

Spine Pre-Operative Class

Preparation for your surgery



Primary Educational Goals

Saint Luke's Health System understands that our patients and their families come from diverse cultures and languages. Therefore, this spinal (back) surgery presentation is designed to provide education by an in-person facilitator or viewed privately as an on-line program, depending on your preference.

If you are viewing this information on-line and have questions, please call 816-932-6705

If you are viewing this information on-line and speak or read in another language, please call 816-932-6705 so that our patient care navigators can schedule a separate session for you using our interpreter services.

During your hospital stay, we will provide an interpreter and will strive to address any cultural, religious, spiritual or dietary needs you have. Please contact us one week prior to surgery about these needs.



Agenda

- ❑ Before Your Surgery
- ❑ Medications
- ❑ Day Before Surgery
- ❑ Day of Surgery
 - Pre-Op Holding Area
 - Operating Room
 - Post-Anesthesia Care Unit (PACU)
- ❑ After Surgery
- ❑ Discharge



Before Your Surgery



Before Your Surgery

Your Physician will determine what pre-operative tests are needed for you, which **may** include:

- Physical exam
- EKG
- Blood tests
- Urinalysis
- Chest x-ray
- Nasal swab
- Pregnancy test (if applicable)



Note: You are expected to discontinue smoking prior to surgery to maximize healing and results.



Pre-Operative Bathing

- You should use either a chlorhexidine based solution (prescribed or given to you by your surgeon) or an anti-bacterial soap for **at least three days prior** to your surgery. Use this to wash your body from the neck down (do not use this on your face, head, genitals).
- Your final shower with either a chlorhexidine based solution or an anti-bacterial soap will need to be on the morning of your surgery. On this day, do not apply any lotion or deodorant after your shower.



Medications



Medications Before Surgery

Medications to **take**:

- Heart medications
- Blood pressure medications

Medications to **avoid** and/or **discontinue**:

- Blood thinners: Ex. Aspirin, Plavix, Coumadin, Xarelto, Pradaxa, Eliquis
- Nonsteroidals: Ex. Naprosyn, Motrin, Ibuprofen, Aleve, Mobic
- Herbal supplements , Vitamins

Note: A nurse from Pre-Anesthesia testing will call prior to surgery.



Day Before Surgery



Day Before Surgery

- Surgery time (subject to change)
 - Pre-Anesthesia Testing will call up to two weeks prior to surgery to confirm date, time, medication list, and medical/ surgical history. They will also notify with any changes to date/ time.
- Solids are allowed until eight hours prior to arrival time (10 hours prior to OR time).
 - Solid food, chewing gum, throat lozenges, and breath mints.
- Clear liquids are allowed until two hours prior to arrival time (four hours prior to OR time).
 - Water, black coffee (NO sugar or cream), tea (NO sugar or cream), clear carbonated beverages, apple juice.
- Pack *only* necessities to bring with you. Please leave all valuable items at home.
 - Ex: cane or walker (be sure it includes your name)

Note: Be sure to notify your surgeon's office if there are any insurance changes.



Arrange for Help

Ways to make your recovery easier and safer, pre-surgery:

- Prepare your home before surgery
 - This creates less work for you and your family and makes your discharge smoother.
- Ask a friend or family to assist with errands, groceries, doctor's appointments
 - No driving for at least **2 weeks** after surgery
- Arrange for a responsible adult to stay with you for the **first 24 hours**
- If you have over an **hour** long drive home from the hospital, it is recommended that you stop at least once every hour to get out and move.



Family/Friend Support: What You'll Need

- Help with **transportation** for 2-4 weeks
 - To and from the hospital
 - To and from the grocery and pharmacy
 - Running errands or shopping
- Help with **cooking and cleaning**
 - It is best to pre-plan and have frozen meals or prepare simple meals
 - Laundry becomes difficult with spine precautions
 - You will not be allowed to be in stooped positions (vacuuming and sweeping) for 4-6 weeks after your surgery
- Help **caring for your pet(s)**
 - Avoid walking dogs on a leash, cleaning up after your pet, and refreshing the food and water dishes



Preparing Your Home for after Surgery

- Try to limit **stairs** to avoid fatigue, such as:
 - Stairs to enter your home
 - Stairs to upper or lower levels in the home
 - Will you have to climb stairs to access your bedroom or bathroom?
 - Are there sturdy railings for your stairs, including entry stairs?
- The Physical Therapist can practice stairs prior to discharge to help ensure safe transition to home
- You may need to make arrangements to stay on one level
 - This may require moving a bed or using a bedside commode



Reduce Your Risk of Falling

- Place commonly used items within **arms reach**
- **Remove** throw rugs
- **Clear pathways** within your home
- **Remove hazards** in the home that could cause tripping
- Wear shoes or slippers with **non-skid soles**
- Have family or friends available to **assist you once home**

Note: The physical and occupational therapists can further discuss any safety concerns you have prior to discharge



Day of Surgery



Day of Surgery – What to Bring

Bring the following:

- Photo ID
- Insurance card
- Form of payment (if needed)
- List of medications
 - Include research medications
 - Over the counter and/or nonprescription medications
 - Only bring a **list** of your medications. Do **not** bring your actual medications to the hospital, **unless** your surgeon specifically tells you to.



Note: Notify the surgeon of any changes to your medical history



Day of Surgery – Agenda

1. Check-in at the **admitting desk** .
2. After check-in, the admitting representative will take you to the pre-operative waiting area.
3. **Call the pre-admission area**
 - Use the phone that is located on the desk in the waiting room
4. The nurse will bring you back to the **pre-op area**
 - *Note: family will need to wait in the waiting area*
 - The nurse will gather preliminary information from you, then will get the family
5. A surgery **tracking card** will be given to family
 - Once surgery is complete, the surgeon will meet family or friends in the waiting area, and update them on the surgery status and how the patient is doing

Note: It might take up to an hour before family can see the patient after the surgeons visits



Day of Surgery – Pre-Op

Pre-Op Admissions Area:

- Consent
 - Your pre-op nurse and/ or physician will go over and sign your surgical consent form with you.
- IV
 - Your pre-op nurse will start an intravenous (IV) line and begin your IV fluids.
- Vital Signs
 - Baseline vitals will be obtained while you are in the pre-op area.
- Your pre-op nurse will review you medical and surgical history, as well as your medication list and when medications were last taken.
- Any additional lab tests requested by your physician will be performed in the pre-op area.
- Anesthesia
 - Let the anesthesiologist know if you have had issues with anesthesia before
- Surgeon may meet with you



Intraoperative Neurophysiological Monitoring (IOM)

Note: IOM is a tool that **may** be utilized during your surgery, but is not necessary for all surgeries.

- A team of neuromonitoring technicians and a neurologist will monitor your brain, spinal cord, and nerves while the surgeon works in and around those sensitive areas.
- The IOM team will follow the electrical signals in these parts of the nervous system and warn the surgical team if any changes occur that could indicate problems and require a change in approach.
- While IOM is not needed for all surgeries, the risks of surgery can be lowered by using IOM for many neurosurgeries.



IOM – What to expect?

- **Before the operation**, neuromonitoring techs will:
 - Meet with you and discuss neuromonitoring procedure
 - Place electrodes on your wrists/ankles
- **After you are asleep**, techs will:
 - Place small, acupuncture-like needles in specific muscles in your arms, legs, trunk, and scalp
 - Communicate with the neurologist and surgical team during the procedure about the monitoring information.
 - At the end of the operation, **before you wake up**, needles will be removed
 - The needles may leave small spots of blood or bruising, but more often leave no mark at all.



IOM – Things to Share

- Any **conditions** that may affect the nervous system such as :
 - Epilepsy / Seizures
 - Diabetes
 - (Peripheral) neuropathy
- **Prior surgeries** with implants or changes to the nervous system such as :
 - Any metal implants in your body
 - Pacemaker or other cardiac implant
 - Deep brain stimulator
 - Cochlear implant
- Any **medications or conditions** that thin your blood.



Day of Surgery – Operating Room

- After completion of all pre-op tasks, you will be taken to the operating room for your surgical procedure.
- The surgical team will have you positioned, draped, and prepped prior to your surgeon entering the operating room.



Day of Surgery – PACU-Recovery Room

- You will be monitored closely by a nurse
- Vital signs will be taken frequently
- You will have leads placed on your chest to monitor your heart rate and rhythm
- You may have a bladder catheter after surgery
- Your PACU nurse will call report to the nursing unit to ensure easy transition of care
- Family waiting area staff will notify family regarding patient's room # in the unit



Day of Surgery – Arriving at Unit

Certified Nursing Assistant (CNA) duties

- Take your vital signs
- Provide items you will need during your stay (water, hygiene products, etc.)

Registered Nurse (RN)

- Assess you and your pain (this will be done continually throughout your stay)
- Give medications and monitor side effects
- Bedside report (please let your nurse know if you do not want this done at the bedside)

Unit Features

- Call light
 - Utilize this if you need anything from your CNA or nurse.
- Communication Board
 - Updated every shift to include your caregivers' names, goals for the day, and the availability of your pain medication.
- Visiting hours



Infection Control

Hand Washing

- It is critical that anyone entering or exiting your room washes their hands
 - Use the hand sanitizer stations inside and outside the room when hands are not visibly soiled
 - Wash with soap and water after using the restroom or when hands are visibly soiled
- Please do not hesitate to ask anyone entering or exiting to utilize these practices
 - Encourage family, friends, and visitors to also use hand sanitizer stations



After Surgery



After Surgery

- Oxygen & Pulse Oximetry
 - It is not uncommon to be on oxygen for the first 24 hours of the post-operative period while the anesthesia and pain medications given during surgery wear off.
 - We utilize a continuous pulse oximeter to monitor your oxygen saturation to ensure that you are not becoming over-sedated from pain medication.
- Drains
 - Depending on your surgeon and the extent of your surgery, a drain may be placed near your surgical incision to help drain excess fluid. These will be removed before you are discharged from the hospital.



After Surgery

- Labs & X-Rays
 - Labs are typically checked in the early morning to check for post-operative anemia.
 - X-Rays may be ordered post-operatively to ensure proper placement of hardware and no changes to the surgical site. Typically ordered the day after surgery, and then again at your follow up appointment to compare and ensure proper healing.
- Frequent vital signs & neuro checks
 - We do frequent checks for the first 24 hours to monitor for any post-operative complications.
- Bladder scanning
 - Within eight hours of your surgery ending or of your urinary catheter being removed, you should be able to urinate. If not, or if you have any abdominal discomfort, your nurse or CNA may perform a bladder scan (similar to an ultrasound) on your abdomen to see if you are retaining any urine. Depending on the amount of urine found, your nurse may have to insert a short catheter to drain your bladder and then remove it.



After Surgery

- Blood sugar checks (finger sticks/if applicable)
 - If you are a patient with Diabetes, we may monitor your blood sugar levels with finger sticks. It is not uncommon for your blood sugar level to increase as a reaction of the stress of surgery on your body. If your blood sugar is increased, it significantly increases your risk of infection; because of this, it is not uncommon for patients to be ordered sliding scale insulin while in the hospital.
- Smoking/nicotine replacement/cessation
 - Smoking significantly delays your healing process and increases your risk for infection.
- Saint Luke's Health System is a tobacco free system and does not allow tobacco use on any of its campuses. If you feel you that you need a nicotine replacement patch, please discuss with your physician. Our goal, however, is to decrease tobacco use among our patients, so be free to discuss with a member of your care team if you are interested in smoking cessation assistance.



Pain After Surgery

- Pain is to be expected
 - Our goal is to manage the pain appropriately.
 - We will continually ask you to rate your pain on a scale of 0-10.
 - Your pain will be managed via pharmacological and non pharmacological methods.
 - Pillows and body positioning will be used to help reduce pain and promote comfort.
 - Be able to differentiate between incisional pain and muscle spasms.
- Pain medications
 - Available on an as needed basis – **they are not scheduled**. Request pain medication as needed.
 - Your surgeon may order a PCA (Patient Controlled Analgesic) pump for pain.
 - Dry erase boards in room are updated for you to know when pain medications are available.
 - Muscle relaxers versus narcotics.



Blood Clot Prevention After Surgery

Any of the following may be used to prevent blood clots:

- Sequential Compression Devices
- Therapy
- Walking
- Progression of activity



Pneumonia Prevention After Surgery

- Cough
- Deep breathe
- Incentive spirometer
 - 10 times every hour, while awake
- Pneumonia vaccine (if indicated)



Diet After Surgery

- Your diet will be advanced as ordered and tolerated.
 - It is important for your stomach to “wake up” after surgery before consuming food
 - Eat foods high in fiber (fruits and vegetables) and stay well hydrated.
 - Should you become nauseous after eating, there are medications that can be given; please request these from your nurse.
- Room Service
 - Available from 7 a.m.– 6:45p.m., call x23663
 - Each meal must be ordered (Ask staff if you need assistance)
- Bowels
 - Make sure your bowels have moved well prior to surgery.
 - You may want to consider taking an over the counter stool softener like Colace one week prior to surgery.
- Diabetics
 - Sliding scale insulin (surgeon orders this to better control blood sugars).



After Surgery – Hospital Unit Safety

- Do not leave the floor unless accompanied by hospital staff.
- Use call light and wait for help to arrive before getting out of bed.
- Always ask your nurse if you have any questions or concerns.



Discharge



Discharge Plan

- Discharge planning begins when you first arrive at the hospital.
- We want to maximize your success post-operatively.
- We will review instructions, for home care, during discharge:
 - Prescriptions
 - Incision care
 - Activity
 - Home support
 - Following up with your surgeon
 - This is usually two weeks after discharge, if you have questions though, please contact your surgeon's office.
- Patients are usually discharged between **11 a.m. and 2 p.m.**
 - Be prepared to have your ride here to take you home by 2 p.m.

Note: To avoid constipation after surgery, you may want to consider purchasing stool softener from a pharmacy. It is also important to make arrangements ahead of time for support and transportation.



Discharge – Care Progression

- Team includes an RN and Social Worker
- Perform discharge planning assessment
- Verify demographics, PCP, insurance information and anticipated discharge plan

When needed, they also help to arrange:

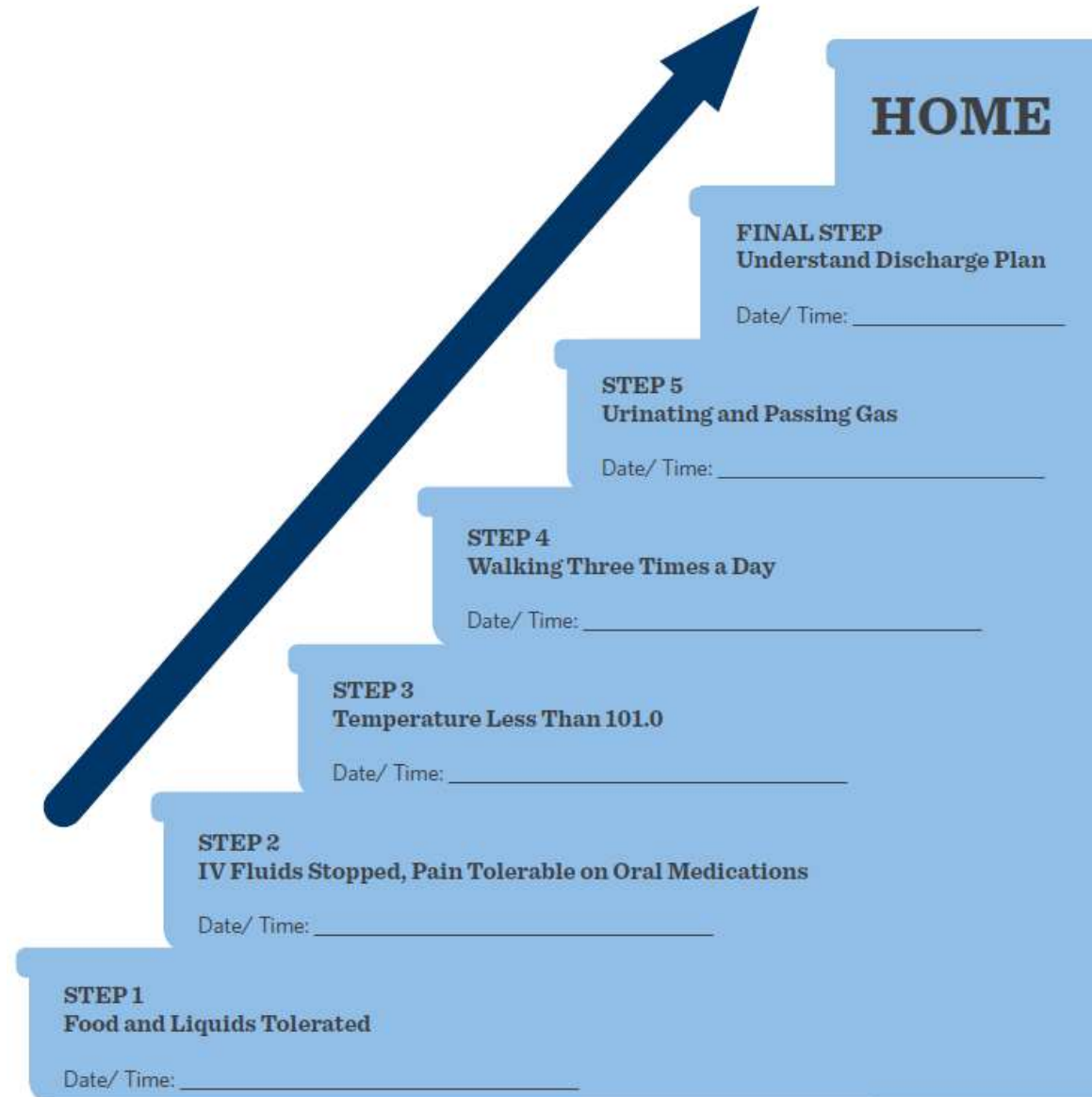
- Home health services
- Medical equipment
- Rehabilitation services



Steps to Discharge

Partners in Care

Making sure you are prepared for discharge:



Incision Care After Surgery

- **Steri Strips:** May remove outer dressing on post-operative day #3.
 - Okay to shower once outer dressing is removed.
 - Steri strips will start to fall off or may be gently removed like a bandaid.
- **Dermabond Prineo:** Unless incision is draining, it is okay to leave Prineo dressing open to air.
 - May shower with Prineo uncovered.
 - Do NOT remove the Prineo dressing; it will fall off on its own.
- **Sutures:** May remove outer dressing on post-operative day #3.
 - Okay to leave sutures open to air once outer dressing is removed.
 - Sutures will dissolve on their own over time.
- **Staples:** May remove outer dressing on post-operative day #3.
 - Okay to shower once outer, surgical dressing is removed.
 - Okay to leave staples open to air once outer dressing is removed.
 - Staples will be removed two weeks post-operatively in the clinic.
- **All closure methods:**
 - Okay to shower on post-operative day #3.
 - Avoid direct water pressure to the incision.
 - Do not apply soap or lotion directly to the incision, but do allow soapy water to run over it.
 - Do not scrub incision, pat dry.
 - Do not submerge incision for six weeks (no hot tubs, swimming pools, bath tubs, etc.).

Note: Please notify your surgeon's office if you are experiencing any signs of an allergic reaction to your dressing (redness, itching, hives, etc.)



Adaptive Equipment Kit

Items that may be helpful after surgery:

- A sponge will help with washing your legs, feet and back.
- A shoe horn will help with putting on your shoes.
- A reacher will help with getting dressed and picking up items from the floor.
- A sock aide will help with putting on your socks.

Note: The occupational therapist will show you how to use these items.



Self Care After Surgery

Shower

- Consider a shower seat.
- Avoid bending over.
- Use a long handled sponge or brush.
- Refer to your discharge instructions for information regarding bathing and your incision.
- No submerging incision (hot tubs, bath tubs, swimming pools) for 6 weeks.

Dressing

- Avoid bending over.
- Sit down while getting dressed.
- Use adaptive equipment as needed.



Items You Might Need After Surgery

- Assistive Walking Device (either a walker with 2 wheels in the front or a cane)
 - If you already have a walker or cane, bring it to the hospital so that it can be fitted correctly.
- Raised toilet seat
- Chair or bench for the tub or shower
- Bedside commode
- Reacher

You may need some or none of these items. It is best to ask around prior to surgery to determine what you can access.

Note: Based on mobility, most are out of pocket costs. Medicare only pays for a walker every five years.



When to Call Your Surgeon's Office

Be sure to mention:

- Any new changes in sensation or weakness
- Any signs of infection
 - Chills
 - Temperature greater than 101.0 degrees
 - Any redness, swelling, or warmth around the incision site
 - Any increased, yellow or cloudy, or foul smelling drainage from your incision
- If incision site separates
- Any signs of a blood clot
 - Pain, swelling, redness, or warmth in your calves
- Increase in Pain
- Vomiting
- Any bowel or bladder changes



When to Call 911

If you have:

- Fainting
- Dizziness
- Difficulty breathing/ shortness of breath
- Chest pain not relieved by rest or medication
- Disorientation



Patient Responsibilities

- Do as much for yourself as permitted, both before and after discharge from the hospital, to keep you as independent as possible.
- Read all of your discharge paper work as it will often include follow up appointment information. Take your discharge paper work to your follow up appointment.
- Plan for your discharge from the hospital before your day of surgery.
 - You will need help at home after surgery.
 - You will need someone to drive for you.
 - Do not assume you can go to a skilled nursing facility after discharge.
 - Certain admission criteria must be met to enter these facilities.
 - Your insurance plans will also influence your admission criteria to a SNF.
 - If you think that you want to go to a Skilled Nursing, visit around and have a few picked out prior to your surgery.



Questions?

