



Guidebook for Spine Surgery

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Welcome

Now that you have made the decision to have spine surgery, you may have many questions. This guidebook has been designed to provide you with the information you need as you move through your journey. It is normal to have questions and worries. Reading this guidebook will answer your questions and ease your anxiety. WellSpan Health is working as one to improve health through exceptional care for all, lifelong wellness, and healthy communities. Thank you for choosing WellSpan Spine Care for your surgery.

Using the guidebook

The Guidebook will assist you with:

- What to expect
- What you need to do
- How to care for yourself after spine surgery

We believe patients play a key role in ensuring a successful recovery, so we involve them through every step of our program.

Your doctor, nurse, or therapist may add or change any of the recommendations. Always use their recommendations first and ask questions if you are unsure.





Getting the Most Out of Your Spine Surgery Guidebook

This guidebook is yours to keep. It's long, but it has everything you need for your spine surgery journey. You don't need to read it all at once. Use this page to help you know what to look for and when.



What is in the Guidebook?

You'll find helpful information about:

- Getting ready for surgery.
- What to bring to the hospital.
- Spine Precaution information and exercises.
- How to care for yourself at home after surgery.
- When to call your doctor.



When Should I Use this Guidebook?

Before Surgery

- Read the sections about how to prepare your body and home for surgery, incision care, physical activity, and what to expect in the hospital.
- Write down your questions for your care team.

After Surgery

- Use it to check if you are healing as expected.
- Review the activity guidelines and tips for recovery.

Long Term

- This book is a tool to help you stay healthy for life.
- Use it when you need a reminder or a boost.



Any Tips to Help me with this Guidebook?

- Start with the table of contents to find what you need.
- Use sticky notes or a highlighter to mark pages you want to return to.
- Ask your care team if you need help understanding anything.



Is there an Online Version of this Guidebook?

Scan this QR code for an online version:



What if I Have Questions?

Bring this book with you to appointments. Your team is here to help.

Important Phone Numbers

Hospitals and Surgery Centers

WellSpan York Hospital.....	717-851-2345
WellSpan Surgery and Rehabilitation Hospital.....	717-812-6100
WellSpan Ephrata Community Hospital	717-733-0311
WellSpan Gettysburg Hospital.....	717-334-2121
WellSpan Health and Surgery Center	717-646-4204
WellSpan Chambersburg Hospital	717-267-3000
WellSpan Dr. Roy A. Himelfarb Surgery Center.....	717-217-6720
WellSpan Evangelical Community Hospital.....	570-522-2000

Physician Offices

WellSpan Neurosurgery -York	717-812-5400
WellSpan Neurosurgery -Ephrata	717-721-4280
WellSpan Orthopedics -Ephrata.....	717-466-2451
WellSpan Neurosurgery -Lebanon.....	717-639-3640
WellSpan Neurosurgery -Gettysburg	717-812-5400
WellSpan Orthopedics-Gettysburg	717-339-2500
WellSpan Neurosurgery -Hanover	717-646-4229
WellSpan Neurosurgery -Chambersburg.....	717-217-6028
WellSpan Parkway Neurosurgery -Chambersburg.....	717-267-2563
WellSpan Parkway Neurosurgery -Hagerstown.....	301-797-9240
WellSpan Neurosurgery -Shippensburg.....	301-797-9240
WellSpan Neurosurgery-CityGate	717-721-4280
WellSpan Parkway Neurosurgery-McConnellsburg	301-797-9240
WellSpan Orthopedics at JPM Road	1-800-598-5096
WellSpan Orthopedics at 15th Street	1-800-598-5096
WellSpan Orthopedics-Selinsgrove.....	1-800-598-5096
WellSpan Orthopedics-Williamsport.....	1-800-598-5096

The TOP 12 Things You Need to Know to Prepare for Your Surgery

1. Your surgery is scheduled for (Date / Time / Location):

2. Your surgeon's name and office phone number:

3. Surgical spine education:

4. Pre-surgery medical consult:

5. Possible testing (may include EKG, chest x-ray, and blood work):

6. After surgery appointment:

7. **DO NOT EAT** any food after midnight before your surgery. You may have 16 oz of clear liquids up to 2 hours before your arrival time to the hospital, unless instructed otherwise.

8. **Remove all jewelry and piercings** before arriving for your surgery.

9. You will need to have **someone to drive you home** after your surgery. This driver must be over the age of 18. If you do not have a driver, your surgery will be cancelled. We ask that your driver stay in the facility.

10. Before you are sent home, we will give you **written instructions for how to care** for yourself after your surgery, including medicines, incision care, and follow-up appointments.

11. If you develop any infection (cold, sinus infection, or pneumonia) or skin changes (rash, cuts, or scratches) before your surgery, please call your surgeon.

12. **Identify a family member or friend who can assist you after surgery. Due to anesthesia, new medications, and new spinal restrictions, it is imperative to have more help at home to assist with activities of daily living and mobility.**

Care Companion User Guide



MyWellSpan has a unique tool that can help prepare you for your upcoming surgery. This tool is called MyWellSpan Care Companion. If you have a MyWellSpan account, you will begin receiving messages and tasks to complete when you have been scheduled for surgery. These tasks will help prepare you for your surgery. To view your Care Companion tasks, log into your MyWellSpan account and access your “To Do” list to get started.

For more information on Care Companion and to access the full user guide, please scan the QR code below, or click here: [Care Companion Patient User Guide.pdf](#)



Pre-surgery Checklist

Now Until 2 Weeks Before Surgery

- Meet with surgery scheduler.
- Stop smoking (if applicable).
- Complete pre-op testing such as blood work, chest x-ray, EKG.
- Attend prehabilitation appointment with physical therapy if assigned.
- Get equipment for home use (if needed); rolling walker, elevated toilet seat, reacher, sock aide, shoe horn.
- Complete Spine Surgery education and Care Companion tasks through your MyWellSpan Account, if applicable.
- De-clutter your home, removing area rugs that may be a tripping hazard.
- Place nightlights in bedrooms, hallways, and bathrooms.

2 Weeks Before Surgery

- Confirm ride to hospital and ride for office visits after surgery.
- Arrange for neighbors/family/friends to collect mail, assist with yard work, pets (dog walking and litter boxes for cats), and other housekeeping items.
- Arrange for someone to stay with you for at least one to 2 days after your discharge from the hospital, especially if you live alone. Arrange for friends to call on certain days or stop by to make sure you don't need any assistance.

1 Week Before Surgery

- Shop ahead. Have frozen dinners available and paper plates to limit washing. Meal Prep for after surgery as needed. Have plenty of liquids available such as Gatorade, Powerade, or Pedialyte.
- Place essential and frequently used items at counter level in the kitchen.
- Pay current bills so you do not have to worry.

3 Days Before Surgery

- Look at skin daily to make sure you have no rashes, open areas, or redness. **(Call surgeon office if you have rash, open area, or skin redness)**
- Begin packing for your hospital stay if you are staying overnight.
- Read through skin prep instructions and make sure you have your skin prep kit. (See Page 26).

Day Before Surgery

- Review packing list and finish packing.
- Call surgeon office if you have rash, open area, or skin redness.
- Update Medication List as needed.
- Receive phone call from hospital with surgery time and other details. You should receive a call between 2:00 and 5:00 PM.
- Complete day before surgery skin prep as instructed.
- Change your bed with fresh linens before surgery and as needed while recovering.
- NO smoking, vaping, or tobacco use after 6:00 p.m. the evening before your surgery.

Day of Surgery

- Take morning medications as instructed with a sip of water.
- Remove all jewelry and body piercings.
- Do NOT wear makeup, lotions, powder, perfumes, hairspray, mousse, hair gel, deodorant, or nail polish.
- Complete day of surgery skin prep as instructed.
- Do NOT eat any food after midnight. You may have 16 oz of clear liquids up to 2 hours before your arrival time to the hospital. Remember that no food or drink includes hard candy and chewing gum. Clear liquids includes water, 7-UP, black coffee, black tea, gatorade, or apple juice. No alcohol after 6:00 p.m. the evening before your surgery.
- Remember, WellSpan facilities are smoke-free. Smoking is NOT allowed on the hospital grounds.
- If you use an assistive device (i.e. rolling walker, single point cane), please bring along with you to the hospital.

Spine Surgery Educational Videos

Please scan the QR code or follow the link below to watch the following educational videos PRIOR to the day of your surgery. These videos can also be accessed through your Care Companion tasks in your MyWellSpan account.

- WellSpan Health: Getting Ready for Spine Surgery
- WellSpan Health: What to Expect after your Spine Surgery
- WellSpan Health: Rehabilitation Therapy after your Spine Surgery
- WellSpan Surgical Pain Education



Spine Surgery Educational Videos

Scan the QR code to watch videos



WellSpan.org/SpineVideos

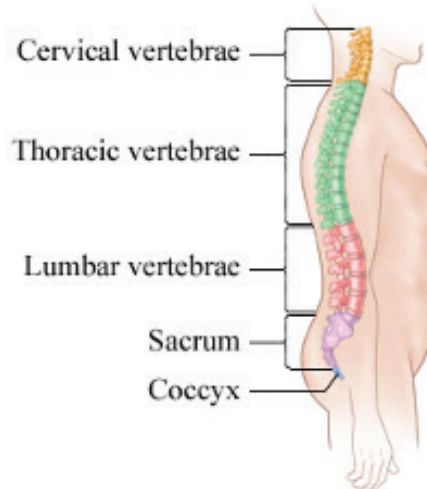
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General Spine Information

Spine

The spine (backbone) is composed of 33 interlocking bones called vertebrae that are separated by soft, compressible discs and supported by many different ligaments and muscles. It is divided into five segments: cervical (neck), thoracic (upper and middle back), lumbar (lower back), sacrum (pelvis), and coccyx (tailbone). In each segment, the vertebrae are numbered from top to bottom. For example, a C3 is the third vertebra in the neck area, while a T6 is the sixth vertebra in the thoracic area.

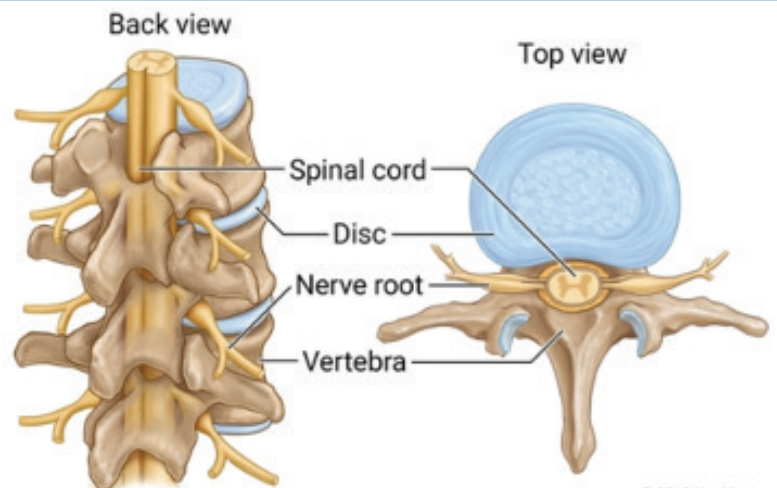
The vertebrae in the spine normally form three curves. These curves allow the spine to absorb shock as you move.



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Spinal cord anatomy

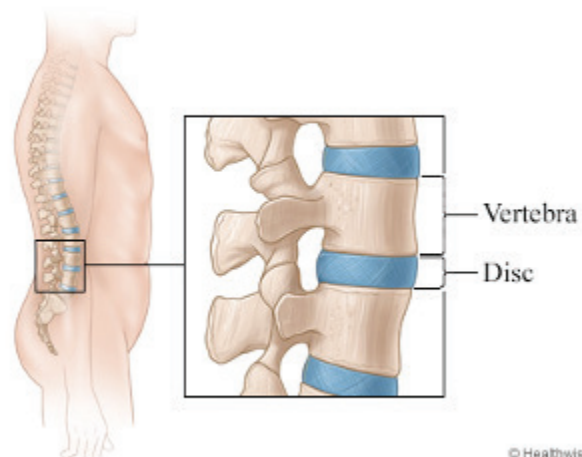
The spinal cord is a soft bundle of nerves that extends from the base of the brain to the lower back. It runs through the spinal canal, which is protected by the bones of the spine (vertebrae). Messages between the brain and the nerve roots travel up and down the spinal cord. This makes it possible for the brain and body to communicate. The discs cushion the vertebrae and provide flexibility to the spine and spinal cord.



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Discs of the Spine

The spine is formed by 33 interlocking bones called vertebrae. Located between each pair of vertebrae is a disc. The disc is composed of a capsule of connective tissue surrounding a soft, jellylike center. These discs absorb shock and provide flexibility within the spine.



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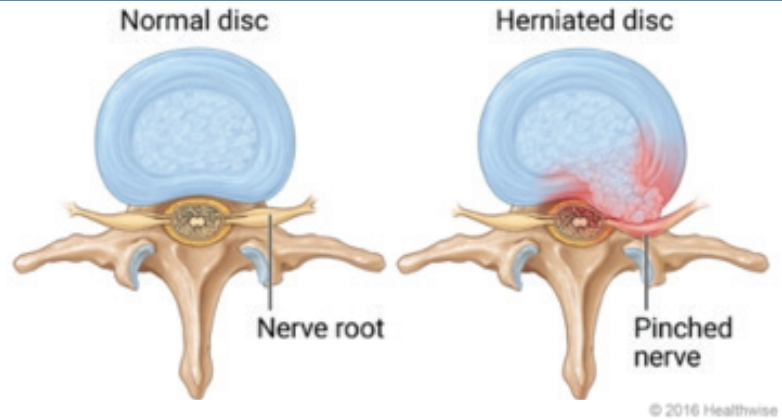
General Spine Information ... continued

Herniated disc and pinched nerve

The bones (vertebrae) that form the spine (backbone) are cushioned by small, round, flat discs. When these discs are damaged from an injury, normal wear and tear, or disease, they may bulge or break open. This is called a herniated or slipped disc.

If the herniated disc irritates or presses on a nerve root (pinched nerve), it may cause pain, numbness, or tingling in the area of the body to which the nerve travels. Many people have herniated discs but don't have any symptoms.

Author: Ignite Healthwise, LLC Staff, July 31, 2024



Degenerative Disc Disease

Degenerative disc disease isn't really a disease. It's a term used to describe the normal changes in your spinal discs as you age. Spinal discs are small, spongy discs that separate the bones (vertebrae) that make up the spine. The discs act as shock absorbers for the spine. They let your spine flex, bend, and twist.

Degenerative disc disease can take place in one or more places along the spine. It most often occurs in the discs in the lower back and the neck. The changes in the discs can cause back and neck pain. They can also lead to osteoarthritis, a herniated disc, or spinal stenosis.

As we age, our spinal discs break down, or degenerate. This breakdown causes the symptoms of degenerative disc disease in some people.

When the discs break down, they can lose fluid and dry out, and their outer layers can have tiny cracks or tears. This leads to less padding and less space between the bones in the spine. The body reacts to this by making bony growths on the spine called bone spurs. These spurs can press on the spinal nerve roots or spinal cord. This can cause pain and can affect how well the nerves work.

These changes in the discs are more likely to occur if you smoke, do heavy physical work (such as repeated heavy lifting), or are very overweight. A sudden injury may also cause changes to occur.

Many people with degenerative disc disease have no pain. But others have severe pain or other symptoms that limit their activities. Some of the most common symptoms are:

- Pain in the back or neck. Where the pain occurs depends on which discs are affected.
- Pain that gets worse when you move, such as when you bend over, reach up, or twist.
- Pain that may occur in the rear end (buttocks), arm, or leg if a nerve is pinched.
- Numbness or tingling in your arm or leg.

The pain may start after a major injury (such as from a car accident), a minor injury (such as a fall from a low height), or a normal motion (such as bending over to pick something up). It may also start gradually for no known reason and get worse over time.

A doctor can often diagnose degenerative disc disease while doing a physical exam. If your exam shows no signs of a serious condition, imaging tests (such as an X-ray) aren't likely to help your doctor find the cause of your symptoms. Sometimes degenerative disc disease is found when an X-ray is taken for another reason, such as an injury or other health problem. But even if the doctor finds degenerative disc disease, that doesn't always mean that you will have symptoms.

[continued on next page](#)

Degenerative Disc Disease (continued)

Self-care may be all you need to relieve pain caused by disc changes. This may include using ice or heat and taking over-the-counter medicines. If you develop health problems such as osteoarthritis, a herniated disc, or spinal stenosis, you may need other treatments. These include physical therapy and exercises for strengthening and stretching the back. Your doctor may prescribe medicines. In some cases, surgery may be recommended. It usually involves removing the damaged disc. In some cases, the bone is then permanently joined (fused) to protect the spinal cord. In rare cases, an artificial disc may be used to replace the disc that is removed.

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Author: Ignite Healthwise, LLC Staff

Spinal Stenosis

Spinal stenosis is the narrowing of the spinal canal. It can be caused by several problems, including overgrowth of bone or other tissue or by a herniated disc. When the spinal canal gets too narrow, it can squeeze and irritate your spinal cord or nearby nerve roots.

Spinal stenosis can cause pain, numbness, or weakness in your legs, buttocks, arms, or neck, depending on what area of your spine is affected.

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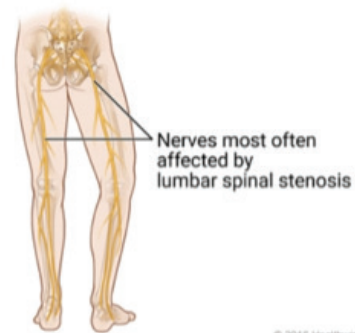
Author: Healthwise Staff

Medical Review: William H. Bland Jr. MD, FACEP - Emergency Medicine & Adam Husney MD - Family Medicine & Kenneth J.

Koval MD - Orthopedic Surgery, Orthopedic Trauma

Nerves most often affected by lumbar spinal stenosis

When nerve roots in the lower back (lumbar region) are squeezed, the pressure can affect nerves that extend into the legs. This can cause pain, numbness, and weakness in the legs and feet.



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Decompressive Surgery

Decompressive surgery is done to relieve pressure on the spinal cord and/or spinal nerve roots caused by age-related changes in the spine and to treat other conditions, such as injuries to the spine, herniated discs, or tumors. Decompressive laminectomy is the most common type of surgery done to treat a narrowing of the spinal canal (spinal stenosis).

The lamina is the part of the vertebrae (the bones that make up the spine) that forms a protective arch over the spinal cord. Laminectomy removes parts of the lamina and/or thickened tissue that is narrowing the spinal canal and squeezing the spinal cord and/or nerve roots. This procedure is done through a surgical incision in the back (posterior).

In cases of cervical (neck) stenosis, the incision may be done on the front (anterior) or back (posterior) of the neck. Surgery from the front does not include cutting into the lamina, so the procedure is usually referred to as a type of decompressive surgery rather than “decompressive laminectomy.”

Reducing pressure can often relieve symptoms and allow resumption of normal daily activities.

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General Spine Information ... continued

Ankylosing Spondylitis

Ankylosing spondylitis is a form of joint inflammation (arthritis) that is long-lasting (chronic) and most often affects the spine. Ankylosing spondylitis commonly causes pain and stiffness, with limited motion in the low back, middle back, neck, hips, chest wall, and heels.

Ankylosing spondylitis is a specific disease within a family of diseases called spondyloarthropathies. The cause of the disease is not known. In severe cases the affected joints in the spine fuse together. This causes severe stiffness in the back. Other joints can be stiff and painful, including those in the shoulders, wrists, hands, knees, ankles, and feet. Complications of ankylosing spondylitis may include inflammation of the colored part of the eye (iris), called iritis, or difficulty breathing due to curving of the upper body and stiffening of the chest wall. Inflammation from the condition may also affect the heart valves. In rare cases of severe disease, the artery called the aorta, the lungs, the kidneys, and the digestive tract can also be affected.

Ankylosing spondylitis usually affects people younger than about 35. It can run in families. And it is more common in men than in women.

Although there is no cure, treatment can usually control symptoms and prevent the condition from getting worse. Most people are able to continue to work and do normal daily activities.

Current as of: November 9, 2022

Author: Healthwise Staff

Medical Review: Adam Husney MD - Family Medicine & E. Gregory Thompson MD - Internal Medicine & Martin J. Gabica MD - Family Medicine & Kathleen Romito MD - Family Medicine & Richa Dhawan MD - Rheumatology & Heather Quinn MD - Family Medicine

Osteoarthritis

Osteoarthritis is usually called arthritis. Many people get this type of arthritis as they age. It happens when the cartilage that cushions your joints — like your knees and hips — gradually breaks down. Then the bones rub against each other. This causes damage and pain. There are many treatments that can help with the pain and make it easier to move.

Treatment for arthritis includes pain medicines and self-care. Self-care includes exercise and activity, staying at a healthy weight, putting ice or heat on a sore joint, and resting. You may also use devices and tools designed to make everyday tasks easier on your joint. Treatment with medicines usually starts with over-the-counter medicines. Your doctor may also recommend different or stronger medicines. You may need to try several types of treatment to find what works for you. If your pain doesn't get better with treatment, you may decide to have surgery. There is no cure for arthritis. But treatment can help slow or limit the breakdown of cartilage and help you reduce your pain and continue to lead an active life.

Current as of: July 31, 2024

Author: Healthwise Staff

Medical Review: Adam Husney MD - Family Medicine & Anne C. Poinier MD - Internal Medicine & Martin J. Gabica MD - Family Medicine & Kathleen Romito MD - Family Medicine & Stanford M. Shoor MD - Rheumatology

Osteoporosis

Osteoporosis is a disease that makes your bones thin, brittle, and easy to break. Osteoporosis is caused by a lack of bone strength or bone density. It's usually caused by low estrogen levels, like in menopause. Other causes include medicines such as steroids, kidney problems, and smoking.

In the early stages of osteoporosis, you probably won't have symptoms. Sometimes the first sign is a broken bone in your hip, spine, or wrist after a bump or fall. As the disease gets worse, symptoms include back pain and a curved upper back. Osteoporosis is diagnosed using a bone density test. It

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Osteoporosis (continued)

can also be diagnosed if you break certain bones just from falling down. Treatment for osteoporosis includes medicine to reduce bone loss and to build bone strength. To make your bones stronger, eat foods that contain calcium and vitamin D. And do activities like walking and lifting weights.

Current as of: September 25, 2023

Author: Healthwise Staff

Medical Review: Adam Husney MD - Family Medicine & Kathleen Romito MD - Family Medicine & Martin J. Gabica MD - Family Medicine & Carla J. Herman MD, MPH - Geriatric Medicine

Scoliosis

Scoliosis is a problem with the curve in your spine. In scoliosis, your spine makes a large curve from side to side in the shape of the letter “S” or the letter “C.” The spine may also be twisted (rotated). If this curve is severe, it can cause pain and make it hard to breathe.

Most cases of scoliosis are mild and don’t need treatment. If your scoliosis is severe, you may need a brace or surgery.

Current as of: July 31, 2024

Author: Healthwise Staff

Medical Review: John Pope MD - Pediatrics & Adam Husney MD - Family Medicine & Robert B. Keller MD - Orthopedics

Spondylolysis and Spondylolisthesis

Spondylolysis is a defect or fracture of one or both of the wing-shaped parts of a vertebra. It most often happens in the vertebrae of the lower spine. The wing-shaped parts help keep the vertebrae in place. When they are missing or damaged, a vertebra can slide forward or backward over the bone below it, sometimes pressing on the spinal cord or a nerve root. Spondylolisthesis is a condition in which one bone of the spinal column (vertebra) slips forward over another. This is caused by a deformity or weakening in part of a vertebra.

This condition results in a misalignment of the vertebrae. It can cause back or buttock pain and pain that runs from the lower back down one or both legs. It may cause numbness or weakness in one or both legs. Sometimes it causes no symptoms.

Defects or fractures in the wing-shaped parts can have different causes. Some people are born with a missing or damaged wing-shaped piece. This part of a vertebra may get damaged from playing sports or doing strenuous activity, especially during the pre-teen and teen years. Normal changes that come with aging can weaken this part of a vertebra and lead to fractures or other damage.

Certain types of athletes (particularly weight lifters, football players, gymnasts, and javelin throwers) are at increased risk for developing this defect.

A doctor diagnoses spondylolisthesis from a person’s symptoms and the results of imaging tests, such as X-rays or an MRI.

Treatment for spondylolisthesis begins with stopping any physical activity that may have lead to vertebrae damage or that increases pain. For pain, your doctor may suggest using nonsteroidal anti-inflammatory drugs (NSAIDs) or acetaminophen. Physical therapy may help to build up stomach and back muscles (core strengthening). Losing weight, if you need to, may also help. When pain is extreme or bones continue to move, surgery can sometimes help.

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Author: Healthwise Staff

Medical Review: William H. Bland Jr. MD, FACEP - Emergency Medicine & Adam Husney MD - Family Medicine & Heather Quinn MD - Family Medicine

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General Spine Information ... continued

Spinal Fusion for Scoliosis

In spinal fusion for scoliosis, rods, hooks, wires, or screws are attached to the curved part of the backbone, and the spine is straightened. Small pieces of bone, called grafts, are then put over the spine. Bone for grafts is often taken from other parts of the body, like the hipbone. The grafts will grow together with the spinal bone, fusing it into the proper position. Spinal fusion is major surgery. It usually takes several hours to complete.

Different techniques can be used to do spinal fusion. But the basic procedure is the same.

The surgical technique most often used to straighten and stabilize the spine is to do surgery from the back. This is called the posterior approach.

Current as of: July 31, 2024

Author: Healthwise Staff

Medical Review: John Pope MD - Pediatrics & E. Gregory Thompson MD - Internal Medicine & Adam Husney MD - Family Medicine & Kathleen Romito MD - Family Medicine & Robert B. Keller MD - Orthopedics

Spinal fusion

Spinal fusion is a surgery that joins (fuses) two or more vertebrae together. Vertebrae are the 33 interlocking bones of the spinal column that are stacked on top of each other.

Methods of doing spinal fusion may include:

Using bone that is harvested from elsewhere in the body or is obtained from a bone bank. Or sometimes human-made bone is used. This bone is used to make a “bridge” between adjoining vertebrae. This graft of bone stimulates the growth of new bone.

Securing metal implants to the vertebrae to hold them together until new bone grows between the vertebrae.

The medical term for spinal fusion is arthrodesis.

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Author: Healthwise Staff

Medical Review: William H. Bland Jr. MD, FACEP - Emergency Medicine & Adam Husney MD - Family Medicine & Kenneth J. Koval MD - Orthopedic Surgery, Orthopedic Trauma & Heather Quinn MD - Family Medicine

Cervical Spinal Fusion

Cervical spinal fusion is surgery that joins two or more of the vertebrae in your neck. When these bones are joined together, it's called fusion. After the joints are fused, they can no longer move.

During the surgery, the doctor uses bone to make a “bridge” between your vertebrae. This bridge may be strengthened with metal plates and screws. In most cases, the doctor uses bone from another part of your body or bone that has been donated to a bone bank. But sometimes human-made bone is used.

To do the surgery, the doctor makes a cut in either the front or the back of your neck. The cut is called an incision. It leaves a scar that fades with time.

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Author: Healthwise Staff

Medical Review: William H. Bland Jr. MD, FACEP - Emergency Medicine & Adam Husney MD - Family Medicine & Kathleen Romito MD - Family Medicine & Robert B. Keller MD - Orthopedics

Herbal Medicine

Herbal medicines can interfere with other medicines. Check with your doctor to see if you need to stop taking your herbal medicines before surgery.

Examples of herbal medicines: echinacea, ginkgo, ginseng, ginger, licorice, garlic, valerian, St. John's wort, ephedra, goldenseal, feverfew, saw palmetto, and kavakava.



Stop Smoking¹

If you smoke, stop using tobacco products, including smokeless tobacco, nicotine and vaping products. Smoking impairs healing of wounds and bone grafts. Continued tobacco use damages the other discs in your spine, leading to disease at other levels. And, smokers typically experience more pain than non-smokers.

Smoking:

- Delays your healing process.
- Reduces the size of blood vessels and decreases the amount of oxygen circulated in your blood.
- Can increase clotting, which can cause heart problems.
- Increases blood pressure and heart rate.

Smoking can impair oxygen circulation to your healing spine. Oxygen circulation is vital to the healing process.

If you quit using tobacco and nicotine products before surgery, you will increase your ability to heal. If you need help quitting, ask about hospital resources.

When you are ready:

- Decide to quit.
- Choose the date.
- Limit the area where you smoke; don't smoke at home.

continued on next page

Stop Smoking ... continued

- Throw away all cigarettes and ashtrays.
- Don't put yourself in situations where others smoke.
- Reward yourself for each day without cigarettes.
- Remind yourself that this can be done – be positive!
- Take it one day at a time – if you slip, get back to your decision to quit.
- Check with your doctor if you need products like chewing gum, patches or prescription aids.

For more information on smoking cessation, and to view our **WellSpan Your Can Quit Tobacco Booklet**, please use a smart device to scan the QR code below.



¹Smoking Threatens Orthopedic Outcomes. Negative effects should prompt orthopedists to address the issue with patients. S. Terry Canale, MD; Frank B. Kelly, MD; and Kaye Daugherty <https://www.aaos.org/aaosnow/issue/?issue=AAOSNow/2012/Jun>. Motrin is a registered trademark of McNeil-PPC, Inc. All rights reserved by trademark owner.

Pets



- Have help for the first few days to keep food and water available for pets.
- Plan for a dog walker for the first week (at the least). You do not want to lose your balance or be jerked by your pet!
- If you have cats, have someone assist with the litterbox so you do not have to bend to clean it.

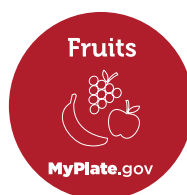
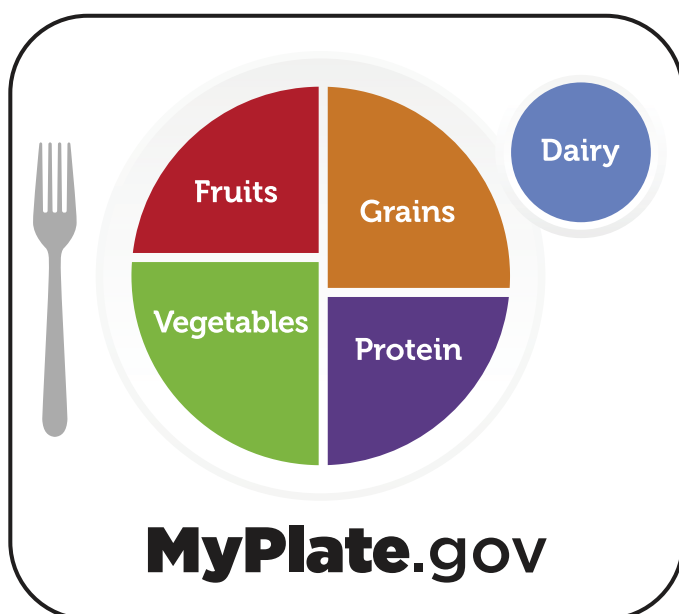
Eat Right

Food, Nutrition and Health Tips from the Academy of Nutrition and Dietetics

Eat Right with MyPlate

Find your healthy eating routine using these recommendations from the *2020-2025 Dietary Guidelines for Americans*.

Simply start with small changes to make healthier choices you can enjoy.



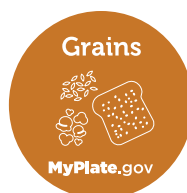
**Make half your plate fruits and vegetables:
Focus on whole fruits.**

- Choose whole, cut or pureed fruits – fresh, frozen, dried or canned in 100% juice.
- Enjoy fruit with meals, as snacks or as a dessert.



**Make half your plate fruits and vegetables:
Vary your veggies.**

- Try adding fresh, frozen or canned vegetables to salads, sides and main dishes.
- Choose a variety of colorful veggies prepared in healthful ways: steamed, sautéed, roasted or raw.

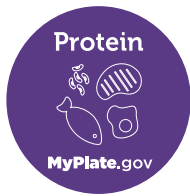


Make half your grains whole grains.

- Look for whole grains listed first on the ingredients list - try oatmeal, popcorn, teff, quinoa, millet, bulgur, brown rice, or breads, crackers and noodles made with whole-grain flours.
- Limit grain desserts and snacks such as cakes, cookies and pastries.

continued on next page

Eat Right ... continued



Vary your protein routine.

- Mix up your protein foods to include seafood, beans, peas and lentils, unsalted nuts and seeds, soy products, eggs, and lean meats and poultry.
- Try meatless meals made with beans and have fish or seafood twice a week.



Move to low-fat or fat-free dairy milk or yogurt.

- Choose fat-free milk, yogurt and calcium-fortified soymilk to cut back on saturated fat.
- Replace sour cream, cream and regular cheese with low-fat or fat-free yogurt, milk and cheese.



Choose foods and beverages with less added sugars, saturated fat, and sodium.

- Use the Nutrition Facts Label and ingredients list to limit items high in saturated fat, sodium and added sugars.
- Choose vegetable oils instead of butter and oil-based sauces and dips instead of ones with butter, cream or cheese.
- Drink water instead of sugary drinks

Start simple with MyPlate

Find more healthy eating tips at:

eatright.org

kidseatright.org

myplate.gov

To find a registered dietitian nutritionist in your area and get additional food and nutrition information, visit eatright.org

eat right. Academy of Nutrition and Dietetics

The Academy of Nutrition and Dietetics is the world's largest organization of food and nutrition professionals. The Academy is committed to improving health and advancing the profession of dietetics through research, education and advocacy.

Authored by Academy of Nutrition and Dietetics staff registered dietitian nutritionists.

Sources: MyPlate.gov

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High Fiber Diet



What you should know:

A high fiber diet contains foods that have a lot of fiber. Fiber is the part of fruits, vegetables, and grains that is not broken down by your body. A high fiber diet will add bulk and softness to your bowel movements (BMs). This diet may help if you have constipation, high cholesterol, or diabetes.

After you leave:

What can I do to make a high fiber diet a part of my lifestyle? Some of the ways that you can increase the fiber in your diet are:

- Eat a high-fiber cereal for breakfast.
- Eat whole grain breads, such as whole wheat bread.
- Choose whole grain products, such as brown rice, barley, and whole wheat pasta.
- Add bran cereal or wheat bran to baked products.
- Replace white flour with whole wheat flour in recipes for baking.
- Add beans, peas, and lentils (small dried beans that are cooked) to your diet.
- Eat at least 5 different servings of fruits and vegetables each day.
- Drink plenty of liquids when adding fiber to your diet. You should drink at least eight (8-ounce) cups of water per day. If you do not drink enough water, you may have constipation.

continued on next page

High Fiber Diet ... continued

- Doctors may suggest that you use a fiber powder or pill to decrease constipation. Eating a high fiber diet is a healthier way to decrease constipation and keep your BMs regular. Fiber-rich foods provide extra vitamins and minerals that these powders and pills do not provide.
- Check with your doctor before using over-the-counter products to help bloating or stomach discomfort. Tablets or liquid drops like Beano® can decrease gas formation. Products that contain “simethicone” can help break up larger gas bubbles and decrease your symptoms.

Constipation

At one time or another almost everyone gets constipated. When you take pain medicine, constipation is a common side effect. In most cases, it lasts for a short time and is not serious. When you understand what causes constipation, you can take steps to prevent it.

Constipation means the stool is hard and dry. It may be painful to pass.

Each person finds their own normal number of bowel movements.

Here are some steps you can take:

1. **Eat more fiber.**
2. **Drink plenty of water and other liquids such as fruit and vegetable juices and clear soup.**
3. **Allow yourself enough time to have a bowel movement.**
4. **Use laxatives if directed by a doctor.** Laxatives are medicine that will help you pass a stool. If you are doing all the right things and you are still constipated, your doctor may recommend laxatives for a limited time. Laxatives come in many forms. Ask your doctor which type is best for you.
5. **Check with your doctor about medicine you may be taking.** Medicines can cause constipation. They include calcium pills, pain pills, antacids, iron pills, diuretics (water pills), and medicine for depression. If you take medicine for another problem, be sure to ask your doctor or pharmacist about it.
6. **Walking can help your system stay active and healthy.** When allowed by your surgeon, consider incorporating regular exercise into your daily routine to prevent future problems with constipation.

PreHab Evaluation

This program has been developed to better prepare you and your family for your upcoming spine surgery. Please note that not all patients will be referred for a PreHab Physical Therapy Evaluation prior to their spine surgery, as this is dependent on the Surgeon's discretion.

The goal for this visit is to provide essential information to you and your family to better prepare yourself and your home before your surgery.

What you can expect during this visit:

- Reviewing your home set up and recommending any modifications to ensure your safety after surgery
- Learning exercises that you may need to complete either before or after your surgery
- Reviewing equipment needs/ recommendations
- Educating and demonstrating any spinal precautions that you may need to follow after surgery
- Completing walking tests, range of motion tests, and strength tests to assess your mobility and function prior to surgery



Surgical Site Infections

What is a surgical site infection?

A surgical site infection is an infection that happens after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection. However, infections develop in about 1 to 3 out of every 100 patients who have surgery.

Some of the common symptoms of a surgical site infection are:

- Redness and pain around the area where you had surgery
- Drainage of cloudy fluid from your surgical wound
- Fever

Can Surgical Site Infections be treated?

Yes. Most surgical site infections can be treated with antibiotics. The antibiotic given to you depends on the bacteria (germs) causing the infection. Sometimes patients with surgical site infections also need another surgery to treat the infection.

What are some of the things that will be done to prevent surgical site infections?

To prevent surgical site infections, doctors, nurses, and other healthcare providers:

- Clean their hands and arms up to their elbows with an antiseptic agent just before the surgery.
- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for each patient.
- May remove some of your hair right before your surgery using electric clippers if the hair is in the same area where the surgery will take place.
 - They should not shave you with a razor.
- Give you an antiseptic wash before surgery to lower the number of germs on your skin.
- Wear special hair covers, masks, gowns, and gloves during surgery to keep the surgery area clean.
- Give you antibiotics before your surgery starts. In most cases, you should get antibiotics within 60 minutes before the surgery starts and the antibiotics should be stopped within 24 hours after surgery.
- Clean the skin at the site of your surgery with a special soap that kills germs.

What can I do to help prevent surgical site infections?

Before your surgery:

- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.
- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.
- Make sure that you have clean linens in place at home (fresh sheets and towels).

At the time of your surgery:

- Speak up if someone tries to shave you with a razor before surgery. Ask why you need to be shaved and talk with your surgeon if you have any concerns.
- Ask if you will get antibiotics before surgery.

After your surgery:

- Make sure that your healthcare providers clean their hands before examining you, either with soap and water or an alcohol-based hand rub.
 - If you do not see your providers clean their hands, please ask them to do so.

- Family and friends who visit you should not touch the surgical wound or dressing.
 - Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to clean their hands.

What do I need to do when I go home after surgery?

- Your doctor or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the surgery center.
- Always clean your hands before and after caring for your wound.
- Do not let pets near your surgical incision.
- Make sure you know who to call if you have questions or problems after you get home.
- If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage, or fever, call your doctor right away.
- Ask your doctor or nurse if you have any other questions.

Preparing Your Skin Before Surgery

Shower with 4% CHG Soap

Preparing or 'prepping' skin before your surgery can lower the risk of infection. Your body needs to be cleaned with a special soap. The soap is called chlorhexidine gluconate 4.0% solution (CHG). Use this soap for two showers or baths before surgery.

Caution

- Do **NOT** use CHG (chlorhexidine gluconate 4.0%) on your head or face.
- Do **NOT** let it near your eyes. If it gets into your eyes, flush them with water.
- Do **NOT** get CHG in your genital or rectal areas.
- Do **NOT** use CHG if you are allergic to chlorhexidine gluconate or ingredients in the soap. You will be given alternative instructions if you have an allergy to CHG.

Special Instructions

- **STOP** shaving any part of your body at least 72 hours before surgery.
 - Using a razor before surgery can leave small cuts on the skin and cause infections.

The First Shower

Night before surgery: Take a shower and wash your whole body, including your hair and scalp:

- Wash your hair with your normal shampoo.
- Wash your face with your regular soap or cleanser.
- Rinse really well. Make sure there is no shampoo or face cleanser on your body.
- You may have been given a sponge by your care team. Use the sponge with the CHG. Use a clean washcloth if you were not given a sponge.
- Turn off the water or step out of the shower stream to put on the CHG soap.
- Use **half** (½) of the CHG soap in the bottle. Take about 5 minutes to wash from your **neck down**.
- Once the soap is on, wait about 2 minutes. Then, turn the shower back on and rinse your body very well.
- After using CHG, do not wash with your regular soap.
- Use a clean towel to pat your body dry.

- Do **NOT** put on any lotions, powders, creams, hair products, makeup, or deodorant.
- Dress in clean clothes or pajamas.
- Use clean sheets and pillowcases after this shower.

The Second Shower

Morning of surgery: Take a shower the same way as your first shower:

- Wash your hair with your normal shampoo.
- Wash your face with your regular soap or cleanser.
- Rinse really well. Make sure there is no shampoo or face cleanser on your body.
- You may have been given a sponge by your care team. Use the sponge with the CHG. Use a clean washcloth if you were not given a sponge.
- Turn off the water or step out of the shower stream to put on the CHG soap.
- Use the other **half** (½) of the CHG soap in the bottle. Take about 5 minutes to wash from your **neck down**.
- Once the soap is on, wait about 2 minutes. Then, turn the shower back on and rinse your body very well.
- Use a clean towel to pat your body dry.
- Do **NOT** put on any lotions, powders, creams, hair products, makeup, or deodorant.
- Dress in warm clothes that are freshly washed.
 - Keeping warm before surgery lowers the risk of infection.

More Information

Scan this QR code to watch a video on CHG bathing:



wellspring.org/health-library/Document.aspx?id=aco3596#aco3596

Pre-Procedural Optimization Phone Call

As part of your pre-procedural optimization, our Pre-Anesthesia Nurse will be contacting you via phone to update your medical record and review your instructions so that you have the safest procedure possible. This phone call could take up to an hour, so please be ready to answer these questions:

- Current Medicine List (including vitamins and over-the-counter pills)
- Allergy List
- Past Surgical History
- Current and Past Medical History

If you have not received this call, please contact your surgeon's office.

Surgery within seven days of scheduling follows a different process.

The surgeon's office will order any lab work, x-rays or test that must be done as soon as possible. The Pre-Anesthesia Nurse will still call you to review your medical history.



Arriving for Your Surgery

It is important to arrive on time.

What to bring with you and what to leave at home

- Keep all jewelry, body piercings, makeup and nail polish at home.
- Glasses, contact lenses, dentures, hearing aids, wigs, and prostheses must be removed before you go to the operating room. These items will be given to your caregiver.
- Bring reading glasses with you to read and sign paperwork.
- If you wear contact lenses to the hospital, please bring a case and saline solution.
- Your caregiver can bring your toiletries and belongings to your room after surgery.
- If you have an advance directive or living will, please bring a copy with you.
- Personal patient food cannot be stored in hospital refrigerators.
- Do not bring valuables with you. The hospital cannot be responsible for lost or stolen items.
- Bring any braces ordered by the surgeon and fitted for you prior to surgery.
- Bring your insurance card and ID.

Your caregiver will be allowed to stay with you until you go to the operating room. They will be able to know where you are during your surgery. The tracking board shown is an example of how your caregiver can follow your surgery.

PATIENT TRACKING BOARD

Your loved one is identified by this number:

A tracking board monitor is available in the Waiting Room. You can follow the patient throughout their visit.

While you wait, we want you to be informed and comfortable.

- Review the tracking board monitor in the Waiting Room to follow your family member's progress. Refer to the bottom of the card for more information.

You can receive text messages or email notifications about the patient's progress. Please provide your contact information to clinical staff.

PATIENT TRACKING BOARD LEGEND

ARRIVAL PENDING	Waiting for patient to arrive at hospital
WAITING	Patient on nursing floor or arrived in APS
PREOP	Patient in APS being prepared for procedure
READY	Patient ready for procedure
INTRAOP	Patient taken to procedure room and procedure has started
NEAR COMPLETION	Procedure near completed
PHASE II RECOVERY	Procedure completed – patient in APS
PHASE I RECOVERY	Procedure completed – patient in APS (waking up)
COMPLETE	Patient taken to inpatient nursing floor or discharged to home
CANCELLED	Procedure cancelled

Surgery and Anesthesia

- You will be seen by a member of the anesthesia team on the day of your operation. They will review the anesthesia and obtain informed consent for the anesthesia you will be receiving.
- You will also speak with your surgeon about your surgery before going to surgery.
- IV (intravenous) fluids will be started.
- The anesthesia provider will speak to you before your surgery. Spine surgery requires the use of general anesthesia, which provides loss of consciousness. You will be completely asleep.
- We will check your vital signs - blood pressure, temperature and oxygen level.

Day of Surgery

- You will be moved to the operating bed and connected to monitoring devices for your safety.
- Anesthesia will be started. You will be asleep before surgery starts.

Providing Safety

To provide for your safety while in surgery, hospital staff will:

- Use name and birth date to ensure we have the correct patient.
- Confirm your medical information.
- Confirm the surgery you are having.
- Mark the surgical site.

The nurses and staff will continue to ask you to repeat your name and birth date throughout your stay as a safety measure in addition to checking your wrist band. If you have any questions, please ask at any time. Make sure you are satisfied with the answer before you allow anything else to continue.

After Your Surgery (post-anesthesia care unit)

You will be taken from the Operating Room (OR) to the Post-Anesthesia Care Unit (PACU) until you awake from anesthesia. You will be there until you are ready to move to the next phase of care. Your surgeon will check in with your family in the waiting area. During this time, your pain medicines will be adjusted to make you more comfortable. You will be asked to cough and deep breathe to clear your lungs and move your legs to prevent blood clots.

Hospital Room

Day of Surgery

- After your surgery, your family will be directed to your hospital room. They will bring your belongings to the room.
- You should expect some pain after surgery; however, our goal is to keep you as comfortable as possible during your recovery.
- Expect to walk with assistance from a staff member until you are told differently.
- Your diet will start with clear liquids and progress to regular food once your surgeon or nurse says it is okay.
- Family and friends may visit.

Day One

- If ordered by your surgeon, a physical therapist, and an occupational therapist, will assess your mobility and your ability to complete your personal care. If you are going home on the same day of your surgery, a therapist may complete this assessment before you are able to go home.
- You will continue to cough and deep breathe and move your legs while you are awake.
- Remember to let staff know if your pain is not well controlled.
- When you can eat and drink, the nurse may stop your IV fluids.
- The length of your hospital stay will depend on the extent of your surgery and therapy recommendations. You may go home the same day of surgery, or stay overnight. Please discuss your expectations with your surgeon and hospital staff.

Possible Complications

Infection

Signs

- More swelling and redness at incision site.
- Change in color, amount, and odor of drainage.
- More pain around incision.
- Fever greater than 101.0°F.

Prevention

- Take proper care of incision.
- Take sponge bath for first 2 days after surgery.
- After that, shower if surgeon allows.
- Never soak incision under water.
- Do NOT go in to bathtubs, pools, or hot tubs until cleared by your surgeon. Keep the wound clean and dry as much as possible until it is fully healed. This is so it does not get infected.
- Never put anything on or around incision unless directed by your surgeon. For example, do not use lotions, creams, alcohol, anti-biotic creams, home remedies, or salves.

Blood Clots

Surgery may cause blood to slow and thicken in veins of legs, creating a blood clot. If a clot occurs, you may need to be admitted to the hospital.

Signs

- Swelling in the thigh, calf, or ankle that does not go down, even when you lift the area above your heart (elevation).
- Pain, redness, warmth, or tenderness in calf.

Prevention

- Perform ankle pumps (like you're pressing on a gas pedal).
- Walk several times a day.
- Prop up your feet/legs as much as possible.

Pulmonary Embolism

A blood clot could break away from the vein and travel to the lungs.

This is an emergency — **CALL 911.**

Signs

- Sudden chest pain.
- Difficult and/or rapid breathing.
- Shortness of breath.
- Sweating.
- Confusion.
- Feeling nervous/anxious.

Prevention

- Follow guidelines to prevent blood clots.

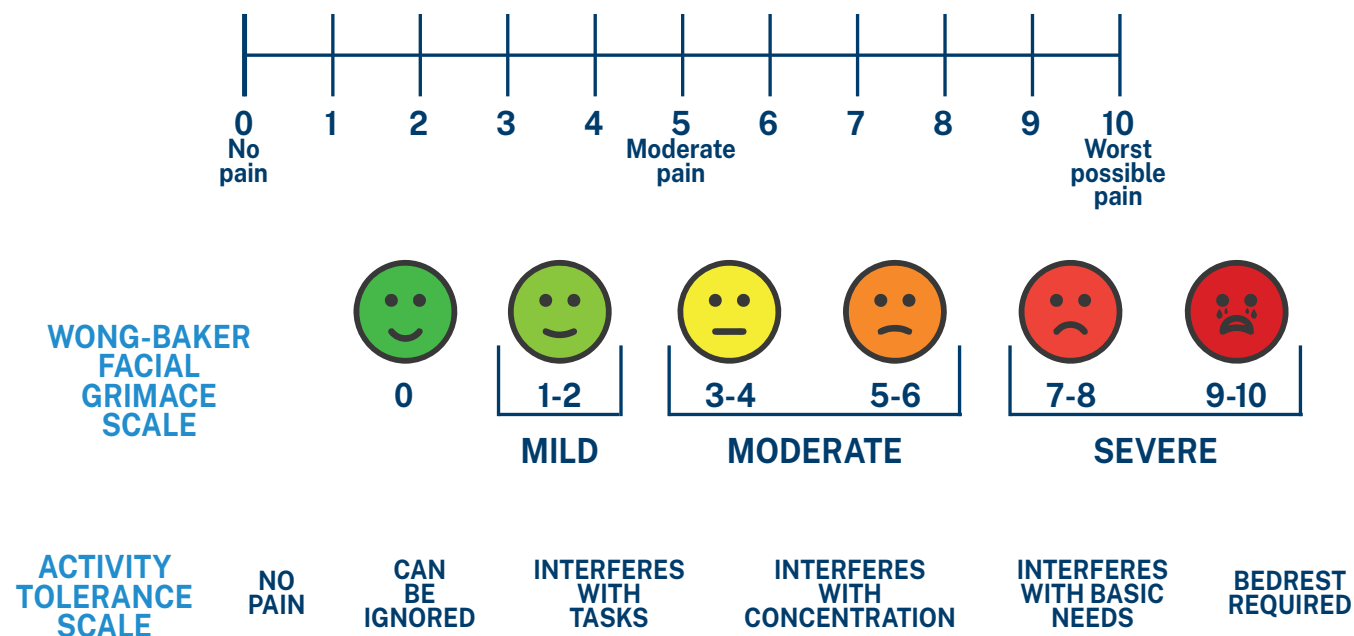
Recovery After Spine Surgery

Knowing what lies ahead during your recovery process will help you on your journey back to optimal health. Everyone heals at a different speed. How fast you get better depends on the kind of surgery you had, your overall health, and how well you follow your doctor’s instructions. The zones of healing below will help you know when your recovery is on track and when you should contact your doctor’s office or seek emergency care.

<p>Green Zone “You are in the clear”</p>	<ul style="list-style-type: none"> • No problems with the incision • Feel better with each day • Pain is acceptable • Appetite is normal • Able to swallow food and liquid without difficulty • Activity level is returning • Able to do the recommended exercises/walking • Able to go to scheduled appointments 	<p>Your recovery is on track.</p> <p>Please call your surgeon’s office if you have questions during your recovery.</p>
<p>Yellow Zone “You have concerns”</p>	<ul style="list-style-type: none"> • Pain is not under control • Bleeding or more drainage from the incision • Incision infection signs: <ul style="list-style-type: none"> – Fever more than 101.0 – Drainage has a smell – Drainage is yellow/green – New or worsening redness/warmth, and/or pain around the incision – Incision separates • Blood clot signs: <ul style="list-style-type: none"> – Increased calf pain – Increased swelling/redness of the leg or foot • Difficulty swallowing food and liquid • Constipation • Difficulty urinating. Burning, frequency, hesitancy, or inability to urinate 	<p>Call your surgeon’s office</p>
<p>Red Zone “Time to act”</p>	<ul style="list-style-type: none"> • Worsening signs of infection: <ul style="list-style-type: none"> – Fever with chills and shaking – Worsening redness, warmth, and/or pain around the incision • Severe headache unrelieved by pain medicine, especially if accompanied by nausea or vomiting, or a headache that goes away when lying flat but worsens upon standing <hr/> <ul style="list-style-type: none"> • Chest pain • Trouble breathing • Change in mental status 	<p>Call your surgeon’s office</p> <hr/> <p>Go to the Emergency Department or Call 911</p>

Universal Pain Assessment Tool

This pain assessment tool is intended to help patient care providers assess pain according to individual patient needs. Use the 0 to 10 scale for self-assessment. Use the faces or activity tolerance scale to express pain when you cannot communicate your pain intensity.



Understanding Pain

- **Acute Pain** - Sudden onset of pain that occurs with an injury; usually lasts a short time and gets better quickly.
- **Chronic Pain** - Pain that lasts long after the initial cause of the pain (i.e. injury or other trauma); this pain can be more challenging to manage.
- **Incisional Pain** - Often described as a feeling of soreness, burning or pressure.
- **Nerve Pain** - Often described as numbness and tingling, a shooting pain or a hot pain.
- **Muscle Spasm** - Often described as a tight, grabbing sensation that makes it uncomfortable to move.

Helpful Hints for Managing Pain

- How would you rate your pain on a scale of 0 to 10?
- Learn to describe your pain. We will need to know the answers to the following questions:
 - Where is your pain?
 - When did it begin?
 - What makes it worse?
 - What makes it better or makes it stop?
 - What type of pain is it?
 - Sharp Dull
 - Throbbing Ache
- Are there other symptoms with it (nausea, vomiting, numbness, other)?
- Ask for your pain medicine before pain is severe. Pain is more difficult to control when it reaches the severe stage.
- Inform us if your pain continues or returns.
- Other options for pain management include:
 - Deep breathing and relaxation
 - Music therapy
 - Imagery
 - Mindfulness: Mindfulness helps to separate yourself from your negative thoughts and feelings in order to relate to your pain differently, thus decreasing pain and stress and improving overall quality of life.

1. **Formal mindfulness meditation** involves focusing your awareness on one thing such as breathing. Start small with 1-5 minute increments every day and try to extend up to 30 minutes. Try downloading a meditation app on your phone to help guide you through a meditation session.
2. **Informal mindfulness** involves focusing on the present moment without specifically setting time aside. Simply bring awareness to what your senses are experiencing, such as sights, sounds, tastes, smells, sensations, and emotions throughout the day.
 - Ice
 - Limiting time spent in bed

It is our goal to help you manage your pain by:

- Helping you to describe your pain.
- Identifying a pain level that is acceptable.
- Improving your ability to perform your daily activities.
- Helping you experience greater comfort while you heal.
- Lessening your pain. With less pain, you can start walking, doing your breathing exercises and getting your strength back. You may even be able to leave the hospital sooner. People whose pain is well controlled often avoid complications such as pneumonia and blood clots.

Breathing Exercises

To prevent problems such as pneumonia, practice breathing exercises using the muscles of your abdomen and chest.



Deep Breathing

- Breathe in through your nose as deep as you can.
- Hold your breath for 5 to 10 seconds.
- Breathe out as if you were blowing out a candle. Notice your stomach going in. Breathe out for 10 to 20 seconds.
- Take a break and then repeat the exercise 10 times.



Coughing

- Take another deep breath and then cough hard. Breathe in through your nose and fill your lungs completely.
- Breathe out through your mouth and focus on your chest emptying.
- Repeat.
- Take another breath, but hold your breath and then cough hard. When you cough, focus on emptying your lungs.
- Repeat all steps two times.

Techniques such as deep breathing, coughing, and using an Incentive Spirometer may help prevent breathing complications after surgery. You will be given additional instructions on these techniques after your surgery.

Swallowing After Neck Surgery

- Trouble swallowing (dysphagia) is a normal feeling after this kind of neck surgery.
 - It is common to have pain or feel as though things get stuck in your throat when you swallow. These normal symptoms can last a few days or up to a few weeks after surgery.
 - Tell your surgeon if you have these symptoms with trouble swallowing.
 - Coughing or throat clearing frequently when eating or drinking.
 - Bringing food/liquid back up in your mouth after trying to swallow.
 - Feeling as though you need to swallow more than 3 times each time you take a bite or sip to get it down.
 - If you keep having these symptoms, you may need extra help. A Speech Language Pathologist may perform an exam. They will give you different things to eat and drink to see what works best for you. They will teach you special treatments, give you a list of foods that will be easier to eat and answer any questions you have about swallowing.
-

Safe Swallowing Strategies

1. Take small bites and small sips.
 2. Take single bites and sips. Wait between bites and sips until it feels as though the food has gone all the way down.
 3. Chew food thoroughly.
 4. Take your time, eat, and drink slowly.
 5. Alternate liquids and solids.
 6. No talking while food or liquid is in your mouth.
 7. Double swallow as needed.
 8. Sit upright at 90 degrees while eating and drinking.
 9. Remain upright 30 minutes after meals.
- **If you start coughing, WAIT before taking more food or liquids until the coughing stops**

Caring for Yourself at Home

Things you need to know for safety, recovery, and comfort. Always follow your surgeon's orders and call the surgeon's office if you have any questions.

Patients are encouraged to:

- Take medication, including pain medication, as prescribed. Do not restart Aspirin or Aspirin products, or blood thinners such as Plavix or Coumadin, without discussing with your surgeon first. Do not take over-the-counter medication unless first approved by your surgeon.
- Confirm you have a scheduled post-operative appointment. Someone else must drive you to this appointment. You will be told if you need an x-ray before your appointment.
- Be as independent as possible while remembering spine precautions and other safety issues.
- Walking prevents complications after surgery. While awake, walk every hour for 5-10 minutes.
- Try not to sit for longer than 30-45 minutes at a time. If sitting for longer than 30 minutes, recline your feet or get up and change position.
- Take deep breaths and cough throughout the day.
- Rest between activities.
- Drink at least 8 glasses of water per day.
- Follow your surgeon's instructions about showering.
- Complete wound care as instructed by your surgeon. When you are ready to go home, you will be given instructions on how to care for your surgical incision.
- Take caution with steps/stairs, only taking one step at a time. Take steps slowly and limit trips up and down stairs.

- Resuming activities, including sexual relations, will be discussed on an individual basis with your surgeon.
- Returning to work will be discussed with each patient on an individual basis with your surgeon.

Patients should NOT:

- Do not drive until your surgeon tells you it is okay.
- Do not smoke.
- Do not drink alcoholic beverages until discussed at your first post-operative office visit.
- Do not vacuum, due to the stress of pushing and pulling.
- Do not sleep on your stomach.
- Do not sleep on a mattress that does not provide support.
- Do not perform strenuous activities, including heavy lifting.
- Your doctor will provide you with instructions on weight restrictions. In general, do not lift, push, pull, or carry anything over 5 pounds. A full gallon of milk weighs 8 pounds. Follow weight restrictions provided by your doctor.
- Do not participate in sports activities until cleared by your surgeon.
- Do not shovel snow or anything else.
- Do not drive or operate machinery while taking narcotics or muscle relaxants.
- Do not sit for more than 20-30 minutes at a time with your feet on the floor.
- Do not restart herbal or vitamin supplements without checking with your surgeon.

What is Rehab?

Occupational Therapy (OT)

Occupational therapy focuses on how to do tasks that you normally do every day. After surgery, you may be seen by an occupational therapist (OT) at the surgery center. The therapist will help you learn how to safely do “activities of daily living.” Examples of activities of daily living include: dressing, grooming, bathing, and feeding. Sometimes following spine surgery you will need to use special equipment to assist you with these tasks. Examples of equipment would include: raised toilet seats, shower chairs,

reachers, long handled sponges, and sock aids. See page 41: “Durable Medical Equipment” for more information on those items.

Physical Therapy (PT)

Physical therapy focuses on how to move around safely. Examples of this would include how to get in and out of bed, how to sit and stand from a chair, how to walk, and how to go up and down stairs. After surgery, you may be seen by a physical therapist while at the surgery center.

Safety Tips and Avoiding Falls

- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to floor or have non-skid backs.
- Be aware of floor hazards, such as pets, small objects, or uneven surfaces.
- Provide good lighting throughout your home. Install nightlights where needed.
- Remove clutter.
- Keep extension cords and telephone cords out of pathways. Do NOT run wires under rugs — this is a fire hazard.
- Do NOT wear open-toe slippers or shoes without backs. They do not provide enough support and can lead to slips and falls.
- Sit in chairs with arms; this makes it easier to get up.
- Rise slowly from either sitting or lying positions to avoid getting light-headed.
- Do not lift heavy objects for the first three months and then only with your surgeon’s permission.
- Stop and think and always use good judgment.
- Remember B.L.T.-no bending, lifting, or twisting (please see next page).

Daily Activities

Spine Precautions: No “B.L.T.”

Check with surgeon or physical therapist for specific pre-operative precautions.

General guidelines include:

B

NO BENDING

- Keep your head and back straight and facing forward. No turning your head or back side-to-side, forward, or backward.
- Practice optimal body mechanics by keeping your chest up, shoulders back and stomach muscles tight. This helps maintain neutral spine position and reduces stress on your spine.



L

NO LIFTING

- Do not lift more than 5 pounds for one to two months after surgery.
- To lift an object, keep your chest upright, bend at the knees and hips, and hold the object close to your body.



T

NO TWISTING

- No turning your head side to side.
- To look behind you or to either side, turn your entire body. Do not just turn your head.



Neck Brace

Not all patients will need a neck brace after surgery. Please follow your surgeon's instructions regarding wearing schedule, placement, and removal of brace.

Soft Collar

Least restrictive and least supportive of all cervical braces is the soft collar. Patients may be instructed to wear the soft collar always or only when out of bed. The soft collar is simple to put on and only requires fastening a Velcro® strap at back of the neck. Your chin should rest at a small divot in the front of the collar. Be careful not to turn your head side-to-side in this brace as it will not prevent you from performing this motion.



Hard Collar:

A hard collar is a slightly more supportive brace, typically made from foam pads, and has a rigid plastic support at the neck. Examples of hard collars include Philadelphia Cervical Collar, Miami J Collar, and Vista Collar. These collars are designed to give support and prevent motion that may impede healing after surgery. The chin trough prevents you from turning your head side-to-side. An orthotist, surgeon, or therapist should make sure this brace is adjusted correctly to your size.



Back Brace

Not all patients will need a back brace after surgery. Please follow your surgeon's instructions.

Several types of back braces help provide support and/or limit motion to your back.

One of the more popular braces used after a spinal fusion is the **lumbosacral brace (LSO)**. This soft brace has Velcro® closures, and it is worn down over your hips. The brace is adjusted on the sides and centered low over your abdomen.



To tighten, pull the “rip cord.” It is best to do the last part standing to ensure a snug fit.

To remove the brace, unfasten the “rip cords” and secure them to the sides of the brace. Next, undo the Velcro® closure on other side of the brace and remove. There is no recoil mechanism, so the strings must be “reset” by pulling either end of brace lightly until the cords are fully extended.

It is often recommended that patients wear a back brace during the post-operative period so that motion is limited at the surgical site. Some patients may need to wear their brace for as little as 4 weeks or as long as 3 months.

Follow your surgeon's instructions.

Durable Medical Equipment

Your therapist may teach you about different tools that may be recommended for you to use after surgery. Using the tools will help you be able to do more tasks on your own.

Examples of some of these tools are listed below. These tools may be purchased through a medical supply company, at local stores and pharmacies, or online. If you choose to purchase these items, have them put together and ready for use before you have surgery.

Reacher



Sock Aid



**Long Handled
Shoehorn**



Raised Toilet Seat



Bedside Commode



Toilet Safety Frame



Tub Transfer Bench



Shower Chair



Rolling Walker



Single Point Cane



Self-care

Using a reacher

Using a reacher limits the amount of bending required to dress. Sit down in a chair with your back supported. Use a reacher to hold the front of undergarments or pants. Bring the garment over one foot at a time, pulling underwear, then pants up to thighs. Stand up, squat to reach clothing, and pull up both garments at the same time. Reverse the process to remove your clothing.



ropes and drop the sock aid down to your foot. Place your foot into the cuff and pull up on the ropes as you point your toes down until the sock is on your foot. Let go of one rope and pull the cuff back onto your lap to don the other sock.



Using a reacher to pick up items

A reacher helps you obtain those items that fall while you are under “no bending” restrictions. Use it as an arm extension to reach the floor.



Removing a sock with the reacher

Use the black hook on a reacher to push your sock over the back of your heel. You can continue pushing the sock completely off your foot or use the jaw of the reacher to pull the sock completely off your foot.



Using a Long handled Shoehorn

A long handled shoehorn is a device designed to extend your reach without bending, to ease placing your feet into your shoes. With the shoe on the floor, place the shoehorn toward the back of the heel. Place your foot in the opening of your shoe so that your heel rides on the shoehorn, as this prevents the back of the shoe from caving in. You may need the reacher to pull the tongue of the shoe in place if it slips down in the process.

Using a sock aid

A sock aid helps you reach your feet without bending. Sit supported in a chair and hold the sock aid between your knees. Slide a sock onto the plastic cuff, making sure to pull the toes of the sock all the way onto the sock aid. Hold the

Sitting Posture

Many patients choose to sleep in a recliner chair (if available) for a few days after spine surgery. The adjustable back position of a recliner offers comfortable upright positioning for your spine, as well as armrests that support your arms. It may be easier to stand up from a chair instead of a bed.



Position of comfort

Immediately after surgery, patients may complain of neck and shoulder pain and have trouble finding a comfortable resting position. Placing pillows under your forearms and elbows may help to reduce pull on your neck and shoulder muscles while sitting in a recliner or lying in bed.

Selecting a chair

The furniture you plan to spend most of your time on post-operatively should:

- Be firm, sturdy, and have a supportive back. Avoid soft couches that you sink into.
- Be stable. Do not sit in rocking chairs.
- Have arm rests that you can use to help to push you to a standing position.
- Have the ability to recline or lie down to avoid sitting in an upright position for an extended period of time.

Bed Positioning

Lying on your back



- Place pillows under your knees or thighs, neck and arms. This positioning reduces stress on your spine.
- When you change positions, tighten your stomach muscles and log roll, keeping your hips, shoulders and ears lined up.

Note: When placing a pillow behind your head, make sure it is supporting your shoulders and head. Do not use large pillows - they can push the head and neck forward. . The goal is to choose a pillow that will keep your neck straight, not bent forward, backward, or to the side. Wear your brace as instructed by your surgeon.

Lying on your side



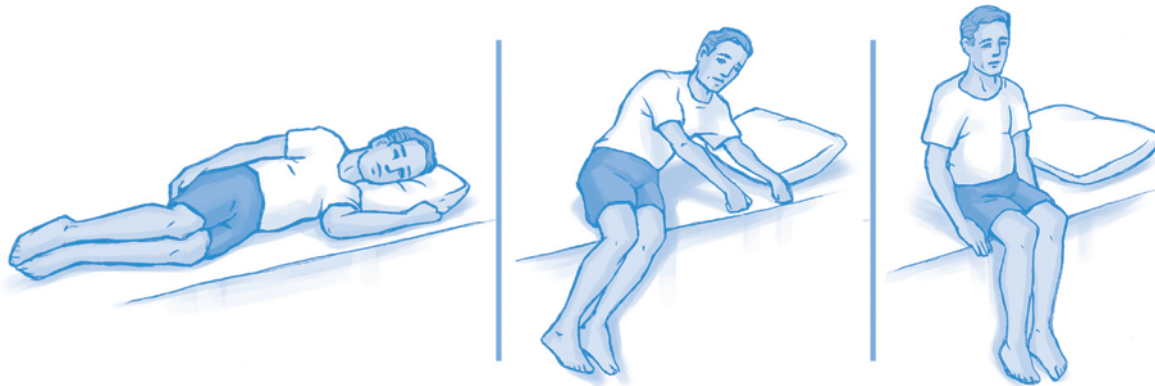
- To keep good spine alignment, bend your knees slightly up towards your chest and place a pillow between your knees and under your neck.
- Tighten your stomach muscles and log roll when changing positions.
- Adding a pillow under your arm will increase comfort and further reduce stress on your spine.

Lying on your stomach

- Do not lay on your stomach. It places too much strain on the lower back.

Bed Mobility

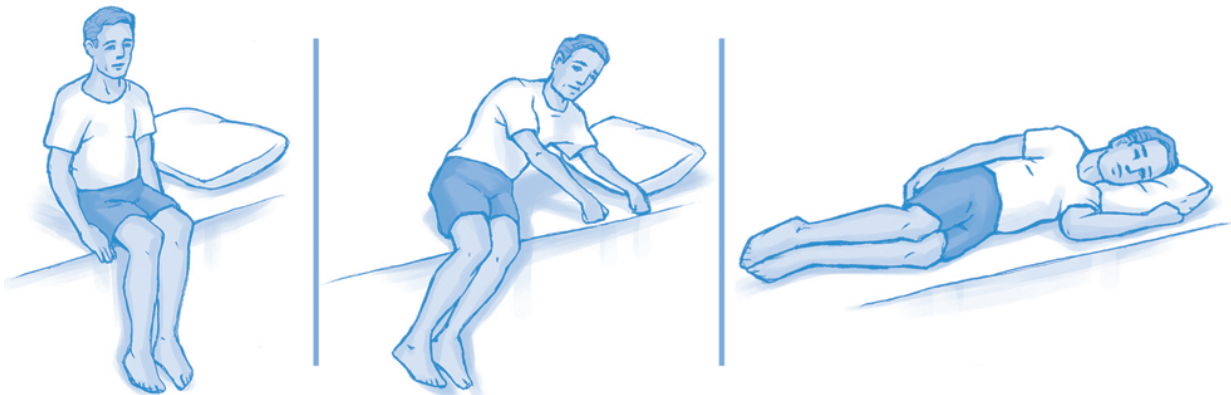
Getting out of bed



To move in and out of bed, “**log roll**” to prevent bending or twisting of your spine. Start by bending your knees up while lying on your back. Now roll onto your side, keeping your hips, shoulders and ears moving together to avoid twisting (roll like a log).

As you slide your feet off the bed, use your arms to push up into a sitting position. Scoot your hips forward until your feet are on the floor and you feel stable. Using your arms to help scoot typically helps reduce surgical pain. Scoot far enough forward so your feet are flat on the floor to support your lower back.

Returning to bed



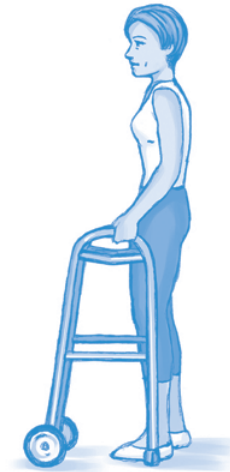
Reverse the technique for returning to bed. Back up to the bed until you feel the bed at the back of your legs. Reach for the bed with your hands as you lower to a sitting position on the bed. Scoot your hips back on the bed. The further back you scoot, the easier it will be to lie down on your side. As you lean down on one arm, bring your feet up onto the bed until you are lying down on your side. Then, roll onto your back, keeping your shoulders, hips, and ears in alignment.

Using a Walker

When using a walker, it is important to remember key rules.

- Push up from the surface you are sitting on (bed or chair). Avoid pulling on the walker to stand. The walker could easily tip backward and will not offer optimal support to stand.
- It's easiest to stand up from chairs and bedside commodes with armrests. Armrests give better you leverage and control to stand up and sit down safely.
- Walker takes pressure off your back. Push down through the walker with your arms as needed without raising your shoulders or leaning too far forward.
- Keep your feet near the back of the walker frame or rear legs. Don't be too close or too far from the walker. Stay inside the walker.
- Stand up straight when walking. Keep your shoulders back, head up, chest up, and stomach muscles tight.
- If there are wheels on the walker, there is no need to lift the walker - just push it forward as you walk.

It is often not recommended to use a walker with 4 wheels (rollator) unless deemed safe by your physical therapist.

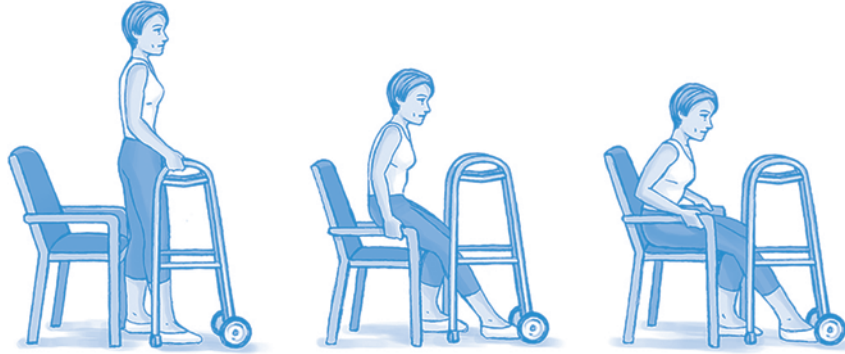


Please be aware most people do not need a walker after surgery. Therapy will assess your need after surgery.

Transfers

Transfers are the same with or without the use of a walker.

Sitting with walker



Back up to the chair until it touches the back of your legs. With your hands, reach behind to grasp the armrests of the chair. Using your arms and legs, squat and lower yourself into the chair.

Special Instructions:

- Tighten your stomach muscles to provide support for your lower spine.
- Your feet should be firmly resting on the floor or a foot stool. Do not let your feet dangle, as this will place additional stress on your spine.
- Protect your back by sitting in a chair with back support. Use a pillow or towel as a lumbar roll.

Standing with walker



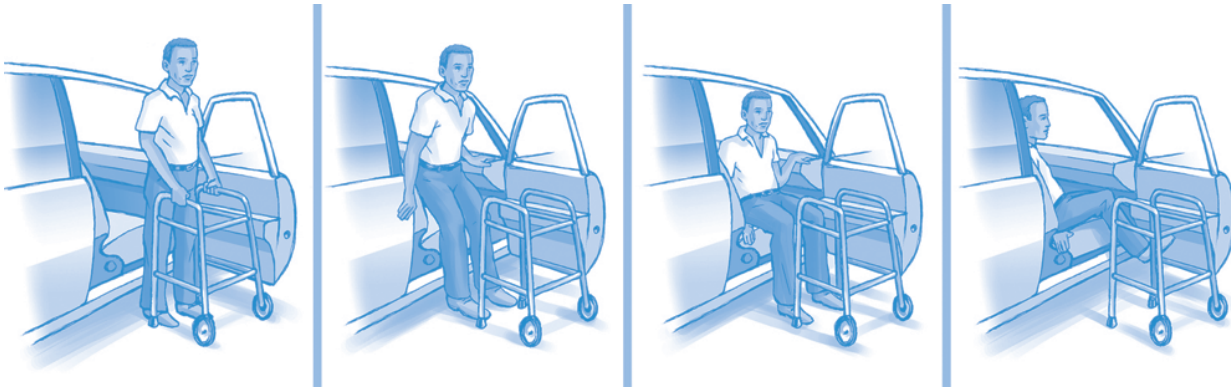
Scoot forward until you are sitting near the edge of the chair. With your hands on the armrests, push yourself up into standing position. Straighten your legs and shift your weight forward over your feet. Bring your hands to the walker as you are moving into standing position.

Please be aware most people do not need a walker after surgery. Therapy will assess your need after surgery.

continued on next page

Transfers ... continued

Getting into the car



Back up to the car seat until you feel it at the back of your legs. Reach one hand behind you for the back of the seat, and use the other hand to secure a spot either on the frame or dashboard. (Door and walker are not secure options. If you need to use them, have someone hold the “unsteady” objects.) Lower slowly to sitting. Scoot your hips back until you are securely seated.

Leading with your hips, bring one foot into the car at a time until you are facing forward. Prevent twisting by keeping your shoulders, hips and ears pointing in same direction. You may want to recline the seat to increase the ease of lifting your legs.

Getting out of the car



When getting out of car, bring your legs out one at a time. Lead with your hips and shoulders and do not twist back. Place one hand on the back of the seat and one hand on the frame or dashboard. Push up to a standing position. Reach for the walker when you are stable.

Helpful tips with car transfers:

- Have an empty plastic bag on the seat to help you slide in/out.
- Have the seat positioned all the way back so you have maximum leg clearance.
- If you must have one hand on the walker for leverage, have someone hold the walker down on the front bar for stability.

Your surgeon will determine when you can return to driving. You also need to discontinue taking medicines that may affect your driving skills and safety.

Please be aware most people do not need a walker after surgery. Therapy will assess your need after surgery.

Bathing

Stepping in/out of tub:



- If you have a tub/shower unit, side stepping over the tub ledge while holding onto the tub wall is a safer strategy than forward stepping over the tub ledge for spine precautions. If you have a walk-in shower, step in as usual, making sure not to twist or bend as you step over the threshold. Having assistance to set up water controls is beneficial to help maintain spine precautions.
- You may want to have a shower seat available for the first few days you shower. Borrow these items or buy them inexpensively. Small tub/shower benches can be purchased at most drug stores or medical supply stores.
- Your surgeon will provide clearance on taking a tub bath or swimming.

Bathing tips:

- Follow your discharge instructions made by your surgeon regarding shower restrictions and when to resume shower post-surgery.
- Using a long-handled sponge is a safe strategy to ease lower body washing with spine precautions.
- Wrapping a towel around the end of a reacher is a safe strategy to ease lower back drying with spine precautions.

Dressing Strategy

One potential method for safe lower body dressing with spine precautions without using tools is the figure 4 technique. Begin while seated upright on comfortable surface such as edge of your bed, recliner, couch, or even commode with knees bent and feet resting on the floor. Lift one of your legs up and across to your opposite knee so that your ankle rests on the top of your knee. With your ankle now resting on your opposite knee, you should be able to comfortably reach your foot to perform lower body dressing while maintaining your spine precautions. If you cannot lift your leg without using your arms to manually lift your leg or lifting your leg in this fashion is painful, you may need to refer to the alternative method for lower body dressing using tools.

Body Mechanics

This section provides general tips on how to practice and adapt safe body mechanics to everyday work activities. There is not only one correct way to do a task. You may need to change ways of moving based on your strength, flexibility, pain level and/or other medical conditions. Check with your surgeon or physical therapist for details.

Standing

- Do not lock your knees. A bent knee takes stress off the lower back.
- Wear shoes that support your feet to help align the spine.
- If you stand for long periods of time, raise one foot slightly on a step, or inside the frame of a cabinet. Resting a foot on a low shelf or stool helps reduce pressure and constant force placed on the spine. Shift feet often.
- While standing, keep your shoulders back so they do not roll forward.
- Keep your back as upright as possible; keep your head and shoulders aligned with your hips.

Bending

- Bend at your knees and hips instead of at your waist/ back. Keep your chest and shoulders upright, centered over your hips. This maintains the three natural spinal curves and keeps stress off your back.
- Hold objects close to your body to limit strain on your back.
- Do not bend over with your legs straight. This puts pressure on your lower back and can cause serious injury.

Turning

- Think of your body as one straight unit, from shoulders to feet.

- Turn with your whole body, not your back or hips. Point your feet in the direction you want to go. Keep your feet, hips and shoulders pointed in the same direction.

Lifting

- Squat to pick up heavy objects, and let your leg muscles do the work. Hold heavy objects close to your body to keep the back aligned. Lift objects only to chest height.
- Do not bend over at the waist to lift anything or twist while lifting. Avoid trying to lift above shoulder level.

Reaching

- Store commonly used items between shoulder and hip level.
- Get close to the item. Use a stool or special reaching tool, if you need to.
- Tighten your stomach muscles to support your back. Use the muscles in your arms and legs (not your back) to lift the item.
- When retrieving objects that are low (low cabinets for example), brace yourself by placing your hand on a fixed object such as the counter.

Twisting

- Avoid twisting your body to reach things.
- Step in the direction of the object you are trying to reach.

Using Stairs

Going up and down steps

- Use a handrail and/or cane for assistance.
- If one leg feels weaker than the other, go up steps with your stronger leg first and down steps with your weaker leg first. Remember, “up with the good and down with the bad.”
- If unsteady, take one step at time. This will make going up and down steps easier and safer.
- Concentrate on what you are doing. Do not hurry.
- If you had neck surgery, do not look down at the steps, feel the step with your feet.
- Have someone assist you as you feel necessary or indicated by your therapist. The person should stand behind you and slightly to your side when going up steps. When going down steps, the person should be in front.

Helpful Stair Tips

- Keep steps clear of objects or loose items.
- Right after surgery, keep items in areas where you can limit stair use.
- Install one or two handrails. Two handrails will increase ease and safety with steps.

Going Up and Down Curb or One Single Step

- Use a rolling walker.
- Move close to the step.
- Place the entire walker over the curb onto the sidewalk. Make sure all four prongs/wheels are on the curb.
- Push down through the walker toward the ground.
- Step up with your stronger leg first, then follow with your other leg.
- Reverse the process for going down stairs. Place the walker below the step, then step down, leading with your weak leg first.

Do's and Don'ts for the Rest of Your Life

All spine surgery patients need to participate in a regular exercise program to maintain fitness and strength of muscles around their spine. With permission from both your surgeon and primary care doctor, you should be on a regular exercise program 3 to 4 times per week lasting 20-30 minutes.

What to do

- Avoid bending, lifting and twisting as much as possible. It may be possible to return to physical activity, including heavy lifting, but discuss this with your surgeon.
- Maintain ideal body weight.
- Do not smoke! This includes all vaping, nicotine, and tobacco products.
- Maintain proper posture.
- When traveling, change positions every 1 to 2 hours to keep neck and back from tightening up.



Exercise – Do's

- Choose low impact activity.
- Regular walks.
- Home treadmill and/or stationary bike.
- Regular exercise at fitness center.



- Low-impact sports such as golf, bowling, gardening, dancing, and swimming.
- Consult surgeon or physical therapist about specific sport activities.

Exercise – Don't

- Do not run or engage in high-impact activities or activities that require a lot of starts, stops, turns, and twisting motions.
- Do not participate in high-risk activities such as contact sports.
- Do not take up new sports requiring strength and agility until you discuss it with surgeon or physical therapist.



Home Exercises are a Very Important Step in Your Recovery

You may be prescribed these exercises to aid in your recovery process after spine surgery.

Lumbar Exercises

Supine ankle pumps

Reps: 10 • Sets: 2 • Daily: 1 • Weekly: 7



Setup: Begin lying on your back with your legs straight.

Movement: Slowly pump your ankles by bending and straightening them.

Tip: Try to keep the rest of your legs relaxed while you move your ankles.

Supine quad set

Reps: 10 • Sets: 2 • Daily: 1 • Weekly: 7



Setup: Begin lying on your back with one knee bent and your other leg straight with your knee resting on a towel roll.

Movement: Gently squeeze your thigh muscles, pushing the back of your knee down into the towel.

Tip: Make sure to keep your back flat against the floor during the exercise.

Supine Gluteal Sets

Reps: 10 • Sets: 2 • Daily: 1 • Weekly: 7



Setup: Begin lying on your back with your hands resting comfortably.

Movement: Tighten your buttock muscles, then release and repeat.

Tip: Make sure not to arch your low back during the exercise or hold your breath as you tighten your muscles.

Supine Transversus Abdominis Bracing - Hands on Stomach

Reps: 10 • Sets: 2 • Daily: 1 • Weekly: 7



Setup: Begin lying on your back with your knees bent, feet resting on the floor, and your fingers resting on your stomach just above your hip bones.

Movement: Tighten your stomach muscles, pulling your navel in toward your spine and up. You should feel your muscles contract under your fingers. Hold this position, then relax and repeat.

Tip: Make sure to keep your back flat against the floor and do not hold your breath as you tighten your muscles.

Home Exercises are a Very Important Step in Your Recovery ... continued

Supine heel slide

Reps: 10 • Sets: 2 • Daily: 1 • Weekly: 7



Setup: Begin lying on your back with your legs straight.

Movement: Slowly slide one heel on the floor toward your buttocks until you feel a stretch in your knee or upper leg, then slide it back out and repeat.

Tip: Make sure not to arch your low back or twist your body as you move your leg.

Seated long arc quad

Reps: 10 • Sets: 2 • Daily: 1 • Weekly: 7

Setup: Begin sitting upright in a chair.



Movement: Slowly straighten one knee so that your leg is straight out in front of you. Hold, and then return to starting position and repeat.

Tip: Make sure to keep your back straight during the exercise.

Cervical Exercises

Seated scapular retraction

Reps: 10 • Sets: 2 • Daily: 1 • Weekly: 7



Setup: Begin sitting in an upright position.

Movement: Gently squeeze your shoulder blades together, relax, and then repeat.

Tip: Make sure to maintain good posture during the exercise.

Seated shoulder shrug circles from backward

Reps: 10 • Sets: 2 • Daily: 1 • Weekly: 7



Setup: Begin sitting upright in a chair.

Movement: Slowly move your shoulders up, backward, down, and forward. Continue the movements in a smooth, circular pattern.

Tip: Make sure to keep your neck relaxed and head still.

Hand AROM Composite Flexion

Reps: 10 • Sets: 2 • Daily: 1 • Weekly: 7



Setup: Begin sitting upright with your elbow supported on a table and your fingers and thumbs straight.

Movement: Curl your hand into a full fist position, bending all of your finger joints. Hold briefly, then relax and repeat.

Tip: Make sure to move slowly and keep your wrist straight during the exercise.

Seated Elbow Flexion and Extension AROM

Reps: 10 • Sets: 2 • Daily: 1 • Weekly: 7



Setup: Begin sitting upright in a chair with one arm straight at your side.

Movement: Bend your elbow upward as far as is comfortable, then straighten it and repeat.

Tip: Make sure to keep your movements slow and controlled.

Horizon Planning®

What Is Horizon Planning®?

- Horizon Planning® is not just about old age. At any age, a medical crisis could leave you too ill to make your own health care decisions. Even if you are not sick now, making health care plans for the future is an important step toward making sure you get the medical care you would want, even when doctors and family members, friends, or the people most important to you are making the decisions for you.
- More than one out of four older Americans face questions about medical treatment near the end of life, but are not capable of making those decisions. This is why it is important to have a conversation now about your wishes with your loved ones and your primary care provider (PCP). This should be a two-sided conversation. Knowing your preferences might take some of the burden off family, friends or the people most important to you.
- Horizon Planning®, WellSpan's name for Advance Care Planning, involves learning about the types of decisions that might need to be made, considering those decisions ahead of time, and then letting others know about your preferences. Everyone has a health horizon. Let's plan for it.



When should I discuss Horizon Planning®?

- There are various phases in your health that might trigger a conversation about Horizon Planning®. As an adult, you are never too young or too old to discuss your Horizon Plan®.
 - Phase 1 – An adult patient at any age who is healthy or has a curable condition
 - Phase 2 – A patient with a new, chronic condition diagnosis
 - Phase 3 – A patient with progressive, frequent complications
 - Phase 4 – A patient who is hospice eligible

How do I create a Horizon Plan®?

- The first and most important step is to have a conversation with your loved ones or the people most important to you, and your doctor. There are also documents you can use to help you plan. Advance Directives include a Living Will and a Power of Attorney for Healthcare, and can be found in this Guide. Pennsylvania Orders for Life Sustaining Treatment (often abbreviated as POLST) completes the three main documents included in a Horizon Plan®. With your doctor, nurse practitioner or physician assistant, and these documents, you can organize and write down your wishes so that if and when the situation arises your wishes can be known and followed.
- A Living Will is written instructions for care in the event that you are not able to make medical decisions for yourself.
- Power of Attorney for Healthcare is a document that appoints particular people to make health care decisions for you if you are unable to do so.
- Pennsylvania Orders for Life Sustaining Treatment is a document that effectively communicates your wishes through a physician order when you are seriously ill to have or limit medical treatment based on your wishes and values as you move from one care setting to another.
- Other documents that can be used to create your Horizon Plan® include the Five Wishes® booklet and the Conversation Starter Guide®. The Five Wishes® booklet includes both a Living Will and Power of Attorney for Healthcare form that provides your legal advance directives in Pennsylvania and other states as well.
- Once completed, these documents can become part of your shared care plan in your electronic health record, often referred to as an “EHR.” If completed prior to a meeting with your physician, nurse practitioner or physician assistant or health coach, take them to your primary care office.
- Creating Advance Directives gives you the legal papers that allow you to decide now what you want to happen if you are no longer healthy enough to make decisions about your care.
- You have the right to have hospital staff comply with these directives. Having a Power of Attorney for Healthcare helps ensure your wishes are known and honored through people you have chosen to speak for you.
- Ask about and discuss the ethics of your care, including resolving any conflicts that might arise such as: deciding against, withholding, or withdrawing life-sustaining care.
- For more information, visit www.wellspan.org/HorizonPlanning

www.wellspan.org/HorizonPlanning

Frequently Asked Questions

Q. Will I need assistance at home?

A. Most people need a caregiver for the first week or two at home. If you required help at home before your surgery, you may need help for a longer time.

Q. Will I need a walker when I go home?

A. You may need a rolling walker when you go home depending on your strength, balance, and mobility as determined by the physical therapist.

Q. What are some things I need to do at home after surgery?

A. Once at home, it is important to walk several times a day (as tolerated) and use proper body mechanics. Control your discomfort by resting, icing your incision and taking your pain medicine.

Q. What is the best position for sleeping?

A. It is best to avoid positions that twist your body. Use pillows to support your head, shoulders, chest and legs. Stay away from SOFT sofas and beds. **DO NOT SLEEP ON YOUR STOMACH!** Some patients may find it more comfortable to sleep in a recliner chair.

Q. What are the signs and symptoms of a wound infection?

A. Signs and symptoms of infection include fever, increased pain, swelling, and drainage at the incision site. If symptoms are present, notify your surgeon.

Q. When should I call my doctor?

A. Persistent, severe, uncontrolled pain; weakness or numbness in your spine or extremities; increased drainage, swelling or redness around the incision; difficulty breathing; problems controlling your bowel or bladder.

Q. How soon can I drive?

A. This will depend of the type of surgery and medicines that you are taking. Some medicines can affect your ability to drive safely. Many people can drive after four weeks or so, but you will need to talk with your doctor regarding your specific situation.

Q. When can I go back to work?

A. Consult with your surgeon for guidance on resuming work, physical labor, or activities after surgery.

Q. What are my chances of being relieved of my pain?

A. The goal of surgery is to relieve pain, especially relief from your nerve symptoms or leg pain. Relief of back pain is also possible, although may be less predictable.

Q. How long will I be in the hospital?

A. This depends on the type of surgery, your surgeon's instructions, and therapy recommendations.

Q. Will I need a blood transfusion?

A. Transfusions are generally not required for this kind of surgery, nor is pre-operative blood donation.



Q. Will my back be normal after surgery?

A. Though you may have excellent relief of pain, a disc is never completely normal after it has herniated. If your problem has been caused by arthritis, the arthritis cannot be cured even if the bone spurs have been removed and the nerves decompressed. You may have more back pain than a normal person would have, and there is an increased risk of re-herniation of the damaged disc.

Q. What should I do after surgery?

A. You should resume low-impact activities as soon as possible, starting with walking. Try to walk a little farther each day, increasing distance each day after surgery. Once your surgeon grants permission, you may swim, an exercise that is very back-friendly. Talk to your surgeon about all your activities, especially aerobics and jogging. Physical activity is good for you, if done properly.

Q. What shouldn't I do after surgery?

A. In general, you should limit heavy lifting, bending, twisting, and high impact physical activities, including contact sports. Consult your surgeon for details.

continued on next page

Frequently Asked Questions ... continued

Q. Will I have swallowing problems?

A. Most patients report mild discomfort with swallowing for a few days after surgery. Occasionally, swallowing difficulties may be more significant and last for longer periods of time. Rarely, it may be necessary to place a feeding tube while swallowing returns to normal. If swallowing difficulty persists longer, notify your physician.

Soft Diet Guidelines

- Choosing soft moist foods will make it safer for you to swallow. Avoid foods that are hard, sticky, or crunchy. Bite-sized pieces are best.
- When cooking meat, use a moist cooking method so that meat can become tender. Avoid dry, tough, or stringy meats, such as bacon. Make sure to cut meat into small pieces and consider adding broth or gravy to further moisten it.
- Cook vegetables until they are tender enough that they can be mashed. Tender carrots, green beans, and red beets work well. Corn, peas, and lima beans are less tender. . Vegetable juices are also great to use.
- Starches, such as potatoes or noodles, should be moistened with margarine, sauce, gravy, or broth. Cereals can be made soft by soaking in milk; pancakes or French toast can be soft when syrup is added.

If you had cervical surgery

- Restart your normal diet when you can. Begin with foods that are easy to swallow: soup, jello, applesauce, or bananas.

- Drink from bendable straws: Do not tilt your head back and forth.
- It is okay to gently turn your head from side to side.
- All kinds of canned fruits work well. Additionally, peeled fresh fruits such as peaches, melons, and kiwi are also good choices. There are no limits on fruit juices.
- All kinds of milk and milk products are good to use. Cottage cheese and yogurt can be good sources of protein if eating meat is difficult. Pudding and ice cream are generally easy to tolerate.
- Soft scrambled or poached eggs are generally well tolerated.
- Most soups are well tolerated.

Sample menu

- Breakfast: pancakes with syrup, scrambled eggs, stewed prunes, orange juice, and coffee
- Lunch: tuna salad sandwich, pickled beets, applesauce, soft sugar cookie, and milk
- Supper: spaghetti and meat sauce, tender cooked green beans, bread and butter, canned peaches, and milk
- Snack: pudding or ice cream

Q. Will my voice be affected?

A. Some patients may be hoarse after anterior cervical spine surgery. Usually this goes away within a few days or weeks. Rarely, the hoarseness may last for a longer period of time or even be permanent.

