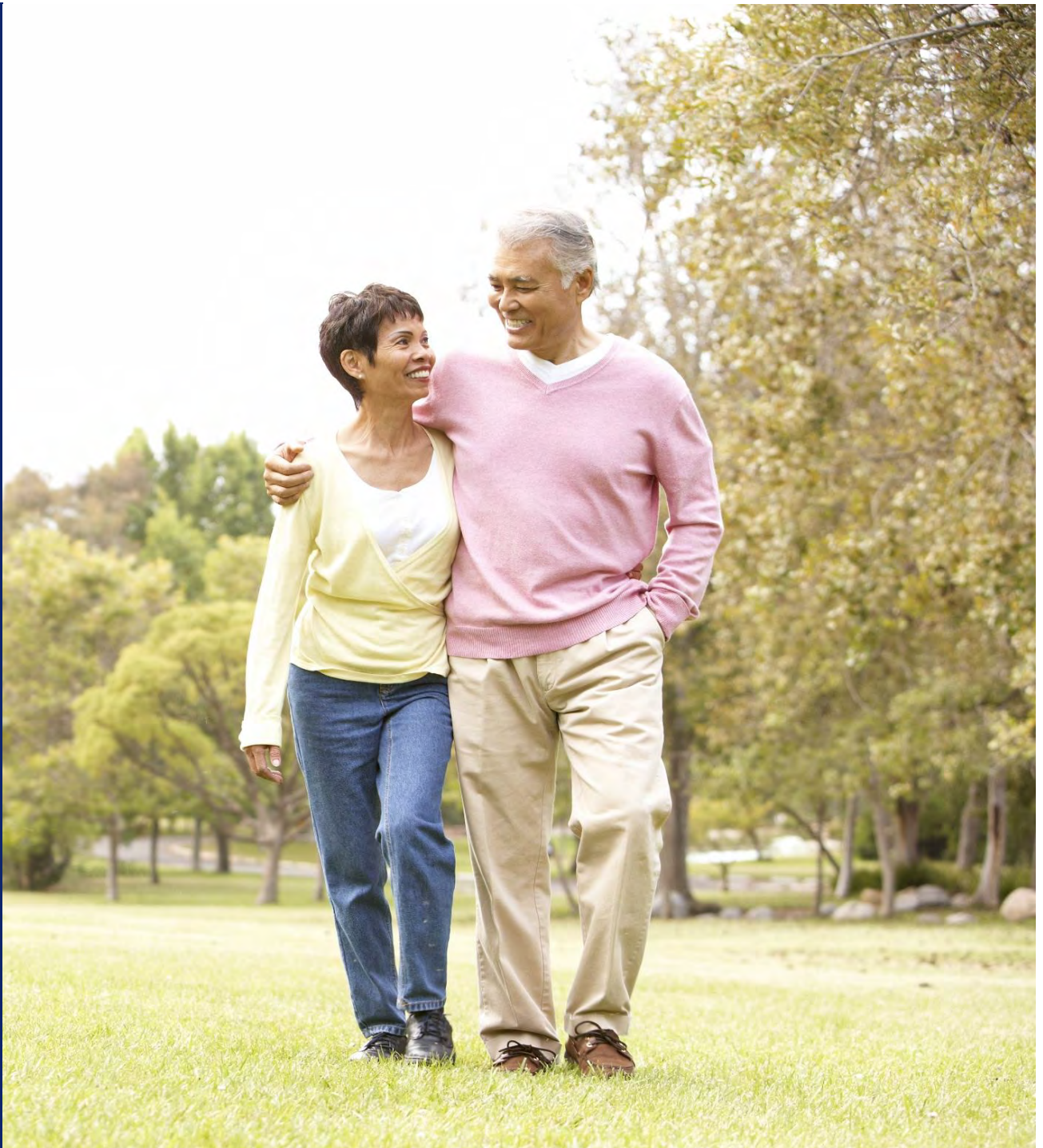


Spine Surgery

Patient Education Guide



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As You Begin

You are about to start a journey that will do more than heal your spine. It will raise your spirits and change your life.

Patients typically stay in the hospital 1 to 2 days after surgery. However, the length of stay is different for everyone. Our team will help you prepare for your return home.

We hope that with this information and with our help, this will be as easy and stress-free as possible. Learning about surgery and being active in your preparation and recovery will help you have less anxiety before surgery, recover more quickly after surgery, and have lower risks of complications. A well-prepared patient knows what to expect and does better after surgery.

In this book, there are many websites and QR codes for other resources to help you on your journey. To scan a QR code:

1. Open the camera on your smartphone.
2. Place the QR directly in the center of the camera and the link should appear on the screen.
3. Click this link to go to the webpage.

If you have a question or concern about arrangements or special needs, or if you would like more information, please contact us. Every question you have is important. You can also visit our website to find more information: [henryford.com/spineprehab](https://www.henryford.com/spineprehab).



Things to Do Before Surgery

It is never too early to plan for your healing. The more you plan ahead, the more stress-free your experience will be. In this section, you will find all you need to fully prepare for your surgery and recovery.

Choose a Coach

- This person is usually a close friend or family member that will learn with you about your recovery process.
- Your coach may need to be available for at least a few days after you go home to support your recovery.
- This person may also help you with your exercises, give positive encouragement, help motivate you, and be able to help answer questions that may come up.
- Not everyone chooses to have a coach, but it is strongly encouraged and has been helpful for many patients.

Make Arrangements for Someone to be with You

- It is best to have someone with you for 3 to 4 days after surgery until you are stronger and more independent.
- Arrange for someone to care for your home, yard, pet, or vehicle for a few weeks.
- You will need someone to drive you home from the hospital and to follow-up appointments.

Check Into Your Insurance

- It is your responsibility to let your surgeon's office know of any insurance changes. Your surgery may be canceled if you do not do this.

Start Exercises

- Look at the exercises that start on page 9 and try them out.

Start to Practice Relaxation

- If you master techniques now, such as deep breathing or meditation, they will be easier when you need them most.

Complete Required Tests

- Complete any required pre-surgical tests or clearances, as told by your surgeon's office.

Look Into Adaptive Equipment

Adaptive equipment is any tool, device, or machine that can help you with daily living tasks. Not everyone will need adaptive equipment.

- If you think you may need some, you can get them from your local pharmacy, local medical supply stores, Veteran's Administration, garage sales, friends or family, and online stores (try a search for "home health equipment").
- Most adaptive equipment tools are an out-of-pocket cost (besides walkers).
- We can help decide what you may need when you are in the hospital if you prefer to wait.

Use the Incentive Spirometer and Practice Deep Breaths

If you were given an incentive spirometer, practice using it several times each day for up to 2 weeks before surgery. See page 20 for detailed instructions on how to use it. Practice deep breathing exercises several times a day if you were not given an incentive spirometer.

1. Breathe in slowly through your mouth (as if you are sipping through a straw).
2. Hold your breath as long as possible.
3. Slowly exhale. Rest for a few seconds and repeat.



Get Personal Items Ready for Your Stay

- Gather your toiletries, walking shoes, reading or music materials, hand-held games or puzzles, clean loose fitting clothes and sleepwear for 1 to 2 days.
- You will find a complete list of items to bring on page 16.

Get Your Home Ready For After Surgery

- Put things where you can get to them without reaching, bending, or twisting.
- Remove floor rugs, extension cords, floor clutter, and any cords that could cause you to fall.
- Tape down electrical cords and make sure paths are clear to your bedroom, bathroom, and other areas used a lot.
- Use a night light.
- If your bedroom is not on the first floor, you may want to arrange an area to rest comfortably during the day on the first floor.
 - You will be able to use stairs.
 - Limit full flights of stairs to 1 to 2 times a day at first and increase as you feel comfortable.
- You may need a raised toilet seat or a safety frame around your toilet or a bedside commode if your toilet is low.
- Consider a shower chair, bathtub safety rail or grab bar, and a long-handled sponge or hand-held shower head to make bathing easier.
- Use a rubber mat in the shower and a bathmat outside of the shower to help avoid falls.
- Stock up on groceries so you do not need to shop once you get home.

Healthful Eating

- What you eat before surgery can help you recover faster after surgery.
- Eat foods rich in nutrients, vitamins, and minerals to strengthen your body and support healing.
- Try to eat a variety of whole foods like vegetables, fruits, whole grains, legumes, lean protein-rich foods, and dairy or soy products with calcium and vitamin D.

Keep Your Mouth Healthy

- Brush your teeth at least twice a day.
- If you think you may have an infection in your mouth, see your dentist and let your surgeon know.

Discuss Rehabilitation With Your Loved Ones

- It is important to talk about your plans for rehabilitation with your family and support system before surgery so any questions they have can be answered.
- They will need to know where you will need help, eating needs, equipment needs, and your physical abilities. This includes what you can and cannot do, and for how long.
- You will find most of the information you should talk about in this book.
- It is most common for our patients to go home after their hospital stay. Going home instead of rehab or nursing facility has many benefits:
 - It is a cleaner environment and there is less chance of getting an infection.
 - Puts you back in your normal routine faster.
 - You will walk around more, like when you need water or something to eat. In a nursing facility, you will have to wait for someone to help you.
- You can still go home even if you live alone. You may want to ask your coach to stay with you or stay with your coach for a few days. Before you leave the hospital, our goal is to make sure you can:
 - Get to and from the bathroom, and in and out of bed on your own.
 - Go up and down enough stairs to care for yourself.
- While we know that home is the best environment, there are some situations that may not allow you to go home right away. Your care team will decide this with you during your hospital stay and our discharge planners will help you make any arrangements you need.

Complete Your Medicine List

- It is important to have an accurate and up-to-date list of medicines you take.
- Fill in and complete the medicine list you were given. You can also find it at henryford.com/spineprehab. Your doctor or pharmacist can review the form with you to make sure it is correct. Include:
 - Prescribed medicines
 - Over-the-counter medicines
 - Herbal supplements
 - Inhalers
 - Implanted medicine pumps
 - Eye drops
 - Skin patches
 - Ointments
 - Vitamins and supplements
 - Accurate doses of medicine you take for pain relief, sleep aids, and any anxiety medicine
- Keep the complete list with you. Have it at each doctor's appointment and when you arrive for surgery. Be sure to update the list any time you add, change, or stop medicines.



Advance Directives

- An advance directive is a legal document that gives health care providers directions about what kinds of treatment you want if you became terminally ill and cannot communicate.
- These instructions include life-sustaining procedures such as dialysis, feeding tubes, ventilators, and artificial resuscitation.
- These forms are not required but it gives many patients peace of mind to know their wishes will be followed if they cannot make them.
- There are 2 types of advance directive:
 1. **Living will:** a document that directs your health care providers about which life-sustaining procedures should be withheld or withdrawn (stopped or not done) if you are not able to make decisions or in a terminal condition where there is little hope for recovery.
 2. **Durable power of attorney:** a document where you assign or name another person to make those decisions for you if you are not able to make them. Be very honest and open with the person you assign (designee) so that we all can follow your wishes.
- If you would like to complete an Advance Directive or want more information about the process, visit henryford.com/advancecareplanning.



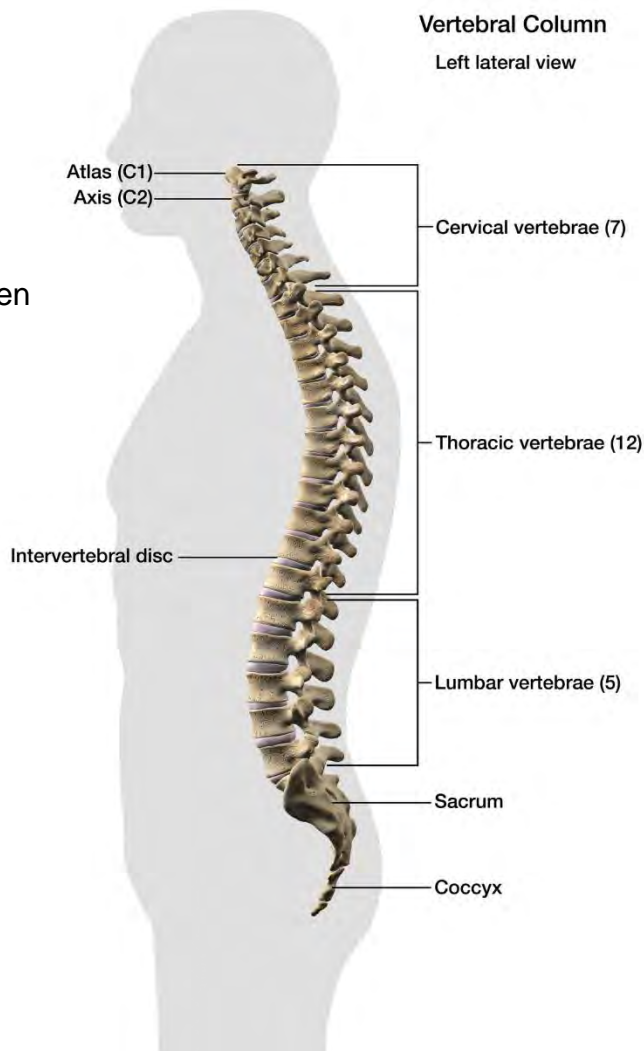
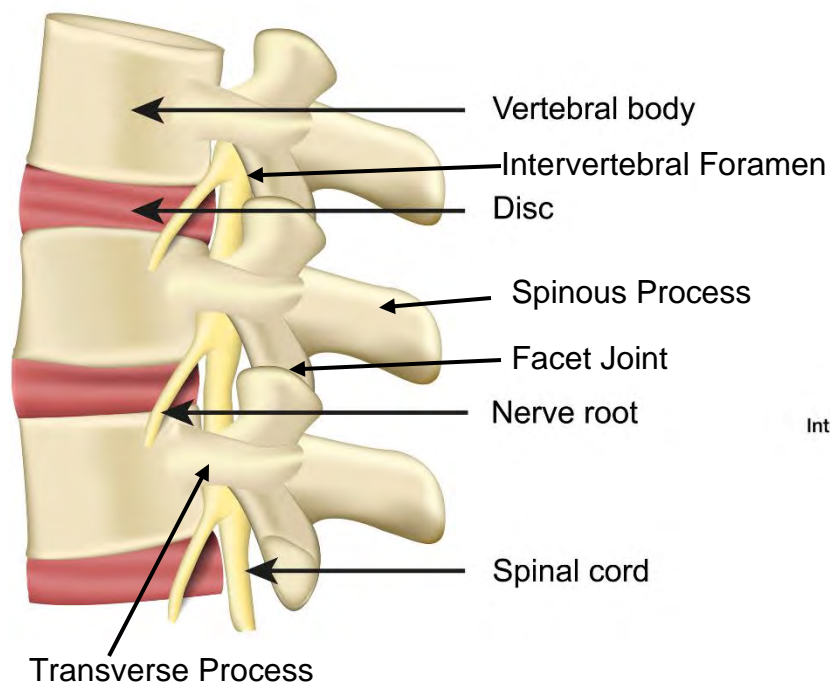
Prepare Your Mind: Understand Your Spine

Here is some information to help you understand your spine. This will help you get ready for surgery.

Anatomy of the Spine

The spine has a column of bones that provides strong, flexible support for the body and protects the spinal cord within.

- The spine has 33 vertebrae stacked on each other.
- The vertebrae are connected by facet joints at the back of the spine. These joints allow movement between the bones and the spine.
- Ligaments support or stabilize the vertebrae.
- An intervertebral disc is in between each vertebra, which acts as a shock absorber.
- The vertebrae can be divided into 5 segments:
 - 7 cervical vertebrae
 - 12 thoracic vertebrae
 - 5 lumbar vertebrae
 - 5 fused sacral vertebrae (sacrum)
 - 4 fused coccygeal vertebrae (coccyx)
- The transverse process is the wing of bone on either side of each vertebra.
- The spinous process is the part of each vertebra you can feel through your skin.
- The spinal cord extends through the canal at the back of the vertebrae from the brain stem to the lumbar vertebrae area. Nerves branch out from the spinal cord and send a message for movement and body functions to the rest of the body.



Prepare Your Body

Preparing your body for surgery with exercises will help you recover faster. Practice these exercises now, 2 to 3 times every day.

Neck Exercises

These should be done **before surgery only**.

Neck Flexion

1. Sit in a chair or stand up tall with your back straight.
2. Place 1 hand on your forehead.
3. Gently tuck your chin and try to bend your head forward and apply pressure from your hand at the same time.
 - There should be little to no movement.
 - Do not let your head tilt or rotate.
4. Hold for 5 seconds and then relax.
5. Repeat 10 times.



Neck Extension

1. Sit in a chair with your back straight.
2. Place 1 hand on the back of your head.
3. Gently try to bend your head back and apply pressure from your hand at the same time.
 - There should be little to no movement.
4. Hold for 5 seconds and then relax.
5. Repeat 10 times.



Neck Sidebending

1. Sit in a chair with your back straight.
2. Place 1 hand on your temple, or the side of your face.
3. Gently try to bend your head to the side and apply pressure from your hand at the same time.
 - There should be little to no movement.
 - Do not let your head rotate.
4. Hold for 5 seconds and then relax.
5. Repeat 10 times.



Neck Rotation

1. Sit in a chair with your back straight.
2. Place 1 hand on the side of your face, or your cheek area.
3. Gently try to turn or rotate your head and apply pressure from your hand at the same time.
 - There should be little to no movement.
 - Keep your back straight.
4. Hold for a few seconds and then relax.
5. Repeat 10 times.



Back Exercises

These should be done **before surgery only**.

Glute Sets

1. Lay on your back with your legs straight.
2. Tighten your buttocks muscles. Hold for 10 seconds.
 - Do not arch or twist your back.
 - Do not hold your breath.
3. Release your buttocks muscles.
4. Repeat 10 times.



Pelvic Floor Squeeze

1. Lay on your back.
2. Engage or lift your pelvic floor.
 - Tighten the muscles as if you were trying to stop urinating.
3. Hold for a count of 10 and then relax.
4. Repeat 10 times.



Pelvic Tilt

1. Lay on your back with your knees bent and feet flat on the floor.
2. Arch your back up and roll your pelvis forward.
3. Then, contract your stomach muscles, tilt your pelvis back, and flatten your back to the floor.
 - Only move your pelvis and lower back.
 - Keep the rest of your body relaxed.
4. Slowly go back to the starting position.
5. Repeat 10 times.



Abdominal Squeeze

1. Lay on your back with knees bent and feet flat on the floor.
2. Gently draw your tummy in by tightening your stomach muscles.
3. Hold for 10 seconds and then relax.
4. Repeat 10 times.



Leg Exercises

These should be done **before surgery, during your hospital stay, and after you go home.**

Ankle Pumps and Circles

1. Sit or lay on your back with your legs straight.
2. Slowly move your foot up until you feel a stretch in the calf of the leg.
3. Then move your foot down at the ankle joint.
4. Repeat 10 times on each leg.
5. For ankle circles, move the whole foot around in a circle clockwise 10 times, then counterclockwise 10 times. Do **not** move your leg, just the foot.



Glute Sets

1. Lay on your back with your legs straight.
2. Tighten your buttocks muscles. Hold for 10 seconds.
 - Do not arch or twist your back.
 - Do not hold your breath.
3. Release your buttocks muscles.
4. Repeat 10 times.



Heel Slide

1. Lay on your back with your legs straight.
2. Slowly slide 1 heel toward your buttocks until you feel a stretch in your knee or upper thigh.
 - Do not arch or twist your back.
 - Keep your knee cap pointed up at the ceiling the entire time.
3. Hold for 5 seconds. Slowly slide the heel back out.
4. Repeat 10 times.



Short Arc Quad

1. Lay flat on your back.
2. Put a large towel roll under the knee of 1 leg.
3. Tense or tighten the muscles in that thigh and lift your foot.
 - **Do not** move your leg from side to side.
 - **Keep your leg resting on the towel roll.**
 - Keep your other leg straight and relaxed.
4. Hold for 5 seconds. Slowly return to the starting position.
5. Repeat 10 times.



Pre-Surgery Instructions



Decrease Opioid/Narcotic Use

- If you take an opioid (also known as narcotic) pain medicine, it is strongly recommended you slowly reduce your use of it before surgery.
- We know many of our patients rely on opioid pain medicine to get by. Reducing your use before surgery will make it easier and safer to control your pain after surgery.
- Talk to the doctor that prescribes your opioid pain medicine about ways you can reduce doses now.



Stop Smoking and Tobacco Use

It is very important that you quit or stop as soon as possible, at least 6 weeks before surgery. This includes cigarettes, vapes, pipe smoking, e-cigarettes, cigars, hookah, chewing tobacco, nicotine patches, and nicotine gum.

- Smoking and tobacco use can increase your risk for infection. It can also increase your chance of getting pneumonia, having a heart attack, and trouble breathing after surgery.
- You will need to continue to avoid using tobacco after surgery.
- For those of you having fusion surgery, any product that has nicotine may stop your bones from fusing.
- If you need help to quit you can:
 - Contact your primary care doctor
 - Call 1-800-QUIT-NOW (1-800-784-8669)
 - Visit henryford.com/tobaccofree



Alcohol Use

- Alcohol can affect your surgery. Avoid alcohol for at least 48 hours before surgery.
- If you regularly have more than 3 drinks per day, you could experience alcohol withdrawal during your hospital stay.
 - This can cause anything from mild shakiness or sweating to hallucinations and other serious side effects.
 - During your pre-surgical check, you will be asked a few questions to determine your risk for alcohol withdrawal and other alcohol-related problems after surgery. Respond honestly. Your answers will be held in strict confidence and we will only use your answers to help you prepare and recover from surgery.
 - If alcohol withdrawal is of concern to you, please talk about this with your primary doctor so they can help you safely decrease your use before surgery.

1 to 2 Weeks Before Surgery

There are several medicines that you need to stop before surgery because they can make you bleed more during surgery.

- All vitamin, dietary, and herbal supplements must be stopped 2 weeks before surgery.
- Non-steroidal anti-inflammatory drugs (NSAIDs) need to be stopped 1 to 2 weeks before surgery, or as you are told by your surgeon. These may include, but are not limited to:
 - Ibuprofen (Motrin®, Advil®)
 - Naprosyn, (Aleve®)
 - Meloxicam (Mobic®)
 - Diclofenac (Voltaren®)
 - Etodolac (Lodine®)
 - Celecoxib (Celebrex®)
 - Indomethacin (Indocin®)
- Aspirin should be stopped 1 week before surgery, or as you are told by your surgeon.
- Blood thinners or antiplatelet medicine should be stopped as you are told by your surgeon and the doctor who prescribes it. These medicines may include, but are not limited to:
 - Warfarin
 - Clopidogrel (Plavix®)
 - Enoxaparin (Lovenox®)
 - Rivaroxaban (Xarelto®)
 - Apixaban (Eliquis®)
 - Dabigatran (Pradaxa®)
- If you are having fusion surgery, your surgeon may ask you to stop steroids, NSAIDs, rheumatoid arthritis medicines, and gout medicines for a certain period of time before surgery and to continue to avoid these for up to 3 months after surgery. These may keep your bones from fusing.
- Please continue to take all of your other medicines as prescribed.
- About 1 to 2 weeks before surgery, you will get a phone call from our pre-surgical nurses to go over your list of medicines with you.
 - They will let you know which of your routine morning medicines to take the morning of surgery with a sip of water.
 - For those that have diabetes, they will also let you know how and if you will need to adjust your diabetes medicines for the night before and/or morning of surgery.

1 to 2 Days Before Surgery

- Do not use marijuana 2 days (48 hours) before surgery.
- Call your surgeon if you have any of the following, you may have to postpone surgery:
 - An active cold
 - A sore throat
 - A toothache
 - Symptoms of any infection (such as bladder infection)
 - If you feel ill

The Night Before Surgery

- You will get instructions at your surgeon's office or during your pre-surgical call on when to stop eating and drinking before surgery.
- If you take medicine to help you sleep, such as Tylenol® PM or melatonin, it is okay to take it the night before surgery.
 - However, do not take Advil® PM.
- If it has been 3 days since your last bowel movement, you may want to take a mild over-the-counter laxative such as Colace®, Miralax®, Milk of Magnesia, etc.
- Take a shower following the directions below.
- Brush your teeth and use the mouthwash from the surgical kit.
 - If you did not get a kit, use any type of store-bought mouthwash.

Skin Cleaning Before Surgery

It is important to remove the bacteria that are normally on your skin before surgery. The bacteria could enter your surgical incision and cause an infection.

- You will need to shower or bathe with a special soap called chlorhexidine gluconate the night before and the morning of surgery. The soap will be given to you or you can buy it at a pharmacy.
- Do not use this soap if you have an allergy to chlorhexidine gluconate.
 - If you have an allergic reaction (severe rash, hives, wheezing, trouble breathing) when you use it, get immediate medical attention and let your surgeon know.
 - If you cannot use chlorhexidine gluconate, use an antibacterial soap such as Dial®.
- Do not use chlorhexidine gluconate on your head, face (keep out of your eyes, ears, mouth), and genitals.

Follow the steps below for showering **the night before and morning of surgery**:

1. Wash your hair and body with regular shampoo and soap.
2. Completely rinse off the shampoo and soap.
3. Wash your entire body (except genitals) from your neck down to your toes with chlorhexidine soap or Dial®.
 - Turn off the water while you use the soap to prevent water from rinsing off the soap too soon.
 - Wash gently for 3 to 5 minutes.
4. Rinse your body well with water.
 - Do not use regular soap after you have used and rinsed off the chlorhexidine gluconate or Dial®.
5. Pat yourself dry with a freshly washed towel.
 - Do not use lotions, hair spray, after-shave, perfume, deodorant, creams, or powders after you shower.
6. Dress in freshly washed clothes.
7. Sleep on freshly washed sheets and pillowcases.

Go to 'Simple Steps for a Safer Surgery' video:

henryford.com/services/surgery



The Morning of Surgery

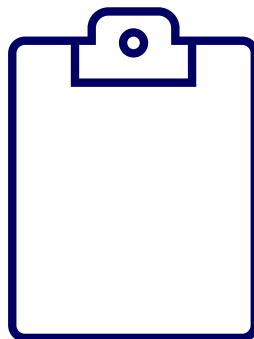
Refer to the handout you were given for instructions about your arrival time and where to check in for surgery. You will also get a call from the pre-surgical department closer to surgery to tell you what time to arrive for surgery.

- Follow the instructions you got from your doctor and the nurse during your pre-surgical call on what medicines to stop and what to take.
 - If you were told to take medicines the morning of surgery, take them with a small sip of water.
- Make sure you brush your teeth and use your mouthwash.
- Shower and follow the instructions exactly as you did the night before.
- Wear your hair loose, without clips, bands, hair spray, wigs, hairpieces, or hair extensions with metal beads or clips. You will get a head cover for surgery.
- Do not wear makeup, perfume, creams, lotions, deodorant, hair spray, after-shave, powder, or tampons.
- Remove all nail polish, artificial nails, tips, wraps, and gels from your fingernails. Keep fingernails short. This will allow your team to accurately monitor your oxygen levels during surgery and minimize the risk for infection.
- Remove all jewelry, including piercings.
- If you use a hearing aid, wear it to the hospital and bring your case.
- Do not wear contact lenses, if possible. Wear glasses instead.
 - If you do not have glasses, bring a clean contact case and solution to take contacts out before surgery.
- You will be asked to drink a high carbohydrate drink that can help improve recovery. Instructions can be found on [henryford.com/spineprehab](https://www.henryford.com/spineprehab). This drink will help:
 - Maintain normal blood sugar levels.
 - Decrease nausea and vomiting.
 - Decrease muscle loss.
 - Decrease constipation.
- If you have diabetes and use insulin:
 - Follow the insulin instructions given to you during the pre-surgical call.
 - Ask your diabetes doctor for instruction on your insulin pump if you have one.
 - Let the check-in staff know if you do not feel well and that you have diabetes and are insulin-dependent.



What to Bring to the Hospital

- A list of all medicines you take or have recently stopped taking.
- A list of any medical and food allergies.
- Driver's license or photo ID.
- Insurance cards, prescription coverage cards, and pharmacy cards.
- Glasses case or contact lens case and solution (if you wear them) with your name on it.
 - Do not wear contacts the day of surgery.
- Hearing aid case with your name on it if you wear them.
- Dentures and a case with your name on it if you wear them.
- Your brace, if you were given one.
- Any special devices such as CPAP (continuous positive airway pressure) machine for sleep apnea and distilled water.
- Any information cards for implanted items, such as a pacemaker.
- Incentive spirometer if you were given one.
- Your inhaler if you have asthma.
 - Use them as you were told by your doctor. Please let your nurse know before you use it.
- A copy of your advance directive if you have one.
- Hairbrush, toothbrush, toothpaste, deodorant, and any other toiletries you need.
- Clean, loose clothes (t-shirts, shorts, sweatpants), underwear, and non-skid slippers.
 - Wear clean clothes to the hospital and pack clean clothes to wear home.
- A small amount of money for small items you may need.
- Reading materials, cards, or hobby such as knitting to pass time.
- Your favorite music, along with the player and headphones.
- Your cell phone or tablet, and chargers.
- A pack of chewing gum (chewing gum right after surgery can help you have normal bowel movements).



Types of Spine Surgery

Below are common spine surgeries. Talk to your surgeon if you have specific questions.

Spinal Fusion

- When 1 or more of the vertebrae of the spine are united or fused together so no motion happens between them.
- Fusing the vertebrae may be done for several reasons like to treat a broken vertebra, correct a deformity like spinal curves or slippages, get rid of pain from motion, or treat instability or disc herniations.

Cervical Fusion

- Fusion of vertebrae in your neck.
- An incision is made through the front (anterior cervical fusion) or back (posterior cervical fusion) of the neck.
- The surgeon will remove the problem disc. After the disc is removed, bone from either the bone bank or your pelvis or another substance is placed in the disc space. This is called a graft.
- In time, the graft and the bone around it will grow into a solid unit.
- A metal plate and screws, rods, or wires may be put over the bone graft for extra support.

Lumbar Fusion

- Fusion of vertebrae in your lower back.
- An incision is made through the front (anterior lumbar fusion) or back (posterior lumbar fusion) to expose the spine.
- The surgeon may remove disc material and place cages or a bone graft in the disc space.
 - If they do not remove the disc, they will place bone along the side of your spine to stimulate the bones to fuse.
- You may or may not have extra hardware such as plates, screws, and cages. This is sometimes used to correct a deformity or hold the vertebra together as the bone graft heals and bones fuse together.

Microdiscectomy

- A small incision is made in the midline of the low back.
- The surgeon will remove the portion of the herniated disc causing pressure on and irritating the nerve.

Cervical or Lumbar Decompression

- This could be a laminectomy, laminotomy, corpectomy, foraminotomy, or other.
- Consists of removing bone, arthritic build up, thickened soft tissue, and possibly disc material to “decompress” or free up the nerves.
- You may have a decompression along with a fusion if your surgeon feels it is needed.

Cervical Disc Replacement (Arthroplasty)

- Replaces a damaged disc in the cervical spine with an artificial disc implant.
- When there is a disc herniation, or if the disc breaks down due to arthritis, there is less space for the cervical nerve roots and spinal cord.
 - This causes the nerves in the cervical spine, or the spinal cord, to be compressed.
 - This leads to pain, weakness, numbness, or tingling in the neck or arms.
- Surgery will relieve pressure on the nerve roots and spinal cord.

Kyphoplasty

- Done for a fractured (broken) vertebrae.
- A small incision is made in the back and a balloon inflation device is used to elevate the fractured vertebra to its correct position.
- Bone cement is put in to stabilize the fracture.

At the Hospital

- You will meet members of your surgery team once you check in at the hospital.
- There is a surgical waiting room for your coach during surgery.
 - There is a ‘status board’ to keep them updated on where you are in surgery.
- It takes about 2 hours to get you ready for surgery.
 - You may get a nose sanitizer swab, special wipes, and another mouth wash to help reduce infection.
 - You may get a quick scan of your bladder after you urinate before surgery.
- Your surgeon will tell you how long your surgery will last.
 - Your surgeon will talk to your coach as soon as surgery is done.
- You will be in the recovery room for about 2 to 3 hours after surgery.

Questionnaires

Your surgeon is a member of Michigan Spine Surgery Improvement Collaborative (MSSIC), a statewide group of doctors and hospitals that work together to improve quality of care and outcomes for you and other patients that have spine surgery.

- You will complete a questionnaire on the day of surgery at registration, and certain times after surgery to measure the progress you have made.
- After surgery, you may fill out the questionnaire in your surgeon’s office, or you may get it through email, MyChart, phone call, or mail.
- Your privacy is important to us and your personal information will be kept confidential.

After Surgery

Your Room

You will go to a recovery room right after surgery. We will watch you closely until you are ready to be moved to the room you will stay in.

Your Room

- Your room will have a bathroom, a phone, television, bed, and chair.
- Visit henryford.com/visitors to check the visitor policy and find other helpful information.



Phone

- Your friends and family can call you on the phone in your room.
- Inbound and local calls are free.
- Long- distance calls must be charged to a credit card or your home phone.
- You may use a cell phone at any time.

Menu

- We have menus available at your bedside to order your food through the hospital food service.

Gadgets

Below are some of the “gadgets” that you may see in your room and are important in your healing.

Oxygen

- You may need to use oxygen for the first 24 to 36 hours after surgery.
- Your nurse may remove the oxygen temporarily and monitor your oxygen levels to make sure you get enough for your body’s needs.

IV

- It is a fluid bag connected by tubing to a vein in your arm.
- Provides a route for your team to give you fluids, pain medicine, antibiotics, and other medicines.
 - You will get 2 to 3 antibiotics through your IV in the first 24 hours.
 - The first will be given before a surgical incision is made so that the antibiotic is ready and working in your system.

Example of a JP Drain

Jackson Pratt (JP) Drain

- You may have a small round suction container in your surgical area called a JP Drain.
- It is used to collect extra fluid and blood from your surgical wound. This helps your wound to heal more quickly.
- Your nurses will check it every few hours and will empty it every so often.
- When the amount of drainage has decreased and your doctor says it is time, it will be removed before you go home.



Foley Catheter

- You may have a urinary catheter placed during surgery. This is a flexible tube put into the bladder to drain urine.
- This is used because some medicines during surgery can relax your bladder. Once the medicines wear off, the normal urge to empty your bladder will return.
- It will be removed as soon as possible after surgery, usually the same day or the next morning after surgery.
 - After your catheter is removed, nursing staff will monitor how well you empty your bladder and measure how much you urinate. They may scan your bladder to check the amount of urine that remains, if needed.

Dressings

- Your incision will have a dressing over it at first. You may notice some bloody drainage on it. We will add extra dressings to keep it dry and contained.
- You will get instructions on how to care for your incision before you leave the hospital.

Prevent Pneumonia and Other Lung Issues

It is very important to use your incentive spirometer, breathe deeply, and cough after surgery. This helps to expand your lungs, clear your lungs out, and prevent pneumonia and other lung issues.

Coughing and Deep Breathing Exercise

1. Every hour, take a deep breath in.
2. Hold it for a few seconds and then exhale.
3. After several breaths, try to produce a strong, deep cough.

Incentive Spirometer

Use the spirometer 10 times every hour when you are awake up to 2 weeks after surgery. Remember that this is an exercise. The more often you do it, the better you get.

1. Put the mouthpiece in your mouth and seal your lips tightly around it.
2. Breathe in slowly and as deeply as possible.
 - You will inhale like you are sipping through a straw.
 - As you inhale, you will notice the large blue disc rise. Give it your best effort.
3. The small blue disc should stay in between the arrows while you inhale.
4. Hold your breath as long as possible.
5. Remove your mouth from the mouthpiece and exhale.
6. Let the large blue disc fall to the bottom of the column before repeating.
7. Position the blue indicator to mark your best effort. Try to get the large blue disc to this level or higher each time.
8. Rest for a few seconds in between each try.
9. After each set of 10 deep breaths, cough to be sure your lungs are clear.



Pain Management

Pain is expected and a normal part of recovery after surgery. We will work with you to help control your pain and keep it at a level you can tolerate. Your pain may be strongest for 2 to 14 days after surgery, and should get better as you recover.

- As you heal, you may feel some new pain or sensation that you did not have before surgery. **This is normal.**
- This is a gradual recovery period. Pain medicine can help you be active and make the most of your recovery.

Opioid Pain Medicine

Pain medicine during recovery may include an opioid. An opioid is a very addictive medicine and may have serious side effects. It is often prescribed after surgery for very bad pain, but is not for long-term use. Examples of prescription opioids are oxycodone, morphine, codeine, fentanyl, and hydrocodone (commonly known as Norco® and Vicodin®).

To prevent opioid misuse:

- Do not take more than the amount of medicine prescribed and take only as needed.
- Slowly lessen the amount of medicine you take as you heal by making the time in between each dose longer.
- Never take opioids with alcohol, valium-like drugs, or sleeping pills or drugs (includes marijuana).
- Store opioids in a safe and secure place. Keep them out of sight and reach of others, especially children and young adults.
- Never share or sell your medicines.
- Take any unused medicine to an authorized collector for disposal. To find collectors in your area, visit michigan-open.org/safe-opioid-disposal/
- Laws have been passed in Michigan to improve medicine safety and lower opioid addiction.
 - Doctors may only prescribe a maximum of 7 days of opioids at a time after surgery. Evaluation is needed for more.
 - Your doctor will check with the prescription drug monitoring program called Michigan Automated Prescription System (MAPS) to review your prescription history.



Other tips for when you take opioids:

- Call your surgeon's office or your pain management doctor before you run out and need a refill.
- Make sure you work with your health care team and tell them what is and is not working. Your medicine and dose may need to be changed.
- Talk to your doctor about any concerns you have about taking pain medicine.
- If you think you may have opioid addiction or are worried about a family member's opioid use, visit henryford.com/OpioidAddiction or call Behavioral Health Services at (800) 422-1183.



Non-Medicine Pain Relief: there are many ways to reduce pain without the use of medicine, like:

- Short frequent walks
- Relaxation/deep breathing techniques
- Ice Packs
- Change positions often and logroll
- Prayer
- Humor
- Activities like TV, visitors, books, music

Oral (by mouth) Medicine: usually given every 4 to 6 hours.

- This may include an opioid medicine as noted on the previous page. Another oral medicine that may be used is acetaminophen (Tylenol®). The opioid medicine may already have Tylenol® and you should not exceed 3,000 mg daily from all sources.
- Your nurse will monitor you for pain and you can also ask for pain medicine.
- Oral medicines take longer to start working but last longer.
- Do not wait until your pain is bad before you ask for pain medicine. It is hard to manage out of control pain.

Muscle Relaxer

- You may get a muscle relaxer after surgery to help relieve muscle spasms and stiffness.
- They are usually rotated with oral opioid medicine. Do not take them at the same time.

IV Pain Medicine

- Your surgeon may order IV pain medicine or a patient controlled analgesia (PCA) pump for you to use up to the day after surgery.
- A PCA pump has pain medicine connected to an IV line that you control with a button. The machine will not let you take too much medicine.
- IV medicine works quickly, but it does not stay in your body long.
- It is also important to use oral medicine that lasts longer.
- It is recommended that IV opioids be used for severe pain to get you through to your next dose of oral medicine.

Prevent Blood Clots

Ways to prevent clots include physical activity, walking as soon as possible, ankle exercises (see page 11), leg compression devices, blood thinner medicine, and drinking enough water.

- Sequential Compression Devices (SCDs) and special compression stockings
 - SCDs are special booties that compress the veins in your lower legs to move the blood back to your heart. This prevents pooling and clotting of the blood in your legs.
 - These are only meant to be worn during your hospital stay while you are in bed.
 - You may also be asked to wear special compression stockings to help with blood flow and to prevent blood clots.
- Blood Thinning Medicine
 - You may get a blood thinner medicine.
 - Your nurse will inject this under your skin as told by your doctor.

Symptoms of a Blood Clot

You need medical treatment right away for a blood clot. Tell your health care team if you have any of these symptoms:

- Calf pain
- Calf warmth
- Calf redness
- Lung complications (like shortness of breath)
- Heart complications (such as palpitations)
- Chest pain

Prevent Infections



Precautions are taken during your hospital stay to reduce your risk for infection. There are some important things you should and should not do after surgery to help prevent infections.

Wash Your Hands: this is the best way to prevent infection. Always have family and friends wash their hands when they visit, help with personal care, and after any dressing changes.

1. Turn on warm water.
2. Wet hands and wrists.
3. Use liquid soap.
4. Scrub hands thoroughly for at least 30 seconds.
5. Dry hands using a clean paper towel (use paper towels instead of hand towels).
6. Use a paper towel to turn off the faucet.

You should wash your hands:

- Before and after meals.
- After a sneeze or cough.
- After going to the bathroom.
- Before and after you touch your incision.
- After you touch pets.

Do 	Do Not 
<ul style="list-style-type: none">✓ Make sure you have clean sheets on your bed at home.✓ Put a clean sheet on any chair, couch, or recliner you use.✓ Wash and change sheets weekly or sooner if dirty.✓ Once your surgeon says you can shower:<ul style="list-style-type: none">– Take a shower daily. Cover your incision.– Use a clean washcloth and towel for every shower.– Use a mild liquid soap like Dial®. Gently clean around your incision first and then the rest of your body. Rinse well without directly spraying the incision. Wash off all the soap.– Pat your incision dry first with a clean towel, and then dry the rest of your body. Do not touch the incision again.– Apply a fresh dressing if you were told to.– Put on clean clothes after each shower.✓ Brush your teeth or dentures every day. <p>Most patients do not need to change dressings. If you do:</p> <ul style="list-style-type: none">• Always wash your hands before and after.• Only touch the corners of a new dressing when you put it on. Be careful to avoid the area that will touch the incision.	<p>Do not do these things until your incision heals completely. This can take up to 6 weeks.</p> <ul style="list-style-type: none">× Do not let pets on your bed, chair, or lap.× Do not take a bath, use a hot tub, jacuzzi, or swim.× Do not “show off” your incision to people.× Do not scrub or soak you incision.× Do not use lotions, powders, ointments, or creams on the incision.× Do not use rubbing alcohol, hydrogen peroxide, or iodine on your incision.

Eating

- You may feel nauseous or have a sore throat after surgery. Ask your nurse for medicine or lozenges to help.
- You will start with a liquid diet and then move to regular food if you feel okay.

Constipation

- Anesthesia, stress, eating changes, decreased activity, and opioid medicine can all put you at a higher risk for constipation.
- You will get a stool softener or mild laxative to help prevent this in the hospital.
- Continue to take an over-the-counter stool softener at home every day for as long as you take opioid pain medicine.
 - Your health team may recommend suppositories or enemas, if needed.
- To help your body return to normal bowel movements quickly:
 - Chew gum right after surgery, if you can.
 - Drink plenty of fluids. Aim for 6 to 10 cups of water a day, unless your doctor tells you different.
 - Slowly increase your walking.
 - Eat foods high in fiber, like vegetables, fruit, beans, lentils, nuts, seeds, and whole grains.
 - Try natural laxatives such as prunes, coffee, fruit, or whatever works for you.
 - Smooth Move® Tea or Lax Tea may also be used.

Constipation Medicine

You can buy any of these medicines over the counter at your local pharmacy. Check with your doctor or pharmacist if you have questions or concerns.

Frequency	Medicine	Alternative
Step 1 Take 1 of these medicines twice a day to prevent constipation.	Docusate-Senna 50 mg/8.6 mg combination <ul style="list-style-type: none"> – Also called: Senna-S®, Pericolace®, Sennokot-S® – 1 to 2 tabs by mouth twice a day 	Docusate sodium 100 mg Stool softener <ul style="list-style-type: none"> – Also called: Colace® – 1 to 2 tabs by mouth twice a day Senna 187 mg (sennosides 8.6 mg) Mild stimulant laxative <ul style="list-style-type: none"> – 1 to 2 tabs by mouth twice a day
Step 2 If the above medicines do not work after 2 to 3 days, try one of these.	Miralax® 17 grams (1 heaping teaspoon of powder) Osmotic laxative <ul style="list-style-type: none"> – Mix in 120 to 240 mL of fluid – Take by mouth as needed 1 to 2 times per day 	Magnesium hydroxide 400 mg/5mL) Also called: Milk of Magnesia a saline laxative/antacid <ul style="list-style-type: none"> – 30 mL by mouth once a day as needed
Step 3 If you still have not had a bowel movement after 3 to 5 days of the above medicines, you may need to try one of these.	Bisacodyl 10 mg Rectal suppository stimulant laxative <ul style="list-style-type: none"> – Also called: Ducolax® suppository – 1 suppository (10 mg) per rectum once a day as needed 	Fleets Enema® 19 gram to 17 gram/118 mL <ul style="list-style-type: none"> – Rectally, follow package insert

Logroll

- Every 2 to 4 hours, your nurse will help you logroll to your side. This will help speed up your recovery, expand your lungs, and prevent skin sores.
- Plenty of pillows will keep you propped comfortably.
- The goal is to tolerate side-lying for at least 30 minutes at a time.

How to Logroll to Stand

1. Lie on your back and bend both knees.



2. Roll onto your side.
 - Keep your shoulders and hips in line.
 - Do not twist your back.
 - Shift on your side to get to the edge of the bed.



3. Push up with your arms and let your legs hang over the side of the bed until your feet are flat on the floor.



4. Make sure your hips are even and your feet are firmly on the floor before you stand.
 - If you feel dizzy, wait until your head clears.
 - Stand when you feel safe.



Sit Up and Get Out of Bed

You will be expected to walk within several hours or sooner after surgery, unless told different by your surgeon. Walking is one of the most important things you can do to speed up your recovery and prevent complications.

- The benefits of early walking are:
 - Improved blood flow
 - Improved lung function
 - Quicker healing
 - Better pain control
 - Greater muscle tone
 - Shorter hospital stay
- The surgical complications that early walking can help reduce the risk of are:
 - Infections
 - Pneumonia
 - Blood clots
 - Muscle spasms
 - Urinary tract infections (UTIs)
 - Urinary retention
 - Constipation
- **Always ask for help to get out of bed. Your team will let you know when you can do it on your own.**
 - With the help of staff, you will sit up in your chair for all of your meals the day after surgery.
 - Do not sit for longer than 1 hour without changing positions. This will help prevent stiffness and pain.
 - A care team member will help you clean up, dress in your own clothes (if possible) and get you ready for breakfast.





Brace

- If your surgeon orders a back brace for you, it is usually worn while you are out of bed, except when you shower or use the restroom.
- If your surgeon orders a neck collar, it is common to wear this all hours of the day and night.
- If you got your brace or collar before surgery, bring it with you to the hospital. If you did not get it, you will get one during your hospital stay if it is needed.

Safety Rules

- Remember, do not get out of bed by yourself even as you feel stronger. Only get out of bed with the help of a care team member. This is to prevent injury or falls.
- Always wear shoes or non-skid footies when you are out of bed.
- Below are several precautions to follow now and in the months ahead. How long you need to follow your precautions will depend on your surgery type and what your surgeon says.

Do 	Do Not 
<ul style="list-style-type: none">✓ Wear footwear that fits well and has nonskid soles, like sneakers when you are out of bed.✓ Sit in chairs and sofas at a height that allows you stand up easily.✓ Limit sitting to 30 to 60 minutes at a time.✓ Logroll in bed every hour.✓ Keep walking when you get home. Take frequent, short walks each day.	<p>Remember B.L.T</p> <ul style="list-style-type: none">× Do not Bend forward or backward at the waist if you have back surgery, or at the neck if you have neck surgery.× Do not Lift, push, or pull objects heavier than 5 to 10 pounds (like a gallon of milk).× Do not Twist the surgical area.× Do not reach.× Do not drive until cleared by your surgeon.× Limit being a passenger in a car for no more than 30 to 60 minutes at a time.<ul style="list-style-type: none">– If you have a long trip home from the hospital, give yourself a break to get out of the car and walk.× Do not stand up quickly to answer the phone or doorbell. If possible, put a phone near your chair or bed.× Do not wear high heels.

Physical and Occupational Therapy

During your hospital stay, you may work with a physical or occupational therapist. They will:

- Teach you how to move and walk safely.
- Teach you how to do basic activities of daily life on your own, such as bathing, dressing, and grooming.
- Have a list of goals they would like you to accomplish before you go home.
 - You may accomplish all of your goals in 1 session. For some it may take 2 to 3 sessions.
- Show you how to modify your normal activities to protect your spine and give you guidelines for home safety.
- Teach you and your coach how to put on and take off a brace if you need one.
- Teach you how to logroll the right way.
- Teach you how to go up and down stairs, how to get in and out of vehicle, and more.
- The best therapy at home will be walking once you meet all of the goals in the hospital.

Prepare for Discharge

Case Management and Discharge Planning

- If you have special needs that were found during your hospital stay, your care team will work on them so things are in place by the time you are ready to leave. Special needs may include:
 - Medical equipment
 - Services like Home Health Care or subacute rehabilitation at a skilled nursing facility
- Talk to your case manager if you have questions about special needs once you leave.

Discharge Process

- Once your surgeon says you can go home, you need to have:
 - Your coach by your side.
 - Your possessions (items you brought to the hospital) packed.
- Your care team will give you:
 - Any equipment you buy.
 - A copy of all the medicines, times, doses, and special precautions you should take.
 - Instructions on how to change dressings (if needed) and symptoms of infection to watch for.
 - All activity restrictions, future appointments, and when to call your doctor.
 - Any other special instructions.
 - A phone number you can call if you have questions.

Leaving the Hospital

- Before surgery, make sure you arrange to have someone available to take you home after surgery.
- Transportation staff at the hospital will take you by wheelchair to your vehicle. They will help you get in your vehicle.
- Please let us know ahead of time if you need help to get home.

The Future

The journey to keep your spine healthy continues at home. Below is what you need to know over the next few months. All of these will help you care for your spine, promote recovery, and help avoid future spine injury.

Keep Moving

- Continue your leg exercises in this book from page 11.
- Take a few short walks each day. Increase your walking as you heal.
 - Start slow if you have not been physically active in a while.
 - Start with 10 minutes of walking each day. Add 10 minutes each week until you move an hour each day.
- If you feel more pain than usual after an activity, you may have done too much. Take it easy for a few hours.

Follow-Up Appointments

You need to follow-up with your surgeon after you leave the hospital. During these visits, your surgeon will let you know when you can return to normal activities, drive, and return to work.

- There is usually no driving for the first 2 weeks. If you have a neck brace, it could be 6 to 12 weeks. Do not drive while you take opioid pain medicine.
- Avoid being a passenger in the car for more than 1 hour. Stop to walk and take a break if you need to take a long car ride.
- Most patients will not be able to return to work for 6 to 12 weeks after surgery. It depends on the type of job you do, your progress, and the type of surgery you had.
- Make sure to schedule all of your follow-up appointments.

Precautions for 3 Months

Remember to follow all of these over the next 3 months:

- Maintain your body weight.
- Walk to stay in shape and keep your spine healthy.
- Use correct posture.
 - Think of your ears, shoulders, and hips as having a dot on them.
 - Stand up straight to connect the dots and keep your chin level.
- Bend your knees if you need to pick up something from the floor. Keep your back straight.
- Avoid pushing, pulling, or twisting.
- Do not lift anything heavier than 5 to 10 pounds.
- Sit in higher chairs rather than lower ones. Try to sit in chair with arms so it is easier to get up.
- If your therapist tells you to use a walker or cane after surgery, use it until your doctor says not to.
- Take a shower instead of a bath.
- Avoid dangerous, high-impact activities like skiing, contact sports, or jogging.

See page 34 for an action plan to know when you should call your surgeon's office or call 911.

Tips for Daily Activities

It is important to think before you move after surgery to avoid injury. Once you go home, it is easy to go back to old habits. You may be used to bending or standing quickly from a chair. You will not be able to move as quickly as you used to after surgery. Follow the tips below to move safely after surgery.



Chair Position

- Use a firm, sturdy chair with armrests.
- Sit on pillows and put one pillow at the small of your back if you need to help with good posture.

To sit down in a chair:

1. Back up to the chair until you feel the back of your legs touch it.
2. Tighten your stomach muscles. Lean forward from your hips, not your waist.
3. Use your leg muscles to lower yourself onto the front of the chair.
4. Scoot back.

To get up from the chair:

1. Scoot to the front of the chair.
2. Hold the side of the chair or the armrests for support.
3. Tighten your stomach muscles and place one foot slightly in front of the other.
4. Bend at the hips, not the waist, and use your leg muscles to push your body up.



Toilet

- Use a toilet riser, commode, or other equipment your therapist recommends.

To sit down and get up:

1. Back up to the toilet until you feel the back of your legs touch it.
2. Reach back from the armrests, if they are there.
3. Slowly lower yourself onto the toilet.
 - Tighten your stomach muscles.
 - Bend your knees and hips as you lower onto the seat.
4. Reverse the process to get up. Use the armrests to push up, if you have them.
 - Get your balance before you start to walk.



Showering

- Do not bend when you shower to protect your back.
- Use a long-handled sponge and shower hose to make showering easier.
- Your therapist can show you how to use a shower bench or shower chair.

Tub Transfer

1. Place the transfer bench over the tub wall with 2 legs inside the tub and 2 outside the tub.
2. Walk to the side of the tub and stop next to the bench. Turn so you face away from the tub.
3. Reach back with 1 hand for the back of the bench.
4. Sit down on the bench.
5. Lift your legs over the side of the tub and turn to sit and face the faucet.
6. To get out of the tub, turn in the bench and lift your legs over the side of the tub. Stand up outside of the tub, pushing off from the bench.



Dressing

- There is different equipment that can help you dress easily. Items like a sock aid or long-handled shoe horn can help you take off socks, stockings, and shoes without bending at your back.
- Ask your therapist if you have questions or need help with dressing equipment.

Slacks (Pants) and Underwear

- Sit on the side of your bed or in an armchair. Use any equipment you have to help.
- Put on underwear first. If you use a dressing stick, catch the waist of your underwear and pull up 1 leg at a time.
 - Use this same process for slacks or pants.
- Take the pants and underwear off 1 leg at a time when you undress.

Socks and Stockings

To put on socks and stockings with a sock aid:

1. Slide the sock or stocking onto the sock aid.
 - Make sure the heel of the sock is at the back of the plastic and the toe of the sock is tight against the end.
 - The top of the sock should not be pulled over the top of the plastic piece.
2. Hold onto the cords and drop the sock aid in front of your foot.
3. Slip your foot into the sock and pull it up.
4. Remove the sock aid by pulling on the cords.
5. To take socks or stockings off, use the hoot on the dressing stick or reacher to hook the top of the sock toward the back of the heel. Push the sock off your foot.

Shoes

- Wear slip-on shoes or use elastic shoelaces so you will not have to bend over to pull the shoes on or tie the laces.
- Use a dressing stick or long-handled shoe horn to put on or take off shoes.



Home Safety

- Be aware of hazards in your home like wet or uneven floors.
 - Remove clutter and rugs from the floor so you do not trip.
- Arrange your living room and bedroom so it is easier to get around.
- Arrange your kitchen so it is easy to reach items you use often like pots, pans, and dishes.
- A reacher can come in handy when you need to get objects too far below or above you.
- Try to store items at an easy to reach height.
- Slide objects along the countertop rather than carry them.
- Sit on a high stool when you do tasks at the countertop.
- Prepare simple meals ahead of time that can be reheated in the microwave or oven.



Sleep

- Your therapist will teach you about the correct alignment positions for your spine while you sleep.
 - You can log roll onto either side with a pillow in between your knees.
 - You can also lie on your back with a pillow under your knees.
 - Do not lie on your stomach until cleared by your surgeon.

Turning in Bed

1. Tighten your stomach muscles.
2. Bend your knees slightly towards your chest.
3. Roll onto 1 side.
 - Keep your ears, shoulders, and hips in line.
 - Do not bend or twist at the waist.



Sexual Intercourse

- Your surgeon will tell you when it is safe to resume sexual intercourse.
 - This could be anywhere from 2 to 12 weeks or more after surgery.
- There are some sexual positions that do not follow your spine precautions. You do not want to re-injure your back during sexual intercourse.



Car Transfers

To get in to the front passenger side seat:

1. Make sure the car seat is all the way back and the backrest is semi-reclined.
2. Lower yourself onto the seat. Allow the seat to support you.
3. Slide back in a semi-reclined position toward the driver's seat.
4. Pivot your body and legs around to face the front.
 - Keep your legs apart with a pillow.
 - Do not twist your back as you get into the vehicle.
 - Reverse the order to get out.

Eating Plan After Surgery

A healthful eating plan after surgery will help meet your energy needs, increase your strength, maintain your weight, and rebuild soft tissue and muscle. All of this helps you get back to optimal health.

Goals

- Try to eat a variety of whole foods like vegetables, fruits, whole grains, legumes, lean protein-rich foods, and dairy or soy products with calcium and vitamin D.
- Try to limit food and drink with a lot of sodium, saturated fat, and added sugars.
- Eat every 3 to 4 hours while you are awake. Start with breakfast.
- Get enough calories from the list of foods above to maintain your weight.
- Nutrition supplements like Ensure® or Boost® may help meet your nutrition goals and help recovery if you have a hard time getting enough calories.
 - You can buy these at most grocery stores, pharmacies, and chain super-stores.
- Eat foods high in fiber like vegetables, fruits, whole grains, beans, and legumes to prevent constipation.
- Stay hydrated. Drink 8 to 10 cups of water a day, unless told different by your doctor.
- If you need to lose weight, wait until you have recovered fully from surgery. Then work with your primary care doctor to find a weight loss program right for you.
 - Contact our weight management team for help to find the right program for you.
 - Visit henryford.com/weightmanagement.



We Are Here For You

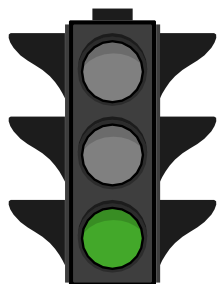
We appreciate your confidence and thank you for allowing Henry Ford Health to care for you. Remember, even after you have left the hospital, we are available to talk about any concerns or questions you have.

Spine Surgery Action Plan

Your Plan for Action

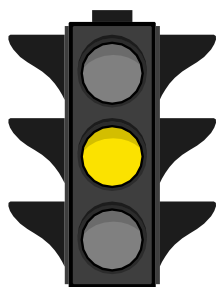
- Use this guide to help tell your surgeon about changes in your symptoms.
- You are less likely to go to the hospital when you notice your symptoms early and take action.

You are in control and doing well.



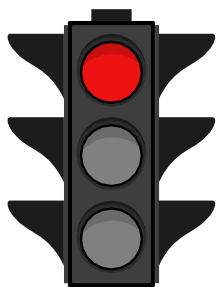
- I am staying ahead of my pain, so it does not get severe.
- I am having bowel movements every 1 to 3 days.
- My incision is clean and dry.
- My incision may have some bruising and swelling, which is normal.
- I take short frequent walks and change my positions often

Take action. Call your doctor today.



- I have new difficulty walking or increased weakness in my leg(s) or arm(s).
- I had a fall that has made it hard to walk.
- I have severe pain and medicine does not help.
- I have new difficulty swallowing.
- I have severe abdominal pain, or a bloated or firm belly (abdominal distention).
- I can't urinate, or I have new difficulty holding my urine.
- I have not had a bowel movement in 4 to 5 days.
- My bandage is filled with blood or blood is leaking out (if I have a bandage).
- My incision is swelling more, is breaking open, smells bad, or has green or pus-like discharge.
- I have a consistent fever over 101°F.
- I have unusual pain in my calf when I touch or squeeze it, or when I stand or move.
- I have redness, warmth, pain, swelling, or extreme numbness in my leg(s) or arm(s) that is new or different from before surgery.

Take action now! Call 9-1-1 or go to the Emergency Department right away!



- I have chest pain or pressure that does not go away.
- I feel like I can't breathe.
- I am coughing up blood or there is blood in my saliva.
- I can't move my leg(s) or arm(s).