthier lifestyle with your decision to have spine surgery.

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We offer a unique program that is designed to return you to an active lifestyle as quickly as possible. Each step of the program is carefully choreographed to give you the best possible results.

Research has demonstrated that patients have a significantly better recovery when they prepare for surgery ahead of time by attending a pre-operative education class. You will learn a simple, daily pre-operative exercise routine that when done during the weeks prior to surgery will help to decrease your pain, reduce the likelihood of common complications, and help you return to full function faster.

Patients who undergo spine surgery usually recover quickly. In most cases, you will be able to walk the first day after your surgery. Generally, you will be able to return to many of the activities that you enjoy in just a few short weeks.

We believe that recovery is a collaborative effort between you and your 'coach' as well as your surgeon and our staff. That is why we want to involve both you and your coach in your treatment and throughout each step your surgical journey.

Thank you for choosing O:A:S:I:S Hospital for your care. Our team appreciated the opportunity to help you on the road to your recovery. We are committed to excellence through exceptional teamwork.

YOUR SPINE SURGERY JOURNEY

This is your handbook. It is designed to be a handy reference guide that will take you through your upcoming surgery and recovery period with ease.

Surgery, even elective surgery, can be very unsettling. People don't know what to expect. They trust their doctors and nurses but are still apprehensive about the unknown.

We understand your concerns. Keeping you informed is the key.

Your handbook was designed to educate you so that you will know:

- what to expect every step of the way
- what you need to do both before and after your surgery
- how to care for your spine for life

Preparation, education, continuity of care, and a pre-planned discharge are the keys to optimum results in spine surgery. Communication is essential to this process. Please remember that your handbook is just a starting point. No two patients are exactly alike. Your physician, nurse, or therapist may add to or change some of the recommendations to insure that our program is tailored especially to you. Always use their recommendations first and remember to ask questions if you are unsure of any information. Write down any special instructions or information that you are given. Keep your handbook with you and use it to keep important information together during your time at O:A:S:I:S Hospital.

When you return home, remember to keep your handbook nearby to use as a reference after your surgery.

We hope that this handbook will answer any questions that you may have. However, if you have any further questions or concerns prior to or after your surgery, you may call O:A:S:I:S Hospital at 602-797-7700. We will be happy to assist you in any way that we can. Our best hope is that you are beyond prepared for your surgery and recovery.

The staff at O:A:S:I:S Hospital would like to thank you for choosing our facility for your spine surgery. We hope we exceeded your expectations during your stay with us.

Please note: While you are reading this handbook, remember that people are individuals and may vary in terms of their needs.

Please follow your healthcare professional's advice in terms of adding to or changing any of the guidelines presented in this handbook.

THE O:A:S:I:S HOSPITAL EXPERIENCE

Your time at O:A:S:I:S Hospital will be a unique hospital experience. Because you are not "sick", but instead are choosing to have surgery to improve the quality of your life, the focus of your stay is on wellness. We are dedicated to providing you with the best possible path to recovery.

Features of your O:A:S:I:S Hospital experience include:

- ❖ Coordination of all your pre- and post-operative needs through patient centered discharge planning that starts today.
- ❖ A program that includes your family and friends (your coaches) so they can feel better prepared to help care for you both during and after your surgery.
- ❖ A team of world class physicians, nurses, patient care techs and therapists that specialize in the care of spine patients.
- ❖ Access to 'Skylight TV', an interactive television system in your room that will allow you to make dietary, maintenance or housekeeping requests, watch educational videos, access the internet, and alert the O:A:S:I:S staff about any concerns.



YOUR O:A:S:I:S HOSPITAL ASSOCIATES

Your Surgeon

The surgeon that you have chosen will perform your surgery and will also direct your care. This physician will guide your rehabilitation and follow you through post-operative office visits.

Hospitalist

A physician that works closely with your surgeon to provide for your medical needs.

Registered Nurses (RN)

Professional nurses who are responsible for managing your bedside nursing care following your spine surgery. Nurses follow your surgeon's instructions to guide your care. RN's provide education to you, your coach and your family about your health and safety needs. This includes information that will help you plan for your discharge from the hospital.

Ortho Tech

Responsible for replacing gel packs (ice therapy), orthopaedic equipment (CPM's, etc.), assisting with physical therapy, helping with your activities of daily living.

Patient Care Tech

The Patient Care Tech assists your nurse throughout the day. They will take your vital signs and assist you with your activities of daily living.

Physical Therapist (P.T.)

The physical therapist plans your physical rehabilitation after your surgery. He/she will help you regain range of motion, muscle strength and balance to move safely in order to protect your spine. You will learn how to use assistive devices such as a walker, which you will be using temporarily after your surgery.

Occupational Therapist (O.T.)

The occupational therapist provides education and training to make sure you are able to perform activities of daily living (ADL's), such as grooming, dressing, feeding and toileting with the use of assistive and adaptive equipment such as reachers and lower body dressing kits

Case Manager (CM)

Your Case Manager works closely with the O:A:S:I:S staff to help you make decisions about your discharge plan. This may include outpatient physical therapy, home equipment, and transfer to a Skilled Nursing Facility (SNF) if needed. Your CM can also answer your questions about insurance coverage for services and equipment.

Respiratory Therapist (R.T.)

Your respiratory therapist will provide instructions on how to fully expand your lungs by coughing, deep breathing and using your incentive spirometer. She will also monitor your oxygen needs.

Pharmacist

Our pharmacist will review medication orders and dispense all medications ordered by your surgeon and hospitalist. Your home medications will be dispensed through our pharmacy if your physician orders them to continue while you are in the hospital.

Dietician

Our dietary staff is available for consultation regarding any dietary needs or diet education. You will be provided with a patient information guide that includes a daily menu from which you may select your meals.

Housekeeping

Our housekeeping staff will provide you with a clean room each day during your hospital stay.



TAB 2
FREQUENTLY ASKED QUESTIONS

FREQUENTLY ASKED QUESTIONS

Patients have many questions about spine surgery. We encourage you to ask questions throughout your stay at O:A:S:I:S: Hospital. Knowledge is power! The more you know, the better you can use that knowledge to make choices that will aid in your recovery. If you have questions that are not covered in this section, please ask your physician. We are here for you!

What causes neck or back pain?

Spine pain can be caused by several things. Poor body mechanics, herniated or protruding discs, spinal stenosis and osteoarthritis are just a few causes. Your physician can determine what is causing your pain and the best way to treat it. Keep in mind that unlike some operations, such as an appendectomy, there is not a 100% guarantee that surgery will cure the cause of your pain.



A **herniated disc** may occur suddenly after a fall or an accident, or may occur gradually with repetitive straining of the spine. Often people who experience a herniated disc already have **spinal stenosis**, a problem that causes narrowing of the space around the spinal cord and spinal nerves. When a herniated disc occurs, the space for the nerves is further diminished, and irritation of the nerve results. Common symptoms include:

Electric Shock Pain

Pressure on the nerve can cause abnormal sensations, commonly experienced as electric shock pains. When the compression occurs in the cervical (neck) region, the shocks go down your arms, when the compression is in the lumbar (low back) region, the shocks go down your legs.

Tingling & Numbness

Patients often have abnormal sensations such as tingling, numbness, or pins and needles. These symptoms may be experienced in the cervical or lumbar area.

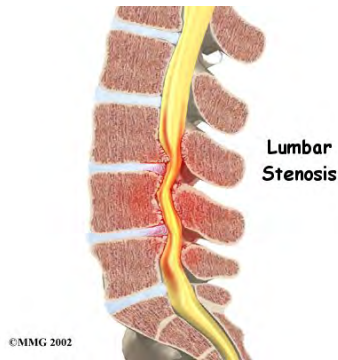
Muscle Weakness

Because of the nerve irritation, signals from the brain may be interrupted causing muscle weakness.

Bowel or Bladder Problems

This is a medical emergency, and you should see your doctor immediately if you have problems urinating, having bowel movements, or if you have numbness around your genitals.

<http://orthopedics.about.com/cs/herniateddisk/a/ruptureddisk.htm>



The cause of **spinal stenosis** in the lumbar spine is commonly associated with aging. The facet joints (small stabilizing joints located between and behind vertebrae) tend to get larger as they degenerate and can compress the spinal nerve roots in the lower back, often producing lumbar stenosis symptoms of pain, especially with activity.

<http://www.spine-health.com/conditions/spinal-stenosis/lumbar-spinal-stenosis-a-definitive-guide>



Osteoarthritis is also known as degenerative disc disease. It is a condition in which the protective cartilage that cushions the tops of bones degenerates, or wears down. This causes swelling and pain. It may also cause the development of osteophytes, or bone spurs. These develop when the ends of the two bones rub together.

Osteoarthritis of the spine is a breakdown of the cartilage of the joints and discs in the neck and lower back.

Sometimes, osteoarthritis produces spurs that put pressure on the nerves leaving the spinal column. This can cause weakness and pain in the arms or legs.

<http://www.webmd.com/osteoarthritis/spinal-osteoarthritis-degenerative-arthritis-of-the-spine>



Are there risks with spine surgery?

No surgery is without risk. Infection and blood clots are two serious complications that we work hard to prevent. Skin is a natural barrier against infections organisms. Whenever skin is opened, there is a chance that organisms can move to the tissues below. To avoid infection, we use antibiotics. We also take special precautions in the operating room to reduce the risk of infection. Most importantly, we encourage **frequent hand washing** for all members of your family as well as your healthcare workers. Hand washing is the single best way to prevent infection. Studies have shown that using an alcohol-based hand sanitizer is highly effective in preventing infections. If you hands are visibly soiled, washing with soap and water is advised.



Another common post-operative complication is atelectasis (at-a-lek-ta-sis), a condition that occurs when the lungs are not fully expanded, which can lead to pneumonia. Medications used for anesthesia and pain control often make you sleepy, therefore you do not breathe as deeply. In addition, lying still can affect how deeply you breathe. You take much deeper breaths when you are active than when you are resting. The small sacs at the ends of your breathing tree can collapse when they are not filled with air. This is known as atelectasis. Early ambulation and sitting in your chair instead of lying in bed will help prevent atelectasis. In addition, your nurse or a Respiratory Therapist will teach you how to exercise your lungs using an incentive spirometer. It is very important that you use your incentive spirometer as frequently as possible while you are resting, whether in bed or up in your chair. We ask that you use it ten times every hour while you are awake (your coach will remind you to use your incentive spirometer). You will take this home with you and continue to use it for the next six weeks!



Incentive spirometer

We often use blood thinners (medications) that prevent platelets from sticking together to form clots. We also use special elastic stockings called TED hose and a special machine called a sequential compression device or SCD. This machine attaches to the bottom of your bed and consists of flat tubing that attach to sleeves that wrap around your calves. It is used to help move blood from your legs back into circulation. The best way to prevent blood clots is by early ambulation and by doing frequent ankle pumps while you are resting in bed (your coach will remind you to pump your ankles!). We encourage you to pump your ankles several times every 30 minutes and to walk as soon and as much as you are able.



Ankle pumps



TED hose



SCD sleeve

Should I exercise before my surgery?

Absolutely! The better condition your muscles are in prior to your surgery, the easier and faster your recuperation is expected to be. It is important to learn the exercises and be comfortable with them prior to surgery so that you can continue them once you return home. Starting exercises now will build muscle tone and pave the way to a quick recovery. Studies have shown that 74% of patients who exercise 3-4 times per week preceding surgery require less rehabilitation after surgery.

Please refer to the pre-habilitation exercise section of your handbook.

How long will my surgery take?

Your spine surgeon will be performing your surgery. Depending on your specific procedure, the surgery itself takes about one to two hours. After surgery you will be taken to the post anesthesia care unit (PACU) where you will be monitored closely until the anesthesia wears off. Once you are awake and stable, you will be transferred to your room. We will keep your family updated frequently about your progress.

What is a laminectomy?

This involves the removal of a small portion of the vertebra called the lamina. This is done to relieve pressure on the nerve root.

Will I be asleep during the surgery?

During the surgery the anesthesiologist will administer the anesthetic that will provide total pain relief. There are different types of anesthetic: a general anesthetic will put you into a deep sleep, while a regional anesthetic will numb specific areas only. Normally regional anesthetics are given with another medication that will make you very relaxed and put you into a light dreamlike state. You will not remember the surgery once you awake. You and your anesthesiologist will discuss which method is best for you prior to your surgery. Feel free to discuss any concerns you may have!

My surgeon said I need instrumentation in my spine. What does that mean?

Instrumentation means you will have some kind of implant in your spine. This will allow your surgeon to restore the alignment and balance of your spine. It will also act as an internal “brace” which will stabilize your spine.

Will the instrumentation set off the alarms at the airport?

You should let the TSA officer know that you have an implanted medical device. Ask your surgeon if he can provide you with a card stating this. However with the current screening system, there have been no reports of the alarm being set off.

What is a spinal fusion and who needs that kind of surgery?

A fusion is done for any kind of spinal instability or deformity, or if the spine will become unstable due to the removal of a disc or bone. Your surgeon will let you know if this is necessary.

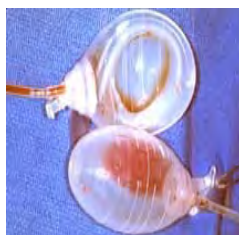
Will I be in a lot of pain after my surgery?

Pain is expected after any surgery. We will do everything we can to keep your pain well controlled. You will be educated about how to control your pain at home before you are discharged. If a fusion was done, it is important to avoid any anti-inflammatory medications, including aspirin products until your physician tells you otherwise. These medications will inhibit the growth of the bony fusion.

Please refer to the “Before Your Surgery” section for more information on pain management.

I have a friend who had a drain after surgery. Will I have any kind of drain placed?

In some instances, your surgeon may place a drain. Most likely you will have what is called a JP (Jackson-Pratt) drain. This drain removes any blood or other fluids that might build up in the surgical area. Normally it is removed on your first or second post-operative day.



JP drain

Will I be on bed rest after my surgery?

Absolutely not! If you have your surgery early in the morning and are doing well, you may be sat on the side of your bed, assisted to stand or assisted into the chair the evening of your surgery. If your surgery is later in the day, you will not be out of bed until the next morning. You will be seen and evaluated by your Physical Therapist and your rehabilitation will begin. By the end of the first day, you should be able to take a few steps using your walker (this will be provided for you).

How long will I be in the hospital?

Most spine surgery patients usually stay for two or three days. There are several goals that you must achieve before you can be safely discharged. This includes having your pain controlled enough for you to continue your exercises and rehabilitation at home.

But what about long-term recovery?

Recovery from any surgery is individualized. It also depends on the procedure you have. Regardless of the procedure, we will get you up and walking within 24 hours, usually sooner.

Will I need a cane or walker?

We start every patient's rehabilitation using a front wheeled walker. People progress at their own rate. Normally spine patients do not require the need for a walker once they are discharged from the hospital. If, however, one is needed and ordered by your physician our Case Manager will arrange to have one delivered to your room before you are discharged.

What other equipment will I need?

A raised toilet set may be necessary. A shower chair, tub bench or grab bars in the tub or shower may also be necessary. These items should be purchased prior to your surgery date and ready for your return home.

Please refer to the "Caring For Yourself At Home" section for more information about home equipment.

Will I need help at home?

Yes. For the first several days to two weeks you should plan on having someone stay with you for support. Do as much as you can for yourself, as long as it is safe. You and your coach can make sure that you have scheduled a family member or friend to be available to help with household errands and chores. It is helpful to have prescriptions filled, laundry done, your house cleaned, and any yard work completed *before* come to the hospital. Put fresh linens on your bed the night before your surgery so a cozy bed will be waiting for you when you arrive back home! You will also want to be sure that you have pre-prepared (frozen) meals, healthy snacks, and beverages to last for a few days. Remember, your job is to focus on recovering, not household tasks!

Will I need physical therapy when I get home?

Some patients receive physical therapy after they are discharged from the hospital. Your Case Manager will arrange for in-home physical therapy *if your surgeon has ordered this for you*. The number of physical therapy sessions depends on how much effort you put into your exercise routines. Once your physical therapy sessions are complete, it is very important that you continue to exercise on your own so that your spine will continue to get stronger.

Please refer to your pre-habilitation and post-operative exercise section for more information.

After I leave the hospital, when will I need to see my surgeon? How long until I can drive?

Your first follow-up appointment will be about a week to ten days after the day of your discharge. Subsequent visits will be at the discretion of your surgeon.

Your surgeon will know when it is right for you to return to driving as well as other activities. You MAY NOT drive while you are taking narcotic pain medication! An application for a temporary “handicapped” placard is provided in this handbook. This will expire after six months.

Are any activities better than others?

Core stabilization, stretching and muscle conditioning are very important to your long term health. Your hospital Physical Therapist will give you some good exercises for you to continue once you are at home.

Are there any activities that I should avoid?

Keeping active will help your recovery process. However you should return to your normal activities *gradually*. In some instances you may have to work your way up to a particular activity. Taking a five mile walk on your first time out, for example, is not realistic. Rather, walk until you begin to get tired. Add distance to each subsequent walk until you have reached your goal. Also, do not soak your wound in a tub, swimming pool or hot tub until cleared by your surgeon. We suggest that you continue with your post-operative exercises described in this handbook for three months following your surgery to regain the muscle strength you may have lost before surgery. This will promote the best possible function of your spine.

When can I return to work?

The physical demands required for your job, as well as your own progress, will determine how soon you can return to work. Typically, people plan on taking a one month leave of absence from work. Some people with sedentary jobs may return to work sooner. Your surgeon will tell you when you may return to work. Ask your surgeon to sign a work release form in needed. Request a minimum of 4-6 weeks off work with notice that rehabilitation may take longer.

BEFORE YOUR SURGERY

The time before your surgery can be a busy one, and it does require a little planning. Use the following information as your guide.

Last minute things for your home:

There will be items that you need for everyday use. Purchase these items ahead of time so that you so not need to worry about shopping in the first week or two following your surgery.

- ✓ Refill regular prescriptions ahead of time. Ask your family doctor if you can get a 90 day prescription.
- ✓ Find out if you can pay bills by phone or on-line. If not, write out the bills that will be due in the first few weeks following your surgery and put have them ready to mail.
- ✓ Buy thank you cards and stamps. Many people will help you in the weeks following your surgery. When you want to say thank you, you can do it immediately so you won't forget anyone.
- ✓ Purchase bottles of water and place them in the refrigerator. It is easier to carry water in bottles than in a glass. It will also prevent spills that may cause you to slip and fall. Keeping well-hydrated is important after any surgery, so keep a bottle of water close by.
- ✓ Purchase a thermometer. For the first 10 days or so after your surgery it is a good idea to check your temperature each day. A low-grade temperature (below 100°) is not unusual. Make certain that you are using your incentive spirometer and walking!
- ✓ Purchase Tylenol®, Motrin® or Advil®. You may run a fever or have minor pain that does not require prescription narcotic pain relievers. Check with your surgeon to see which medication he prefers.

Last minute things for the hospital:

There will be a few tasks to accomplish prior to your surgery date. Please check with your surgeon to see what needs to be taken care of.

- ✓ Obtain medical and anesthesia clearance for surgery: This will be done by your family physician and/or any medical specialist. Your surgical team needs to be aware of any existing health conditions in order to avoid potential problems during your surgery. If a potential problem is detected, then additional steps will be taken to ensure a successful surgery.
- ✓ Make an appointment for pre-operative tests: Your surgeon will give you a laboratory testing letter specifying the tests you need to have done prior to your surgery. This may include blood work, a chest x-ray, a urinalysis or an EKG. Your surgeon will refer you to a location to have this testing done.
- ✓ Start your pre-operative exercises: over the years, back pain has prevented you from exercising and, in some cases, strictly limits routine movement. The lack of activity tends to weaken the muscles. It is important to start strengthening your muscles before your surgery in order to get a jump-start on your recuperation. You should be able to complete the exercises in about 15 to 20 minutes. Make a point of exercising at least twice each day. Doing more per day will only serve to enhance your overall condition and enhance your chances of a quicker recovery. If certain exercises cause too much pain, then stop. You can gradually build up to the recommended number of repetitions.

ADVANCE DIRECTIVES

Any surgery carries a certain amount of risk. We will take every precaution to assure that your surgery is successful and without incident. However, in the event of an unexpected complication, we want to honor your wishes and individual considerations. It is important to put your healthcare preferences in writing prior to your surgery.

Advance directives are a means of directing your medical care in the event that you are unable to do so for yourself. Once the advance directives are on file, your doctor, family and our hospital staff is committed to honoring your wishes.

Three types of advance directives:

- **LIVING WILL:** this details your wishes for healthcare if you have a terminal condition or irreversible coma, and are unable to communicate. Normally this refers to the level of life support measures you would like to have administered in order to prolong the dying process when death is eminent.
- **APPOINTMENT OF HEALTHCARE AGENT:** this is a process that authorizes a person of your choice to make medical decisions for you in the event you are unable to do so for yourself. It is more flexible than a living will because it can cover any healthcare decision, even if you are not terminally ill or permanently unconscious. This type of advanced directive is also referred to as a Medical Power of Attorney.
- **HEALTHCARE INSTRUCTIONS:** this is a list of your specific choices regarding use of pain medications. You should also make your wishes known in terms of any organ donations.

Copies of your advance directives should be provided to the hospital, your Healthcare Agent, a family member and any other significant person involved in your healthcare decisions. Be sure to supply the name and contact information of any Healthcare Agent at the time of registration.



ALL ABOUT COACHING

How do you describe a coach? Just like the coach of any team, the staff at O:A:S:I:S Hospital defines your coach as someone who understands which choices need to be made for your success. Someone who can make difficult calls, encourage you when you have doubts, and applaud you for a job well done.

Friends and family are a major part of everyone's life and, during this experience, their involvement is very important. We encourage you to choose a family member or close friend to act as your coach as you go through the joint replacement process. Your coach will work with you the entire time, from pre-operative preparation through your time at O:A:S:I:S Hospital and after your discharge home. Their help and support will make your journey easier.

In order for our team to be successful, your coach will need to understand exactly what to expect. Our team of instructors will provide your coach with the information and training to assist you in the following areas:

At the hospital:

- ❖ Safe ambulation (walking)
- ❖ Safe bed mobility
- ❖ Safe ADL's (activities of daily living)
- ❖ Equipment needs
- ❖ Providing reminders to use your incentive spirometer
- ❖ Providing reminders to do you ankle pumps
- ❖ Providing support and encouragement
- ❖ Understanding your home exercise program

At home after discharge:

- ❖ Making sure you do your exercises. No exceptions!
- ❖ Encouraging you to increase your activity level and do things gradually
- ❖ Overseeing that you are following your post-operative instructions



PRE-OPERATIVE ACTIVITY AND EXERCISE

1. Take short, but frequent walks to your tolerance throughout the day and use an assistive device for safety, i.e. a cane or front wheeled walker.
2. Get out of any sedentary position (bed, chair, recliner) every waking hour to improve your upright posture and increase your level of activity throughout the day. =
3. Remember not to hold your breath when exercising. Relaxed muscles are stronger and have more endurance than tight muscles.
4. Exercises: You may need to ask for help if the movement is too difficult

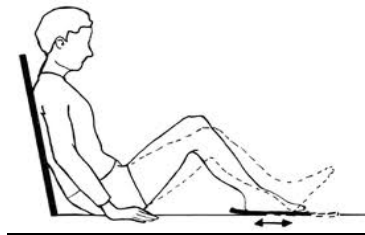
Ankle pumps: Move both your feet up and down 20 times every hour



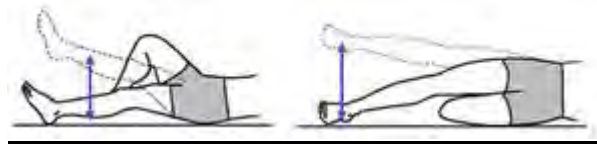
Quad Sets: Tighten both your thighs so that the back of your knees press flat down into the bed; Hold for 5 seconds & repeat 10 times every hour.



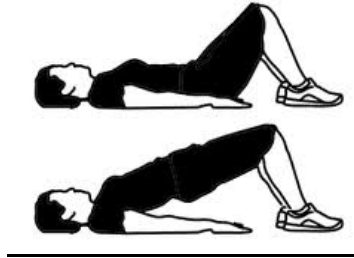
Heel slides: Bend your knee & slide your heel toward your buttock. Repeat with other leg and then slowly slide your heel down & straighten your legs one at a time. Repeat 10 times



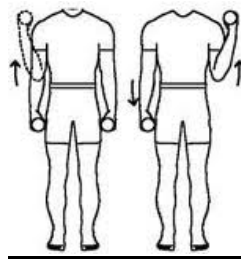
Straight Leg Raises: Bend one knee and tighten the other thigh in order to keep the knee flat and straight. Raise your straight leg off the bed slowly about a foot & then slowly lower it. Repeat 10 times and other leg too.



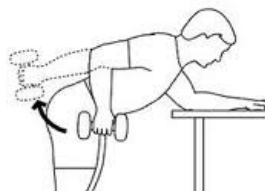
Bridges: Bend both knees and push the heels into the bed. Tighten your abdominals and lift your buttocks up off the bed when pushing through the heels. Repeat 10 times



Bicep Curls: With your elbow at the side and wrist straight, bend your arm to move your hand up to your shoulder and slowly back down. Repeat 10 times on both arms.



Tricep Extensions: Leaning forward at waist, bend your elbow so that your forearm is parallel to the floor. Then straighten your elbow as you extend your arm behind you. Repeat 10 times on both arms.



Seated Press Ups: Sit in a sturdy chair with armrests. With palms flat on the armrests, press down to lift your buttocks from the chair and hold for a few seconds. Bend the elbows to slowly ease back down.



PRE-OPERATIVE HOME CHECKLIST

Preparing for your homecoming before your surgery will make your recovery at home go much smoother. Being prepared is the key to a relaxed recovery. This list is meant to assist you with some things that will help. You might think of others.

- ☐ Make arrangements to have someone stay with you until you are comfortable being on your own. Initially you may need help with meals, driving, medications, etc.
- ☐ Have enough food on hand or arrange for someone to go shopping for you.
- ☐ Do the laundry, change the linens, etc. before leaving for the hospital.
- ☐ Have a pair of shoes and slippers with good support, nonskid soles and a back.
NO FLIP-FLOPS!
- ☐ Have easy access to a bed and bathroom on the floor level where you will be spending most of your time.
- ☐ Install a handrail, if possible, for any steps you will be using routinely.
- ☐ Make arrangements for walking your pet, mowing the lawn and bringing in the mail.
- ☐ You will receive prescriptions for pain medication upon discharge from the hospital. Have stool softeners, multivitamins, and Extra Strength Tylenol® on hand as well.
- ☐ Take care of any financial matters such as bills paid/ready to put in the mail.
- ☐ Arrange your plates, pans and kitchen utensils within easy reach so that you can reach them without having to use a step stool.
- ☐ Have a telephone within easy reach with emergency numbers handy.
- ☐ Have a comfortable chair or couch with arms to help you when rising. Make sure it is not too soft or too low.
- ☐ Tend to any scheduled procedures, such as teeth cleaning, before your surgery.
- ☐ Fill any prescriptions that your surgeon may have already given to you. This way you will have them ready and waiting when you return home.
- ☐ Have a full tank of gas.

HOME SAFE HOME

Before your surgery, it is a good idea to take a walk through your home and make some safety checks. Look closely around your home for safety hazards and make any necessary safety changes *before* you arrive at the hospital. This section will take you room to room and give you guidelines to perform your safety check.



ENTRANCE:

- ✓ Make sure any railing going into your home is secure.
- ✓ Make sure sidewalks and steps are in good condition. Walking on an uneven surface presents a fall risk. If your walkway is gravel covered, remove any large stones or weeds and rake the surface.
- ✓ Make sure the pathway leading up to your home has adequate lighting. Small solar lights are inexpensive and can be placed along the walkway to light it at night. Replace the light bulb in your porch light and be sure to turn it on if you will be discharged late in the afternoon.



LIVING ROOM:

- ✓ Make sure any pathways around furniture are clear and wide enough for your walker. Be sure to move any coffee tables far enough away from your couch or chair that you will not accidentally strike your surgery site against the edges or corners as you sit down.
- ✓ Set up a “recovery zone”. Make sure the TV and telephone are accessible from your favorite seat. If you do not already have one, you may want to purchase a cordless telephone so you can keep it in easy reach without the worry of tripping over the cord.
- ✓ Make sure you can reach your lamp and/or light switch from your favorite seat.
- ✓ You may want to keep a small table nearby for the remote control and any small necessities such as bottled water, snacks or tissues.
- ✓ Remove any obstacles that might cause you to trip: throw rugs, extension cords, low hanging bedspreads, pets/pet toys, etc.



KITCHEN:

It may be painful and unsafe to bend down or reach up to get things. Therefore you should:

- ✓ Place frequently used dishes and glasses on lower shelves that are easy to reach.
- ✓ Place frequently used dish soaps or cleansers on top of the counter near the sink.
- ✓ Place frequently used pots and pans on top of the stove or in a cupboard that can be reached easily.

- ✓ Make sure you have safe access to the stove, refrigerator, and microwave when using your walker or crutches.
- ✓ Place things in lighter/smaller containers to make them easier to carry.
- ✓ Make sure your kitchen chair is sturdy and the seat height allows you to get on and off the chair easily. Secure any seat cushions with ties. Avoid swivel chairs or chairs with rollers for the first few weeks after your surgery.
- ✓ Place your garbage can in an accessible area.
- ✓ Make sure you have equipment at hand to clean up any spills (i.e. a long-handled mop).



BEDROOM:

- ✓ Keep a nightstand near your bed with the telephone, your medications, and water within easy reach.
- ✓ Place a lamp on the nightstand so you will not need to get in and out of bed to turn the light on or off.
- ✓ Keep frequently used items of clothing in the top dresser drawers or hanging in the closet for easy retrieval.
- ✓ Make sure your shoes and slippers are in an easy to reach place.
- ✓ Make sure there is enough room around your bed to safely get in and out of bed, and to be able to maneuver your walker or crutches.
- ✓ Remove any scatter rugs from around your bed.



BATHROOM:

- ✓ Place non-skid mats/stickers in the tub or shower to prevent slipping.
- ✓ Place frequently used hygiene items within safe reach of the sink or counter. Is your bathroom door wide enough to fit a walker through?
- ✓ Place towels, washcloths, and toilet paper in an easily accessible place such as a basket near your tub/toilet.
- ✓ Make sure you can safely reach the toilet paper without leaning too far forward.
- ✓ Check to see if there is a need for grab bars and/or a shower chair and a toilet seat riser.



EATING RIGHT FOR A FAST RECOVERY

A healthy lifestyle takes on great importance before, during and after your spine surgery. Now is the time to take a proactive approach and give your body the building blocks it needs for a fast recovery. A little preparation now will make a big difference in your recuperation later. Do not wait for your surgery to be over. **START THE HEALING NOW!**

- Exercise to increase your muscle tone. (Please refer to the pre-operative activity and exercise section)
- Stop or at least cut back on smoking.
- Avoid alcohol usage especially 48 hours prior to your surgery.
- Begin your healthy eating plan at least 10 days before surgery and continue for at least 10 days after surgery.
- Eat a well-balanced diet rich in iron, vitamin C and calcium.

Why calcium is important:

The calcium found in milk is an important mineral needed for building new bone and maintaining existing bone strength. During your surgery, bone is removed from your joint and an implant was put in its place. Eventually, new bone will grow around the parts of the implant and make it more stable. A diet rich in calcium will help with this process. Your surgeon may also prescribe a calcium supplement.

Calcium Rich Foods	Mg/Serving	Serving Size
Yogurt (non-fat)	452	1 cup
Yogurt (low-fat)	415	1 cup
Cereal, fortified	300	1 cup
Cheese, Swiss	408	1 oz
Cheese, Cheddar	306	1 oz
Cheese, Mozzarella	203	2 oz
Almonds	150	2 oz
Skim milk	302	1 cup
1% milk	300	1 cup
2% milk	297	1 cup
Whole milk	291	1 cup
Calcium fortified orange juice	300	1 cup
Broccoli (cooked, no salt)	89	1 cup
Salmon	180	3 oz
Pizza with sauce and cheese	873	9" round

Why iron and vitamin C are important:

Iron is an important mineral for building red blood cells and preventing anemia. Vitamin C improves the absorption of iron. That is, vitamin C makes it easier for the iron to get into the body and work more efficiently. In addition, vitamin C helps with the production of collagen, the “glue” that makes tissues strong and flexible.

During surgery, you are bound to lose a certain amount of blood. Ample levels of iron and vitamin C in your body prior to surgery will help manufacture strong, iron-rich blood cells to replace those lost during the operation. Your surgeon may also prescribe an iron supplement.

Iron Rich Foods	Mg/Serving	Serving Size	Vitamin C Rich Foods	Mg/Serving	Serving Size
Beef, lean	7	3 oz	Oranges	70	1 whole
Spinach	6	1 cup	Strawberries	95	1 cup
Lima beans	2	½ cup	Cantaloupe	60	½ melon
Navy beans	3	½ cup	Kiwi	75	1 whole
Soy beans	5	½ cup	Grapefruit	40	½
Dried split peas	3	½ cup	Guava	165	1 whole
Dried peaches	3	½ cup	Broccoli	60	½ cup
Raisins	3	1 oz	Tomatoes	15	½ cup
Bran flakes	20	3 oz	Tomato juice	35	¾ cup
Prune juice	3	1 cup	Brussels sprouts	50	½ cup
Baked potato, medium	3	1	Spinach	14	½ cup
Cashews	6	3 oz	Kale	120	½ cup
Poultry, dark	2	3 oz	Green peppers	65	½ cup
Egg	1	1 egg	Cabbage (raw)	50	½ cup

It is not unusual to have a smaller appetite than usual after surgery. A normal appetite usually returns within a few days, especially as your activity increases. You may want to consider using a supplement such as Ensure, Boost, Glucerna, or Instant Breakfast until your appetite returns. Stock up on easy to prepare foods or cook and freeze favorite dishes before your surgery. Have a good supply of healthy snacks waiting for you at home.

Weight loss is not recommended in the weeks immediately before or after your surgery! It is best to wait until the healing process is complete before beginning a weight-loss diet.

Don't forget to drink plenty of fluids. Fluids are important for helping you to have regular bowel movements.

LET THE COUNTDOWN BEGIN

FOUR WEEKS BEFORE SURGERY

Prior to your surgery, your surgeon may instruct you to start taking supplements to build up your body's healing mechanics. Typically, these are multivitamins with iron or iron taken separately.

Review the Frequently Asked Questions section of your handbook.

You may have thoughts running through your mind. You can refresh your memory by looking back at this section.

Review the Advanced Directives section of your handbook.

In the event that you are unable to speak for yourself, advanced directives will ensure that your wishes concerning your healthcare decisions are honored. *Please be sure to bring a copy of any Advanced Directives with you to the hospital so that we can place it on your chart.*

Review the Home Safe Home section of your handbook.

Inspect your home and begin any necessary repairs or modifications.

Limit or eliminate any alcohol consumption and stop smoking.

This may seem a bit early, but it is better to start eliminating these things now in the event you feel the need to "cheat". Remember, you want your body in a healthy condition so that your healing process will go smoothly.

If you are not a smoker, you may skip this section.

Facts about smoking: Smoking can significantly slow your recovery process. The tar in cigarettes causes the tiny finger-like projections called cilia to stick to each other and to the surface of your airways. Cilia normally act much like a broom in helping to sweep secretions out of the airway, but when you smoke they are unable to do this job effectively causing secretions to remain in the lungs. These stagnant secretions are the perfect environment for bacteria to grow, and this may cause pneumonia. The nicotine in cigarettes actually attaches to the red blood cells in the places where oxygen molecules normally attach. This means that you are getting less oxygen to your tissues. Oxygen is especially important for good wound healing. If you smoke, you will heal more slowly and have a greater chance of infection. Finally, the nicotine in tobacco products alters normal production of neurotransmitters, the powerful substances that help to regulate pain. Smoking can significantly alter your ability to obtain good pain relief. It takes approximately six weeks for the effects of tar and nicotine to reverse.



TEN DAYS BEFORE SURGERY

Stop taking medications that increase bleeding:

Several medications, over-the-counter pain medications and even more vitamins can increase bleeding. Stop all anti-inflammatory and other medications that can cause bleeding ten days before surgery (unless your surgeon tells you differently). This includes aspirin, Motrin®, Aleve®, glucosamine, chondroitin, MSM, vitamin E, herbal supplements, etc. If you need pain relief during this period, you can use Tylenol®.

Discuss your other medications with your surgeon. Do not stop taking other prescribed drugs without your doctor's direction.

- Your surgeon will tell you if and when you should take any of your prescribed medications the morning of your surgery (i.e. beta blockers, insulin, etc.)
- Alert your surgeon if you are currently taking a blood thinner like Coumadin®. Your surgeon will give you special instructions for stopping this medication.

Household tasks:

Write out any bills that will need to be paid in the coming month. Organize them so that your coach will know when to drop them in the mail.

Make sure you have your grocery shopping list ready for last-minute items that you want to have on hand.

A few days before your surgery, you may expect to be contacted by our pre-admission staff. Please be prepared to provide your insurance information. You will be asked to provide a brief medical history and a list of your daily medications. There is a form in your handbook that you may use to list your medications. Please include any prescription medications, over-the-counter medications, herbals and supplements. This list will be given to your doctor who will decide which medications will be continued or stopped during your time in the hospital.

THE DAY AND NIGHT BEFORE SURGERY

Review your hospital instructions. Make sure you know what time you will need to arrive at the hospital and confirm your time with your coach. **REMEMBER, DO NOT EAT OR DRINK ANYTHING PAST MIDNIGHT UNLESS TOLD OTHERWISE BY YOUR SURGEON!**

Write down any last minute questions you may have in the back of your handbook. You will have an opportunity to talk with your surgeon and anesthesiologist before your surgery.

Place clean linens on your bed and fresh towels and washcloths in your bathroom.

Please remove all jewelry and nail polish. Please do not wear make-up to the hospital.

Prepare your recovery zone. *Please refer to the Home Safe Home section in your handbook.*

Pack your suitcase. Don't forget to pack your handbook! You will find a packing list on the following page. Please know that this may not be all-inclusive. You may want to add some items that you will need.

WHAT TO BRING TO THE HOSPITAL

Before you come to the hospital for your surgery, you should pack the following items:

- ✓ A copy of your Advance Directive (if you have one)
- ✓ Your insurance card
- ✓ Your driver's license or other photo ID
- ✓ Your medications (prescription, over-the-counter, supplements and herbals) that you take on a daily basis. Please bring them in the ORIGINAL bottles!
- ✓ Contact telephone numbers
- ✓ Comfortable clothing for exercise
 - ✓ Supportive shoes (no flip flops or sandals)
 - ✓ Socks
 - ✓ Loose fitting shorts or sweatpants
 - ✓ T-shirts
- ✓ Undergarments
- ✓ Pajamas/nightgown
- ✓ Robe (optional)
- ✓ Personal hygiene items
- ✓ Your eyeglasses
- ✓ Your handbook and a pen or pencil to write down questions you want to ask your doctor

FOR YOUR PROTECTION, PLEASE DO NOT BRING:

- ✓ Valuables (jewelry, credit cards, large amounts of money)
- ✓ Electrical items

Do not eat or drink anything after the time you were instructed. Ice chips, gum, or mints are not allowed. If you were instructed to take any medications the morning of your surgery, please do so with only a sip of water. Do not take any insulin unless instructed otherwise. Yes, you may brush your teeth!

If you bring your cell phone and charger, please remember to pack these when you are discharged!!



TAB 6
YOUR STAY AT O:A:S:I:S HOSPITAL

YOUR STAY AT O:A:S:I:S HOSPITAL

PRE-OPERATIVE PREPARATION

When you arrive at the hospital, please go to the admitting area to be checked in. You will have an armband placed on your wrist that identifies you with your name and birth date as well as your hospital number. Please check your armband and make sure your name is spelled correctly and your birth date is correct.

You will be taken back to the pre-operative area where you will be prepared for your surgery. You will speak with your surgeon, anesthesiologist and operating room nurse. They can answer any last minute questions you may have.

As part of the surgical preparations, you will be given a hospital gown to wear. You will have an IV started. This is necessary to administer fluids, pre-op antibiotics and medications during and after the surgery. Your surgical area will be cleansed with CHG prep cloths and the intended surgical site will be marked with a "YES". Consents for your surgical procedure, anesthesia and blood administration will be signed.

MOVING TO RECOVERY

Following your surgery, you will be taken to the Post Anesthesia Care Unit (PACU) or recovery room. You will remain here for approximately one hour. During this time, your blood pressure and other vital signs will be closely monitored. Pain control measures will be started. An x-ray of your spine will be taken. Once you are awake and if you do not have any nausea, you may be given ice chips and/or sips of water. Some type of cooling device will be placed on your surgical incision. A compression device (TED stockings and sequential compression device (SCD) sleeves) will be applied to one or both of your lower extremities

Your family will continue to wait in the surgical waiting area. Once you are out of surgery they will be contacted and informed of our status.

MOVING TO YOUR ROOM

Once you are ready to be moved to your room, you will be transported in your bed the post surgical unit. Your vital signs will be closely monitored for the first hour or two. Most of your discomfort will begin within the first 24 hours following surgery, so during this time our staff will also monitor your pain closely and work with you to help you stay as comfortable as possible. Immediately after your surgery, it is very important that you begin your ankle pumps (with reminders from your coach) to prevent blood clots in your legs and to start using your incentive spirometer (with reminders from your coach) to prevent post-operative respiratory problems. Your nurse will go over these instructions with you as soon as you are awake enough to understand.

- Limit your visitors until the day following your surgery. It is important to rest for now.
- Your nurse will periodically check your neurovascular status (circulation and sensation) and apply ice to your incision.
- A yellow "FALL RISK" bracelet will be placed on your wrist next to your patient bracelet.

PAIN MANAGEMENT

Pain control after surgery is one of the most common concerns of joint replacement patients. Surgery involves cutting, pulling or moving tissues in your body. Nerve fibers may also have had trauma to them. These all cause what is called post-operative pain. After surgery, pain can occur from swelling around the incision area or muscle spasms. Our goal is to manage your pain effectively for maximum comfort. Education about pain management reduces fear and helps you maintain your expectations.

There are several different types of pain management methods available that will keep you comfortable. Your surgeon will prescribe your pain medication for you based upon your medical history, the amount of pain you are having and your phase of recovery.

- Although not used for every patient, a nerve block is an effective method of pain management. Nerve blocks prevent the pain signals from reaching the brain. Consequently you feel no pain. Your surgeon will decide if this is appropriate for you.
- In the first 24 hours following your surgery pain management MAY include intravenous (IV) narcotics through a Patient Controlled Analgesia (PCA) pump. When you start to feel pain, simply press the button on the pump and it will deliver a dose of pain medication. The pump is programmed with safety features to ensure that the correct dosing is delivered with no threat of overdosing. After you push the button, simply relax and your discomfort will lessen shortly. **PLEASE DO NOT ALLOW ANYONE TO PUSH THE BUTTON FOR YOU!** If your surgeon does not order a PCA for you, your nurse will administer individual doses of pain medication on an as-needed (PRN) basis. The day following your surgery, if you are tolerating fluids and food you will be converted to oral pain medications.



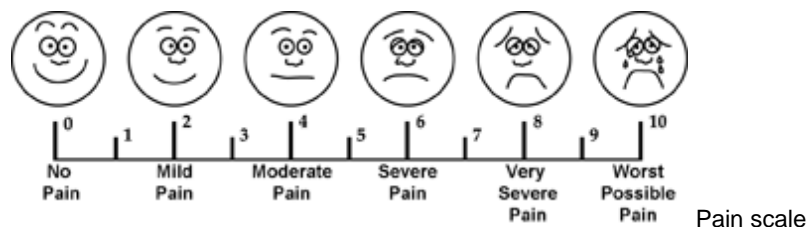
PCA pump

- Oral pain medications take longer to work than IV pain medications so please alert your nurse when you are *starting* to feel discomfort. You will notice that you will get a longer period of pain control with oral medications. You will be given a prescription for oral pain medication for use at home following your discharge from the hospital. Please follow the instructions carefully!

Regardless of the type of pain medication being used, it is important for you to communicate with your health care team if the pain medication is not sufficient, if you are experiencing nausea or if you are not as alert as you feel you should be. Adjustments can be made to make you feel more comfortable.

Preventing the pain cycle!

Pain has a cycle. It begins and increases until medication interrupts it. The aim of good pain management is to stop pain before it becomes intolerable.



Your nurse will ask you to rate your pain on a scale of 1 – 10. This will allow your nurse to determine the proper dosage of pain medication as ordered by your surgeon. The dose is based on how severe you rate your pain. Only you know what a tolerable level of pain is. PLEASE help us to keep your pain under control. This is one time that you do not want to tough it out. If the pain cycle takes hold, it is more difficult to manage.

Other methods of pain management:

Ice: This is absolutely essential for pain management after spine surgery. Ice can reduce pain in combination with medication. It helps to reduce the swelling at your surgical site which can add to your discomfort.

Rest: Spine surgery takes a large toll on your body and for this reason you cannot expect to resume your regular activities until you have allowed yourself to recuperate. Think of it this way, the damage caused to your spine happened over time, therefore your healing and recovery will also need to happen over time. Pain, swelling and over-activity are all related. The antidote to all three is rest. Being on your feet causes both pain and swelling. After your first week home, be active in short spurts. While walking is helpful to rehabilitate your spine, take it slowly. Walking for five minutes out of every hour will help increase your stamina.

It is important to remember that sometimes pain can persist for a few weeks. This is normal. When the early, sharp pain has subsided, it gets replaced with a deeper, aching pain. This second type of pain will still need to be treated. In addition, sitting for prolonged periods of time may cause pain and stiffness in your back. Lastly, if you do get a sharp pain that you have not had before or if you experience pain that is not managed by your prescribed medication there may be an inflammation in one of your muscles or ligaments. If this happens please call your surgeon for guidance.



ONE DAY AFTER SURGERY, POST-OP DAY 1

You have had a day to rest. Now it is time to start your road to your recovery. Your surgeon and/or physician's assistant will see you at some time today. After breakfast, the Physical Therapist will be in to start your exercises. IV pain medication will be stopped and you will begin taking oral pain medication. *Please be sure to ask for pain medication 30 minutes prior to working with physical therapy!* You will be instructed on safety for getting out of bed and using our walker. Walking is a major part of your rehabilitation. Your goal for this morning is to take a few steps and in the afternoon take a few more. You will be sat in a chair for as long as you can tolerate it. Your goal is to be out of bed for all of your meals, hopefully by dinner this evening.

Please remember to call for assistance prior to getting out of your bed or chair. Your coach will be taught how to assist you with this. You will be advised when it is safe for you to move about unassisted.

Your regular daily medications and any additional medications (e.g. Vitamin C, iron, or aspirin) will be started on this day. Please know that our administration times may differ from your home routine. For example, medications taken once daily will be administered at 9:00 a.m. unless it should be taken on an empty stomach.

IV fluids will be given to you until you are able tolerate adequate oral intake, at which time IV fluids will be stopped. However, the IV catheter will remain in place until the time of discharge.

If a urinary catheter was placed during surgery, it will most likely be removed on this day. FOR YOUR SAFETY, please remember to call for assistance to get to the bathroom.

Labs (blood) will be drawn early in the morning each day. Depending on your blood count, you may need a blood transfusion. If this is the case, you will be educated regarding the process.

Put your coach to work. Your coach is encouraged to be with you as much as possible during the day, especially during your physical therapy sessions. Aside from keeping you company, this is an excellent opportunity for your coach to learn how to take care of you once you arrive home.

Your Case Manager will visit you on this day to start planning for your return home. She will contact you regarding your needs and develop a safe discharge plan and arrange for any equipment you may need as well as arrange for home physical therapy (if your surgeon orders this). You will most likely be discharged home tomorrow! Be sure to ask any questions and address any concerns that you may have with the Case Manager. Use the space provided in your handbook to write down any questions so you don't forget to ask.

If you find you are having difficulty sleeping, call your nurse and request some sleeping medication. You will want a good night's sleep so you will feel fresh for your return home.

TWO DAYS AFTER SURGERY, POST-OP DAY 2 AND THREE DAYS AFTER SURGERY, POST-OP DAY 3

If you wish, you will be helped with dressing in your own clothes. Remember, clothes should be loose-fitting. Shorts and t-shirts are usually best. Long pants can be restrictive and may rub on your wound during activity.

If you have been cleared by your Physical Therapist, you may walk (using your walker) around the unit as much as you wish. Your coach will help you get out of your chair and will walk next to you.

Enjoy a good breakfast before starting your day. Remember, if you need pain medication, especially prior to physical therapy please let your nurse know. It is best to take oral medications on a full stomach. Continue to do your ankle pumps throughout the day as well as all of the other exercises that your therapist has taught you. You should also continue to use your incentive spirometer at least ten times every hour.

You will have two therapy sessions. Once again, your coach will participate in your therapy with you. You will be expected to walk a little further than yesterday. You will be reminded of proper techniques for getting in and out of bed and the chair. You will be taught how to safely climb stairs (if you have them in your home).

If your post-op course is uneventful, you will be discharged home, most likely early in the afternoon. You must be cleared for discharge by your surgeon, the Hospitalist, and physical therapy.

IF YOU ARE TO BE DISCHARGED HOME TODAY

Your surgeon or physician's assistant, as well as the Hospitalist will make one final visit. Remember to ask them any last minute questions you may have about going home. You will not be discharged until both physicians have written discharge instructions. Therefore, please wait to arrange for transportation home until your nurse tells that you are cleared for discharge.

Prior to leaving the hospital you will be given written discharge instructions. These include:

- Your medications (please take your discharge medication reconciliation list to any post-operative appointments you have) including any new prescriptions
- Your home health services (if ordered)
- Your physical therapy (if ordered)
- Activity restrictions
- Home equipment
- Follow-up appointment instructions
- Dressing change instructions

If you have not been able to meet the physical therapy requirements or your pain is not well-managed or there are any other post-operative problems, you may require one more night in the hospital. Your surgeon will let you know what he feels is best for you.

PLANNING FOR DISCHARGE

Our Case Manager will meet with you periodically throughout your hospitalization so that we are sure to have everything necessary that will ensure your safe discharge.

Before you are discharged home, you will be provided with thorough instructions so that your home care will go smoothly. These instructions will include:

- ✓ How to care for your incision
- ✓ Any precautions to protect your spine
- ✓ When to schedule follow-up appointments
- ✓ Home health care information, including physical therapy and necessary equipment (provided by Case Manager) *if ordered*
- ✓ How to manage your pain (refer back to the pain management section, “preventing the pain cycle” and “other methods of pain management”)
- ✓ How to prevent falls at home
- ✓ How to know if you should seek medical attention prior to your follow-up appointment

WHILE YOUR NURSE IS GOING OVER YOUR DISCHARGE INSTRUCTIONS, PLEASE USE THIS TIME TO ASK ANY QUESTIONS AND/OR HAVE ANY OF YOUR CONCERNS ADDRESSED BEFORE YOU ARE DISCHARGED!



Have Questions?
Ask Now

CARING FOR YOURSELF AT HOME

You made great strides while you were in the hospital, but you are not fully recuperated yet. There is still some work to be done. Often when patients return home from the hospital, they feel a bit lost. This is not unusual. You have lots of information to remember at a time when you are under a great deal of stress. Our program is designed to teach you all you and your coach will need to know to care for yourself once you return home. We realize you may still have questions. Keep your handbook with you in your recovery zone.

This section will provide the information that will help you recover safely, quickly and comfortable once you are at home.

Control your discomfort

It is human nature to avoid things that cause us discomfort. If you are in pain, you are less likely to move or do your exercises. Inactivity can cause your spine to stiffen and will slow your recovery, undoing all of your excellent work during your hospital stay. To keep your pain under control:

- Take your pain medication at least 30 minutes before you begin your exercises at home or at physical therapy. This will make moving much easier. Remember, narcotic pain medication can cause constipation. Prevent this by drinking plenty of fluids. Water is best! Use stool softeners if necessary. If you have any concerns, please contact your physician.
- Change your position every 30-45 minutes throughout the day.
- Get up and walk for at least 5 minutes out of every hour.
- Control discomfort by applying ice to your new joint. A bag of frozen peas works well because the bag readily conforms to the shape. DO NOT use it for more than 20 minutes at a time.
- Avoid becoming over-tired. This can decrease your pain tolerance significantly. Keep visits from friends and family brief, especially for the first few days.

Guard against spine damage

Avoid wearing open-toed slippers or shoes without a back. **ABSOLUTELY NO FLIP-FLOPS!** This is a time when you need a shoe that will give you good support. The last thing you need is to slip and fall.

Sit in chairs that have arms to help in getting up and have seats that are not too low or too soft.

It is very important to maintain proper alignment of your spine!! Remember to do the log-rolling technique to reposition yourself in bed, as well as to get out of bed.

SPINE PRECAUTIONS

When you go home there are a variety of things you need to know for your safety, your speedy recovery and your comfort.

During the first few weeks, you may need to use a raised toilet seat. A regular toilet seat is often quite low. This could cause back pain, or you may not have enough strength in your legs to sit down and get up from it.

Resting/Sleeping

Use a firm mattress or couch. Soft pillows can provide support for your neck and legs (under your knees) while lying on your back. Do not use pillows that cause your neck to misalign with your back. You will not have complete control over your sleeping positions while you sleep, but it is important to begin the process of sleeping in a position that keeps your neck and back properly aligned. This also promotes healing. Keep in mind that your muscles may have tightened during your sleep, so get out of bed slowly.

Lifting

Avoid lifting as much as possible. If you must lift something, bend your knees, keep the object close to you, and let your leg and arm muscles do the work – not your back. Move slowly and avoid sudden jerky movements. Be sure and test the weight of the object before you completely lift it. Do not bend or twist. Pivot on your heels instead.

Do: Logroll out of bed (See below for proper technique)

- Perform only the exercises as instructed by your physical therapist.
- Walk frequently. At least 5 minutes out of every hour will prevent stiffness.
- Change positions frequently to avoid stiffness. Avoid prolonged sitting.
- Try to limit stair climbing. Go up a step with your strongest leg first and come down a step with your weakest leg first. Always use a handrail if available.

Do Not:

- twist
- bend
- lift more than 5 lbs. (a gallon of milk weighs about 7 pounds)
- sit longer than 20 – 30 minutes at a time

Log Rolling

1. Lying on your back, slowly bend your knees up one at a time.
2. Move your body as one unit to roll onto your side. Keep your knees bent and together as you roll.
3. Push up with your lower elbow and push down on your upper hand as you slowly lower your legs to the floor ... moving as one unit.

To Get Back into Bed

1. Reverse the procedure making sure your body is moving as one unit and your knees are bent until you are flat on your back.
2. Slowly lower your legs one at a time.

Body changes

You might not feel quite like yourself for several days once you are at home. This is completely normal. The following information will help you understand what you might be feeling:

- Your appetite may be poor for the first few days. Medications used during your surgery (anesthesia) can cause your digestive tract to be ineffective. This may result in feeling full or bloated and/or constipated. Remember, it is very important to drink plenty of fluids to keep from becoming dehydrated and also to prevent constipation. Activity also helps to restore normal digestion. “Mobility increases motility”. Your desire for food will soon return. Other ways to avoid becoming constipated:
 - Eat fiber-rich foods like grains, fresh fruits, and vegetables to keep your system moving.
 - Avoid liquids that contain caffeine, such as coffee and cola drinks. Caffeine flushes your colon fluids and causes dehydration. Stools become dryer and harder to pass.
 - Avoid alcohol. It also causes dehydration and contributes to constipation.
 - Wean yourself off of narcotic pain medications as soon as possible. **
- You may have difficulty sleeping. This is not abnormal. Try not to sleep or nap too long during the day and avoid caffeinated drinks in the evening. If sleep disturbances continue, you may call your physician for guidance.
- Your energy level will be decreased for the first month. Keep visits from friends and family brief, especially for the first few days. Accept help to get household chores done.
- Plan time for sunshine! Studies have shown that spending time in the fresh air and sunshine helps your body produce vitamin D. This in turn helps our body absorb calcium. Remember that calcium is important for building strong bones.

**** Weaning yourself from narcotic pain medication**

By the time you get home from the hospital, you will notice your need for narcotic pain medication is decreasing. When you think you are ready, try substituting Extra Strength Tylenol® in place of one dose of narcotic pain medication. Gradually increase the number of substitutions until you are no longer taking narcotics. Ensure that you are not exceeding 4000 mg of Tylenol® in 24 hours. (Remember that Lortab, Percocet and some other narcotic pain medications have Tylenol® in them. This needs to be included in the 4000 mg maximum daily dose.) *If you are taking a blood thinner, check with your doctor prior to taking any other type of pain relievers.* Many common over-the-counter pain relievers may interact with your blood thinner and cause problems.



Caring for your incision

It is extremely important to prevent a post-operative infection in your incision. For this reason you must be diligent in caring for your incision. Follow these instructions very carefully:

- Keep your incision clean and dry. Do not let your incision become saturated. This means no swimming, no tub bathing, and no hot tubs until you are cleared by your surgeon.
- Follow instructions from your surgeon for changing your dressing. **REMEMBER TO WASH YOUR HANDS** before changing your dressing!
- Do not use any ointments, lotions, etc. on your incision unless instructed to do so by your surgeon.
- Examine your incision daily and report any signs of infection:
 - Increased redness, heat, swelling or **NEW** bruising around the incision
 - Increased drainage, or drainage that is foul-smelling
 - Increased pain in your new joint
 - Persistent temperature above 101° F.

Continuing care and follow-up appointments

Although your joint may feel fine, it is important to remember that your joint has artificial components. Your orthopedic surgeon will instruct you about your follow-up appointment schedule.

Dental work and antibiotics

It is important that you take antibiotics before seeing your dentist for **TWO YEARS** after your total joint replacement. This includes routine dental cleanings. Bacteria are present in the mouth that are not present anywhere else in your body. When you have your teeth cleaned, bacteria are released into the bloodstream and can infiltrate around your joint prosthesis, causing it to become infected. Antibiotics kill the bacteria that cause this type of infection, so it is imperative that you notify your dentist of your prosthesis.

Surgical procedures

If you are scheduled for surgery, even minor surgery, you must take antibiotics before and after the procedure. Please check with your orthopedic surgeon prior to any surgical intervention. If in doubt, contact your orthopedic surgeon. This also applies to any invasive procedure using a special scope, such as a cystoscopy, bronchoscopy or colonoscopy.

What to do if you suspect blood clots in your legs

By exercising, wearing your TED hose as prescribed and taking your anticoagulant medication faithfully according to your physician's instructions, your chance of developing a blood clot is minimal. However, it CAN happen. Prompt treatment usually prevents further complications.

- Call your surgeon IMMEDIATELY if there is swelling in your thigh, calf or ankle that does not decrease if you lie down with your feet elevated above heart level.
- Contact your surgeon if there is pain and tenderness in the calf of EITHER leg. DO NOT take a "wait and see if it gets better" attitude.

If a clot occurs, it may be necessary to be admitted to the hospital to receive IV (intravenous) anticoagulant therapy for a short period of time.

Pulmonary embolus

A pulmonary embolus is a blood clot that breaks away from the vein and travels through the blood into the lungs. THIS CAN BE LIFE THREATENING!

CALL 9-1-1 IMMEDIATELY if you experience a sudden onset of chest pain, experience rapid difficult breathing, shortness of breath, sweating or confusion. DO NOT take the time to call your surgeon. DO NOT drive yourself to the hospital.

The best way to avoid a pulmonary embolus is to recognize and treat any potential blood clots. If you suspect a blood clot, CALL YOUR SURGEON IMMEDIATELY.



HOW TO RECOVER (OR NOT) FROM SURGERY

So just how important is it for you to stick to your post-surgical exercising? According to an article in The Wall Street Journal, the American Academy of Orthopaedic Surgeons (AAOS) lays it all out for you. “Here is how a patient who follows the prescribed regimen may fare versus one who does not.” (Landro, 2010, p. D1). The AAOS explains recovery in the following table:

PATIENT		IMPATIENT
Do recommended strengthening exercises to support spine. Reads about procedure, prepares written questions for pre-op conference.	PRE-SURGERY	Doesn't do recommended exercises or prepare for pre-surgical conference.
After surgery, elevates legs, coughs and takes deep breaths.	HOSPITAL STAY	After surgery, takes shallow breaths, gets lung infection, risks pneumonia. Needs extra days in hospital.
Keeps incision area clean and dry, watches for signs of infection. Keeps legs elevated to reduce risk of blood clots.	ONE WEEK POST-SURGERY	Showers, gets skin staples wet, resulting in a superficial wound infection. Does not do exercises, resulting in weakness and stiffness.
Focuses on range of motion in physical therapy, plus strengthening exercises, including a stationary bike (if OK with physical therapist).	WEEKS 3 – 6 POST-SURGERY	Skips some physical therapy sessions. Stiff joint eventually requires manipulation under general anesthesia in the hospital.
Starts pool workouts, and continues cycling – both in home and with physical therapist. Maintains weight.	WEEKS 7 – 12 POST –SURGERY	Needs additional physical therapy. Has not performed home exercises. Gains weight. Climbing stairs is difficult.
Unlimited standing and walking (and playing golf), PAIN FREE!	ONE YEAR LATER	Dissatisfied with surgical result. Hesitant to consider needed surgery on the other joint.

Reference

Landro, L. (2010, Tuesday, October 26). Patient, Heal Thyself. *The Wallstreet Journal*, p. D1.

POST-OPERATIVE GOALS

WEEKS ONE AND TWO

During your first two weeks at home, your recovery goals are to:

- Do your home exercises three times a day. COACH ASSISTANCE AND ENCOURAGEMENT NEEDED!
- Sponge-bathe (keeping your wound dry) and get dressed. Remember, you may shower on post-op day 5.
- Walk at least 200 consecutive feet twice a day.
- Climb and descend a flight of stairs (12-14 steps), using the handrail, once a day. (If you do not have stairs at home, omit this goal.)
- Walk up curbs, ramps, etc. with caution.
- Gradually resume activities of daily living (ADL's).

WEEKS THREE AND FOUR

Your recuperation is now well underway. You should notice that every day activities are becoming easier. Continue doing the home exercise program. Exercise is the fastest way to achieve the best outcome. During these next two weeks, your recovery goals are to:

- Do your home exercises three times a day. COACH ASSISTANCE AND ENCOURAGEMENT NEEDED!
- Achieve week one and two goals.
- Walk at least two blocks each day (weather permitting).
- Resume ADL's without assistance.

EXERCISING FOR OPTIMAL RECOVERY

Exercising after your surgery is an extremely important part of your recovery. Your physical therapist will provide a specific exercise regimen that you must do each day in order to maximize your results. It is to your benefit to keep active. This will not only help you recover faster but will also keep your pain to a minimum while keeping your muscles and joints from becoming stiff.

The list of exercises will be provided to you as part of your discharge instructions.

Remember these key points:

- Have your coach help you during the first week or two after you return home
- Get up and walk for at least 5 minutes out of every hour
- Use your walker to help maintain your balance and posture
- Use ice to your incision to prevent swelling and reduce pain
- Follow any special precautions to protect your spine



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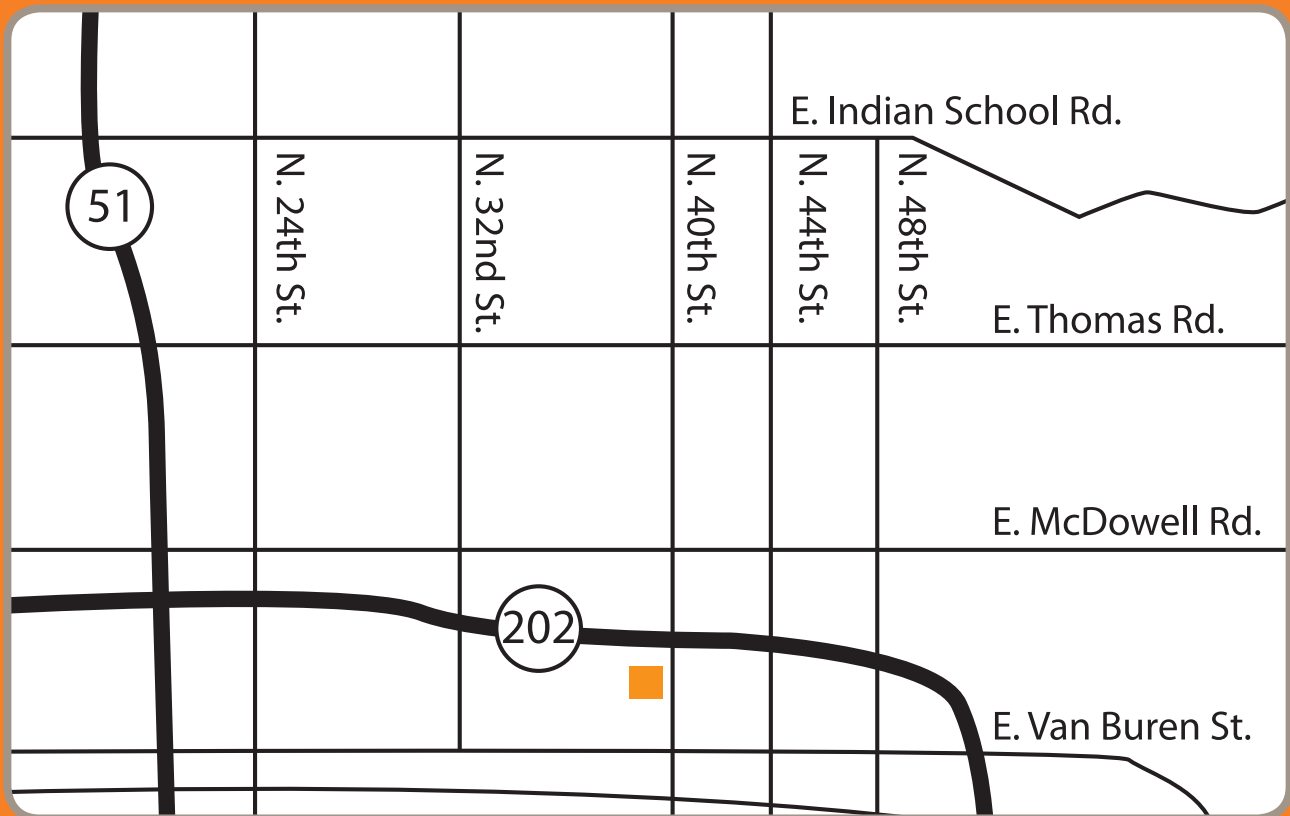
YOUR HOME MEDICATION LIST

PLEASE FILL OUT THIS FORM AND BRING IT TO THE HOSPITAL WITH YOU ON THE DAY OF YOUR SURGERY. REMEMBER TO INCLUDE ANY OVER-THE-COUNTER MEDICATIONS, HERBAL AND SUPPLEMENTS.

ALLERGIES:

Name of medication/food	Type of reaction

[illegible]



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750 North 40th Street
Phoenix, AZ 85008
(602) 797-7700
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