UAMS SPINE ACADEMY

PATIENT INSTRUCTIONS

UAMS NEUROSURGERY
(501) 686-5270

UAMS ORTHOPAEDIC SPINE
(501) 526-7219

UAMS
University of Arkansas for Medical Sciences

4301 West Markham Street
Little Rock, Arkansas 72205

Getting Ready for Your Spinal Surgery

Dear Patient:

We would like to warmly welcome you to the University of Arkansas for Medical Sciences and the Spine Service within the Neurosciences Service Line. We know that you have many options for your healthcare and we are humbled and pleased that you have chosen UAMS for your spinal surgery. We are all committed to making sure your care at UAMS meets and exceeds what you expect.

This booklet is your guide for your spinal surgery experience. Please read it carefully and refer to it before, during, and after your surgery. It will be helpful if you bring it with you to the hospital during your stay. If you are clear about what to expect during and after your hospital stay, you are much more likely to have the best outcome possible. The involvement of your family or other caregivers is also key to a good outcome.

The staff at UAMS is dedicated to improving outcomes in spinal surgery. We use science-based practices to help our patients recover as quickly as possible. We hope that this guide will answer many of your questions. Also, your surgeon, their team, nurses, and hospital staff are always here to answer questions.

You will find this and other resources on patient education topics at: https://uamspatientslearn.org.

We wish you a successful and speedy recovery. We also welcome feedback on your care so that we may improve our services, as needed.

Best wishes for a successful surgery and recovery!

C. LOWRY BARNES, M.D.
Professor and Chairman, Orthopaedic Surgery
Musculoskeletal Service Line Director

DR. JOHNATHAN GOREE
Professor and Chairman, Anesthesiology,
Neurosciences Service Line Director

MY DOCTOR IS: _____

TYPE OF SURGERY: _____

DATE OF SURGERY: _____

LOCATION: _____

UAMS Spinal Surgeons

Spinal Neurosurgeons

Dr. Thomas G. Pait

Dr. Noojan J. Kazemi

Dr. Viktoras Palys

Dr. Hector Soriano

Spinal Orthopedic Surgeons

Dr. David B. Bumpass

Dr. Wayne Bruffet

Dr. Richard McCarthy

Dr. Samuel Overley

Dr. Jordan Walters

Table of Contents

General Information

Using the Patient Guide

This guide was created with the input of doctors, nurses, case managers, physical and occupational therapists. We combined forces to create a resource that has the essential tools for spinal surgery.

Remember, this is a guide. Your surgeon, nurse, or therapist may change your plan of care to best fit your needs. Always use their recommendations. Feel free to make notes and change the guide to fit your plan of care.

Spine Coach

We encourage you to have a spine coach to help you in your recovery. This can be a member of your family or close friend that will provide you support and motivate you throughout your journey to recovery. Your spine coach will become a member of your healthcare team by assisting you in your physical, mental, and/or spiritual support.

University of Arkansas for Medical Sciences
4301 West Markham Street
Little Rock, Arkansas 72205

The Orthopedic and Spine Hospital
801 Cottage Dr.
Little Rock, AR 72205

Neurosurgery Clinic
Jackson T. Stephens Spine Institute
501 Jack Stephens Drive
Little Rock, Arkansas 72205

Orthopaedic Clinic
600 Autumn Road
Little Rock, Arkansas 72211

10815 Colonel Glenn
Little Rock, Arkansas
72204

4261 Stockton Drive,
North Little Rock, AR 72117

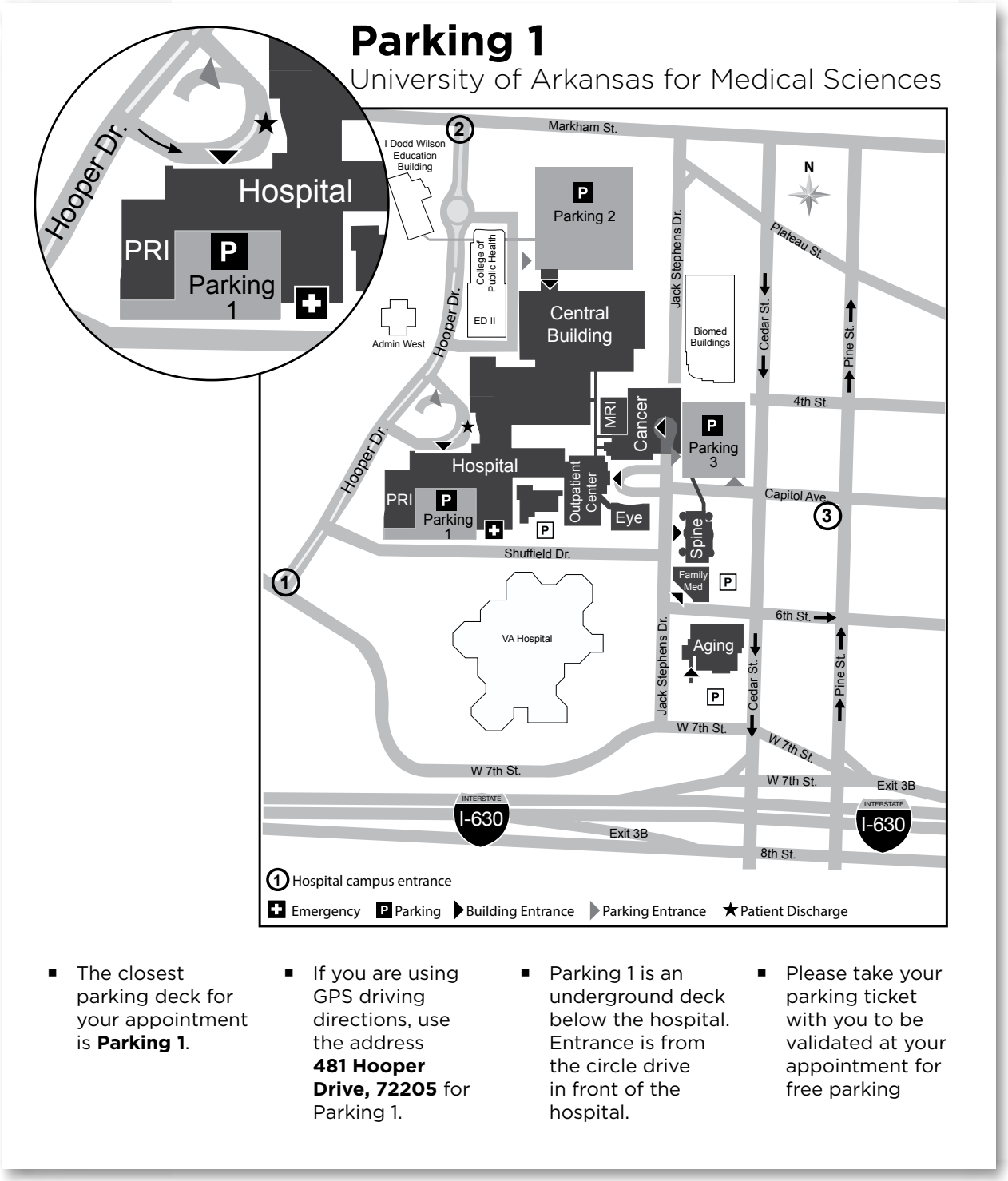
UAMS Phone Numbers:

UAMS Main Hospital .....(501) 686-7000
Orthopaedic Spine Office... (501) 526-7219
Case Management.....(501) 686-5870
Housekeeping.....(501) 686-6871
Neurosurgery Clinic.....(501) 686-5270
Patient Education ..... (501) 686-8084
Nutrition .....(501) 686-6154

UAMS Campus Map

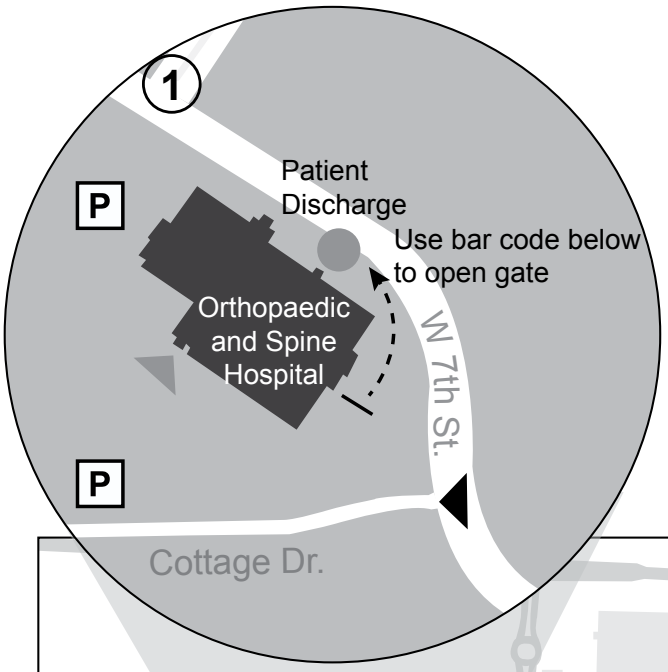
Directions to Surgery:

After parking in Parking 1, take the elevators to the Lobby. Then take the B Elevators to the 2nd Floor. Check in at the desk.



- The closest parking deck for your appointment is **Parking 1**.
- If you are using GPS driving directions, use the address **481 Hooper Drive, 72205** for Parking 1.
- Parking 1 is an underground deck below the hospital. Entrance is from the circle drive in front of the hospital.
- Please take your parking ticket with you to be validated at your appointment for free parking

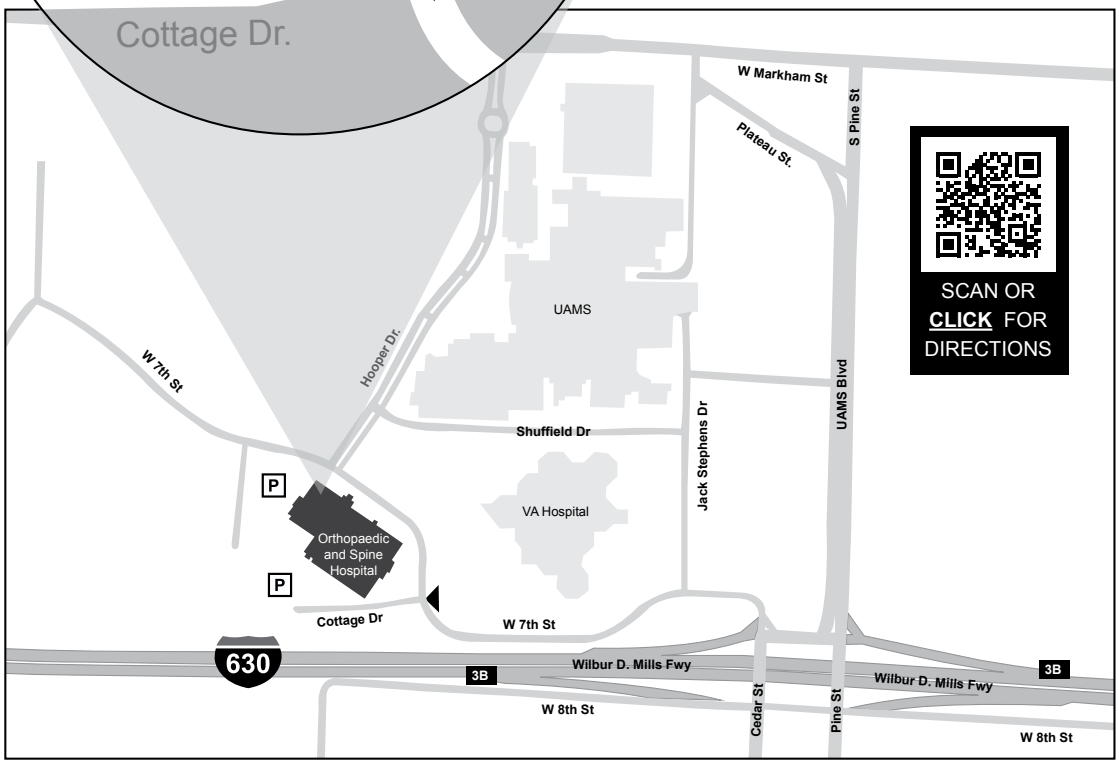
The Orthopedic and Spine Hospital Map



UAMS Health
For a Better State of Health

The Orthopaedic and Spine Hospital
801 Cottage Drive
Little Rock, AR 72205

- Parking Entrance
- P Parking
- Building Entrance
- Patient Discharge



- If you are using GPS driving directions, use the address 801 Cottage Drive, 72205.
- Free parking is available near the building entrance. Please take your parking ticket with you to be validated at your appointment.
- Surgery and procedure patients will be given a barcode to scan at the parking gate to enter the reserved parking area near the Patient Discharge door.

Parking Barcode

Driving Directions to UAMS

Traveling through BENTON:

- Take 1-30 East to 1-430 North and take exit 6, I-630 East
- Exit at Pine/Cedar – Exit 3B (Cedar is one-way, South)
- Go across Cedar and turn LEFT onto Pine (a one-way street, going NORTH, back over the freeway)
- Continue on Pine until you reach Markham Street at the bottom of the hill and turn LEFT on Markham
- Turn LEFT on Hooper Drive at Entrance 2
- Follow signs to Parking 1 (garage is underground)

Traveling through PINE BLUFF:

- Take I-530 North (Hwy 65) to I-630
- Exit at Pine/Cedar – Exit 3B.
- Continue on Pine until you reach Markham Street at the bottom of the hill and turn LEFT on Markham
- Turn LEFT on Hooper Drive at Entrance 2
- Follow signs to Parking 1 (garage is underground)

Traveling through CONWAY:

- Take I-40 East to I-430 South, take exit 6, I-630 East
- Exit at Pine/Cedar – Exit 3B (Cedar is one-way, South)
- Go across Cedar and turn LEFT onto Pine (a one-way street, going NORTH, back over the freeway)
- Continue on Pine until you reach Markham Street at the bottom of the hill and turn LEFT on Markham
- Turn LEFT on Hooper Drive at Entrance 2
- Follow signs to Parking 1 (garage is underground)

Traveling through SEARCY:

- Take HWY 67-167 South to I-40 West to I-30 West
- Just after you cross over the river, take Exit 139-B which is I-630
- Exit at Pine/Cedar – Exit 3B.
- Continue on Pine until you reach Markham Street at the bottom of the hill and turn LEFT on Markham
- Turn LEFT on Hooper Drive at Entrance 2
- Follow signs to Parking 1 (garage is underground)

Traveling through MEMPHIS:

- Take I-40 West to I-30 West
- Just after you cross over the river, take Exit 139-B which is I-630
- Exit at Pine/Cedar – Exit 3B.
- Continue on Pine until you reach Markham Street at the bottom of the hill and turn LEFT on Markham
- Turn LEFT on Hooper Drive at Entrance 2
- Follow signs to Parking 1 (garage is underground)

Understanding Spinal Surgery

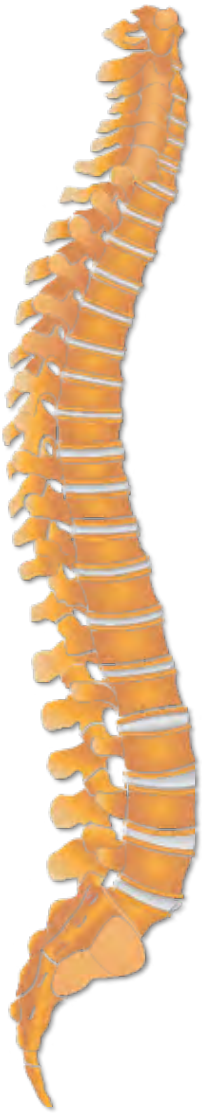
A Closer Look at Spine Surgery

To understand spine surgery, you should know about the spine. The spine consists of 33 bones called vertebrae. These bones make up the spinal column. They are the main support for your body. They enable you to stand upright, bend, and twist, while protecting the spinal cord from injury. Strong bones and muscles, flexible tendons and ligaments, and sensitive nerves contribute to a healthy spine. When any of these structures are affected by strain, injury or disease, it can cause pain.

Spine Anatomy

Spinal Curves

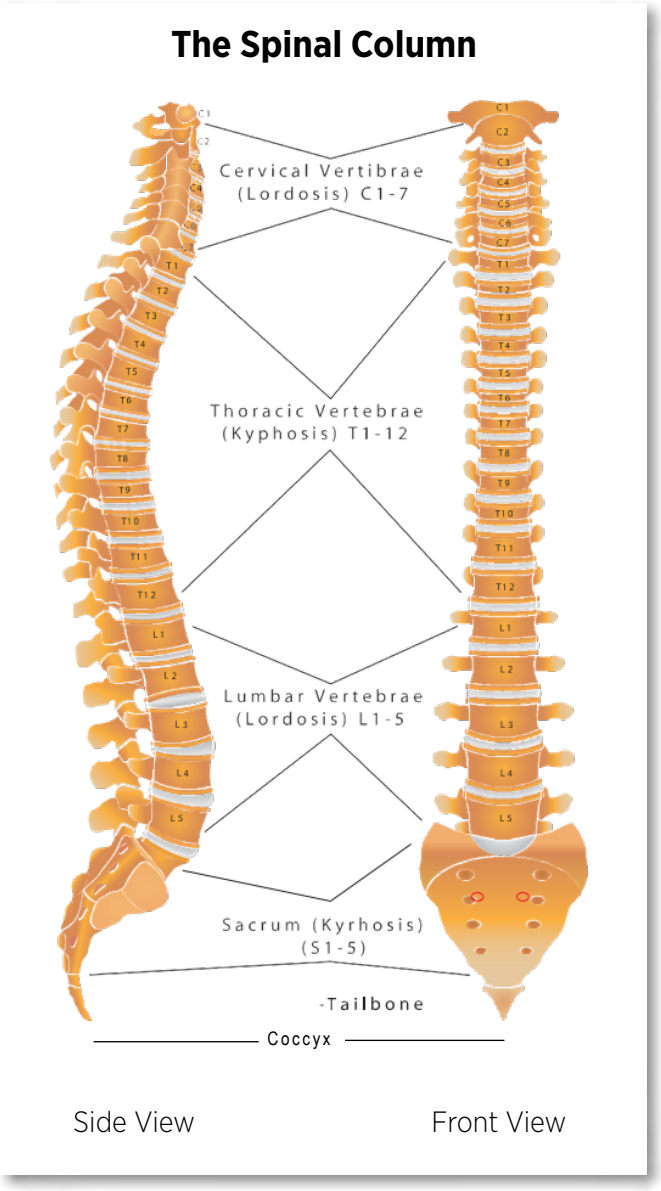
When viewed from the side, an adult spine has a natural S-shaped curve. The curves work like a coiled spring to absorb shock, maintain balance, and allow range of motion throughout the spinal column.



Understanding Spinal Surgery (continued)

Vertebrae

VERTEBRAE are the 33 individual bones that interlock to form the spinal column. They are numbered and divided into 5 regions: cervical, thoracic, lumbar, sacral, and coccyx. Only the top 24 bones are moveable; the vertebrae of the sacrum and coccyx are fused. Each region has specific and unique features to help them perform their main functions.



CERVICAL (NECK) – The cervical spine is to support the weight of the head (about 10 pounds). The seven cervical vertebrae are numbered C1 to C7. The neck has the greatest range of motion because of two specialized vertebrae that connect to the skull. The first vertebra (C1) articulates (connects) with the skull. This joint allows for the nodding "yes" motion. The second vertebrae (C2) allows for the side-to-side or "no" motion of the head.

THORACIC (MID BACK) – The thoracic spine is to hold the ribcage and protect the heart and lungs. The twelve thoracic vertebrae are numbered T1 – T12 and have limited range of motion.

LUMBAR (LOW BACK) – The lumbar spine bears the weight of the body. The five lumbar vertebrae are numbered L1 – L5. These vertebrae are much larger in size to absorb the stress of lifting and carrying heavy objects.

SACRUM – The sacrum is to connect the spine to the hip bones (iliac). There are five sacral vertebrae and are numbered S1 –S5, which are fused together.

COCCYX (TAILBONE) – The coccyx consists of four fused bones that provide attachment for ligaments and muscles of the pelvic floor.

INTERVERTEBRAL DISCS – Provide cushion between the vertebrae. This cushion absorbs the stress and shock the body incurs during movement and prevents the vertebrae from grinding against one another.

Understanding Spinal Surgery (continued)

Spine Problems

BULGING DISC – A bulging disc occurs when one of the discs between the vertebrae develops a weak area which causes painful pressure on the spinal canal.

RUPTURED OR HERNIATED DISC – Pressure causes the outer rings of the disc to rupture and the soft nucleus to squeeze through. This compresses and irritates the spinal nerve root.

ARTHRITIS – Aging, worn vertebrae and discs allow bone spurs to form. This causes or worsens narrowing of the spinal canal (stenosis), and irritates the nearby nerve, producing pain.

INSTABILITY – As a disc degenerates and flattens, vertebrae slip back and forth. This irritates the spinal joints and creates or worsens stenosis, irritating the nerve.

SPINAL STENOSIS – Spinal Stenosis is a condition that arises due to narrowing in and around the spinal canal, thus resulting in nerve pinching, which leads to persistent pain, limping, lack of feeling in the lower extremities and decreased physical activity. Spinal Stenosis can affect all regions of the spine.

SCOLIOSIS – Scoliosis is a condition of the spine in which the spine curves to varying degrees in an "S" shape, either to the right or left side.

Different Kinds of Spinal Surgeries

DISCECTOMY – A discectomy is the surgical removal of abnormal disc material that presses on a nerve root or the spinal cord. Surgery is used to release stress on the nerve root.

LAMINECTOMY – A laminectomy enlarges your spinal canal to relieve pressure on the spinal cord or nerves. Surgery relieves compression of the spinal cord by removing part or all of the vertebral bone (lamina).

DECOMPRESSION – Decompression relieves pressure on the nerve root (can be caused by a pinched nerve).

FUSION – helps to stabilize the spine with use of bone graft, screws or plates. It is designed to stop the motion at the segment of the spine that is the cause of the patient's pain.

TRANSFORAMINAL LUMBAR INTERBODY FUSION (TLIF) – This procedure fuses the space between vertebral bone after the disc is removed. A bone graft or interbody spacer fill the space while the posterior portion is locked in place with screws, rods and bone graft.

EXTREME LATERAL INTERBODY FUSION (XLIF) – This is a minimally disruptive approach to spinal fusion in which the disc is accessed from the side, or lateral position, rather than from the front or back; fusing the space between the vertebrae.

CERVICAL SPINE/NECK SURGERY – Surgery on the cervical spine may be performed to either decompress or relieve the pressure on the spinal cord or to help stabilize the cervical spine. There might be a need for a fusion to add stability to the cervical spine. Cervical fusion may be approached from the front of the neck (anterior) or the back of the neck (posterior). Bone graft may or may not be used to help stabilize the graft site.

Pre-operative Checklist (continued)

Attend Education Class Before Surgery

We highly recommend attending the Spinal Academy before surgery. If you cannot, please tell the nurse in the clinic. She/he will get you all of the information you need.

10 Days Before Surgery

- **STOP** taking all medications containing aspirin and anti-inflammatory medications such as ibuprofen, naproxen, etc. These medications may cause increased bleeding.
- If you are taking a blood thinner, you need instructions from your surgeon about stopping it.
- Anesthesia Pre-Op will contact you 2-3 days before surgery to talk about your home medications.
- Buy Chlorhexidine Gluconate antiseptic soap. You can buy it in most pharmacies.
- Begin or continue taking a stool softener 1-2 times a day or as your doctor tells you.
- Pre-surgery screenings complete (if ordered) – lab work done, ekg and x-rays, nasal swab, medical clearance (diabetes, heart, and lung disease), and healthy teeth and gums.

The Day/Night Before Surgery

- We will call you between 3:00 – 6:00 p.m. to tell you exactly when to arrive for surgery.
- You should have a bowel movement 24–48 hours (1–2 days) before surgery.
- **EAT NOTHING AFTER MIDNIGHT** the night before surgery.
- You may have a glass (8–12 ounces) of clear liquid within 2 hours BEFORE you arrive at the hospital. Clear liquids include 1 can of clear soda, 1 glass of water, or 1 small sports drink.
- **NO diabetic meds, NO insulin, or NO diuretics** the morning of surgery.

Other Considerations

- Check insurance verification for surgery – let your doctor's office know if your insurance has changed.
- Make arrangements for children and pets.
- Make arrangements for meals and transportation after discharge.
- If you know you will need home health or rehabilitation, verify your insurance coverage for these services.

Pre-operative Checklist (continued)

Washing your skin gently before surgery can reduce the risk of infection at your surgery site. Please follow these instructions carefully:

- You should take two showers: one the night before and one the morning of your surgery before coming to the hospital.
- Avoid getting the Chlorhexidine soap in your eyes, ears, mouth or nose. Also try to avoid the vagina or end of penis. If the soap gets on these areas, rinse well with water.
- Please do NOT shave back hair at least 48 hours prior to surgery. It is OK to shave facial hair.
- Shampoo your hair.

IN THE SHOWER:
Using the chlorhexidine soap and a clean, wet washcloth, apply ½ the soap to the washcloth (save the remaining ½ for the day of surgery shower). Gently lather your entire body, paying close attention to your surgical area. Let the lather remain in contact with your skin for a minimum of 15-20 seconds. Rinse well. DO NOT re-wash with regular soap.

- Having back surgery? Be sure to wash the back of your neck, shoulders, armpits, entire back, and buttocks.
- Having head or neck surgery? Shampoo your hair with chlorhexidine soap the night before and the morning of surgery. Conditioners and other hair care products should not be used after the shampoo. Rinse hair thoroughly and dry with a fresh, clean, dry towel. Hair spray and other alcohol-based products should not be used. Wash your neck, shoulders, armpits, arms and hands with chlorhexidine.

AFTER YOUR SHOWER:
Pat yourself dry with a clean, freshly washed towel. Dress in clean clothing and change your sheets on your bed. After each shower, do not apply lotions, perfumes, deodorant/antiperspirant or makeup.

Packing List for the Hospital

- Your copy of this guide
- Picture ID
- Medical insurance document or card
- Copy of power of attorney, living will, or advance directive, if needed

Pre-operative Checklist (continued)

- **CURRENT MEDICATION LIST:**
  - Include medication dose and frequency and the last time you took the medication. This includes any herbal supplements, vitamins, or over the counter medications you take.
  - If you have an implanted pain pump, please include information regarding the type of pump you have, medication dosage, last pump fill, and prescribing doctor with contact information.
  - Contact information for your local doctor and any details on medical information, allergies and reactions, or past reactions to anesthesia.
- Toiletry items (If you want to use your own instead of the ones the hospital provides.)
- Electronics (UAMS is NOT responsible for lost or stolen items.)
- Books and magazines
- Healthy snacks (There is refrigerator and microwave you can use.)
- Phone and phone charger

Special Considerations

- If you use a CPAP machine at home, please bring it with you to the hospital.
- UAMS is a non-smoking campus. We do not recommend nicotine patches, because nicotine slows healing.
- Children or adults needing care should not be brought and left at the hospital with you, the patient. Before your surgery, please arrange for their care.

Directions for Check-In

1. Park in **PARKING DECK 1**. It is under the hospital.
2. Take the elevator to the **1ST FLOOR**.
3. Go left when you get off the elevator. You are now in the **HOSPITAL LOBBY**.
4. Look for **"B" ELEVATORS**. They are just past the Information Desk on the right.
5. Take the "B" Elevators to the **2ND FLOOR**. Check in at the desk. If you get lost, ask the person at the Information Desk for help.

Pre-operative Checklist

4 to 6 Weeks Before Surgery

You will need to find out if:

- Your insurance company will pay for Durable Medical Equipment (DME), such as a walker, cane, brace, or commode.
- Your insurance will pay for Acute Rehab and what is required, if you do need inpatient rehab after surgery.
- You will be scheduled for testing before your surgery.

If you smoke, please quit! Not smoking will help:

- You get well from anesthesia (meds that put you to sleep during surgery)
- Your bones heal after surgery
- Your incision to heal after surgery
- Refer to page 18-21
- Other Resources (page #)

Start Exercises Before Surgery

Many patients with spinal problems are not active. This causes their muscles to become weaker. This slows recovery after surgery. It is important that you begin an exercise program before surgery, unless your surgeon says not to.

Review “Advance Directive for Healthcare”

By law, every adult (18 years old or over) who is admitted to the hospital must have the chance to fill out an advance directive form. This form states your decisions about your care, if in the future you are not able. If you have an advance directive, please bring a copy to the hospital on the day of surgery. If you would like to complete one, talk to our staff.

Quit Smoking

Did you know that before surgery is the best time to quit smoking?

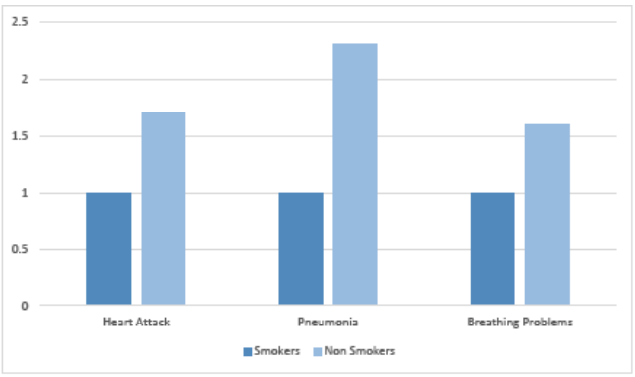
- You will decrease your risk of complications.
- Hospitals are a smoke-free environment, so you won't be tempted.
- The quit rate is much higher when you quit before your operation.

Smoking Increases Your Risk of Heart and Breathing Problems

Smoking increases the mucus in the airways and decreases your ability to fight infection. It also increases the risk of pneumonia and other breathing problems. Airway function improves if you quit 8 weeks before your procedure.

The nicotine from cigarettes can increase your blood pressure, heart rate, and risk of arrhythmias (irregular heart beat).The carbon monoxide in cigarettes decreases the amount of oxygen in your blood. Quitting at least 1 day before your operation can reduce your blood pressure and irregular heart beats.

Smokers have an increased risk of blood clots and almost twice the risk of a heart attack as nonsmokers.



*Breathing problems such as coughing, wheezing, and low oxygen levels are increased in smokers.

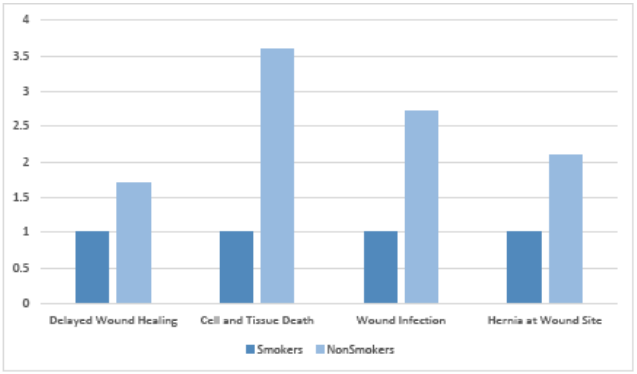
A smoker is **2.2 times more likely to get pneumonia** than a nonsmoker. So if a nonsmoker has a 10 percent risk, a smoker has a 22 percent risk.

Smoking Increases Your Risk of Wound Complications

Smoking interferes with all phases of wound healing. It also decreases the ability of the cells to kill bacteria and fight infection. Having a wound infection increases the average length of stay by 2 to 4 days. Quitting 4 weeks before a surgical procedure reduces postoperative complications by 20 to 30 percent.

Studies identify that patients who smoke have:

- Increased wound infection and splitting open of the wound in patients having general surgery or hip and knee replacements.
- Increased sternal (chest bone) wound infection after coronary bypass surgery.
- Increased wound necrosis (tissue death) after mastectomy and breast reconstruction.
- Increased incisional and recurrent inguinal hernias.
- Lack of bone healing after orthopedic surgery.
- Delayed healing and tissue death in plastic surgery.
- Greater pain intensity and higher amounts of narcotics needed for pain control.



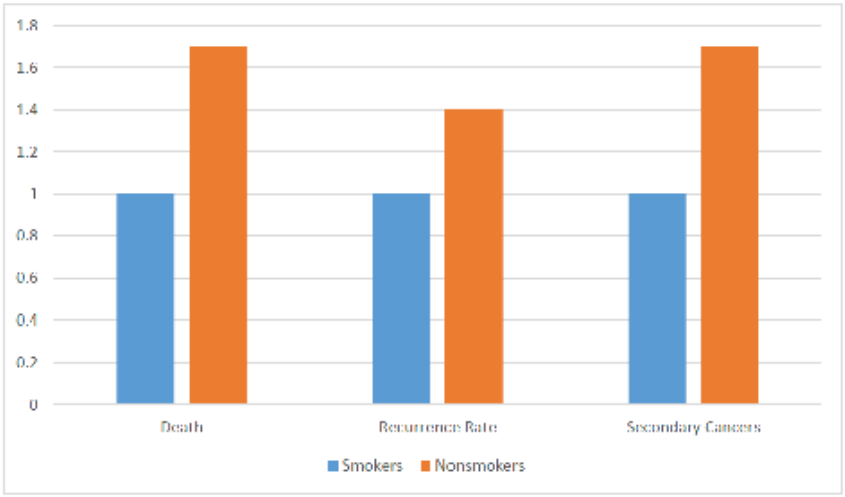
Oxygen is needed for your tissues to heal. Smoking can decreased the amount of blood, oxygen, and nutrients that go to your surgical site. A smoker has almost 4 times the risk of tissue damage at the surgical site.

Quit Smoking

Smoking Cessation at the Time of Surgery May Be the Best Time to Quit

- Smoking cessation counseling before a surgical procedure increases the quit rate.
- Multiple approaches (counseling plus medication) work best to help you stay quit for life.
- You will most likely be receiving pain medication after surgery, which will decrease your withdrawal effects.

Smoking Increases Your Risk of Wound Complications



In Cancer survivors, **continued smoking increases the risk of death** from cancer and other diseases. It also increases your risk of developing another cancer.

Secondhand smoke causes lung cancer in both children and adults who don't smoke

Treatment

The following treatments are proven to be effective for smokers who want help to quit. Be sure to discuss with your doctor what is right for you.

- **Cold turkey:** Quitting on your own because you are motivated to have a successful surgery .
- **Smoking cessation counseling with your doctor/professional.**
- **Telephone counseling: Call the Quit Line at 1-800-QUIT-NOW (1-800-784-8669)**. Help is free and all information is confidential.
- **Behavior therapy:** Training to help you cope when you want a smoke.

Quit Smoking

- **Medication, including:**
  - **Varenicline (Chantix) and bupropion SR (Zyban)** both require a prescription and are started 1 to 2 weeks before quit ting.
  - **Nicotine replacement therapy (NRT)** delivers a safer source of nicotine t han cigarettes, may decrease the withdrawal effect, and may help prevent overeating.
- **The health effects of electronic cigarettes (e- cigarettes) as a quit method and the vapors they give off are unknown.** Initial lab tests conducted by the FDA found levels of toxic cancer-causing chemicals.

Medication	How Do I Take This?	When Do I Begin?
Varenicline	Orally with a meal and water	1 to 2 weeks before quitting
Bupropion	Orally; dose is decreased day by day	1 to 2 weeks before quitting
Nicotine patch	Apply patch to the skin	Do not smoke; use as directed
Nicotine gum	Chew	Do not smoke; use as directed
Nicotine lozenge	Dissolve in the mouth	Do not smoke; use as directed
Nicotine inhaler	Spray in the back of the throat	Do not smoke; use as directed
Nicotine nasal spray	Spray in the nose	Do not smoke; use as directed

*Available only with a prescription

Helpful Resources

Quit Line Phone Number
1-800-QUIT-NOWor 1-800-784-8669

National Cancer Institute Tobacco Line
1-877-448-7848
(also available in Spanish)

American Lung Association
lungusa.org

Government Quit Smoking Resources
teen.smokefree.gov
espanol.smokefree.gov
women.smokefree.gov

Center of Disease Control:
Quit lines and access to all online state tobacco information:
cdc.gov/tobacco/stat_esystem/index .htm

American Society of Anesthesiologists
asahq.org/stopsmoking/provider

Quit Smoking

Your Action Plan. Doing Your Part for the Best Surgical Recovery.

My quit day is: _____

Pick the day and mark your calendar.

Getting Help	My Action (Write in boxes below)
Call the quit line.	1-800-QUIT-NOW or 1-800-784-8669
Decide on a plan, like using nicotine replacement or going to a smoking cessation class.	My plan instead of smoking:
If you use varenicline or bupropion, take your dose each day leading up to your quit day as instructed.	State date for medication:
Ask your friends and family to support you.	Who will help:
Remove all tobacco products from your home, car, and work.	I got rid of tobacco on: Sign:
Stock up on oral substitutes like gum or hard candy, carrot sticks, or straws.	What I like to chew on:
Think about any previous quit attempts and what worked and what did not.	What worked: What did not work:
On Your Quit Day	**My Action (Write in boxes below)**
Keep busy and active. Drink lots of water or fruit juice.	What I am doing instead:
Rely on your friends and family for encouragement.	Who is helping?
Avoid being around other smokers at first as much as possible.	I feel comfortable around:
Avoid alcohol or coffee if you associated them with smoking.	I need to avoid:
Change your routine and avoid situations where there is an urge to smoke.	What do I like to do when there is no smoking?

What Happens When It's Time for Surgery

Just Before Surgery

A nurse will assess you. That includes:

- Taking your vital signs
- Starting an IV line in a vein in your arm
- Confirming with you the place on your body to be operated on

Your anesthesiologist will meet with you to:

- Assess you
- Talk with you about anesthesia
- Get your consent (permission) for the anesthesia

In the Operating Room

After being taken to the Operating Room, you are moved to the table where surgery will take place. This probably is the last thing you'll remember before waking up in the Post-Anesthesia Care Unit (PACU).

Recovery in Post-Anesthesia Care Unit (PACU)

Nurses will continue to check on you and keep you warm and as pain-free as possible. They will encourage you to breathe deeply. You will likely be there for about 2 hours, but this may vary.

Days After Surgery

We start planning for your recovery as soon as you decide to have surgery. UAMS therapists, nurses, and doctors will decide if you need acute rehab. If so, our case managers do their best to arrange with a rehab center close to your home. That also depends on whether a center takes your insurance.

Here is what is likely to happen:

- **DAY 1 AFTER SURGERY:** You will sit in a chair and eat most of your meals sitting up. If you have a urinary catheter, this likely will be removed to prevent infection.
- **DAY 2 AFTER SURGERY:** You will have physical and occupational therapy evaluations, if not done on Day 1. If you have a PCA pump, this will be stopped, and pain pills will be the main way your pain is controlled.
- You may have drains from your surgery incision site. Your surgeon will closely check on the drains to decide when to remove them, based on their output.
- **PLEASE KNOW:** These are general goals for what happens after surgery. Each patient is different. Your healthcare team will build a care plan that is best for you and your recovery.

Recovering in the Hospital

Pain Management

At UAMS, we use several pain scales. The scales help nurses and doctors know how bad your pain is and if it is being controlled.

PAIN SCALE:
The most common pain scale is the one shown here. You will be asked to rate your pain from 0 to 10. 0 means you have no pain at all, and 10 is the worst pain you have ever felt. You will be asked to rate your pain at each shift change, before taking pain meds, and about an hour after taking the med. Based on your rating, your dose may be changed.

TREATMENT PLANS:
Pain control is vital to your plan of care and healing success after surgery. While pain is expected, the medical staff hopes to minimize this pain as much as possible. At first, you may be placed on intravenous (IV) pain medications, as well as a combination of oral medications (pills). The goal of pain management is to have you on pills within 24-48 hours post-surgery. The pills last longer in your body and will help to control your pain better. Please let your nurse know when you begin to feel pain. It is easier to control your pain before you are severely hurting. Pain control will aid in your participation in physical therapy, occupational therapy and in your normal daily activities.

TYPES OF MEDICATION:

- ***PCA (Patient-Controlled Anesthesia)*** may also be referred to as a "pain pump." This is a method for you to receive intravenous (IV) pain medication that allows you to control how much pain medication you receive. The medication is given through an IV pump and controlled by you with a hand-held button. You press the button when you need pain medication. Two nurses will set up the IV pump with settings that will not allow you to overdose.
- ***Intravenous (IV) Medication*** may be ordered. These medications will be given given via IV as needed. This means that they will be given at your request within the frequency ordered. While IV medications can be used in the immediate post-operative period, they do not have lasting effects. They are short acting medications. IV pain medications are often used for breakthrough pain in conjunction with oral medications to help control pain.
- ***Oral Pain Meds*** are pills taken by mouth. They work longer than an IV, so pain control is more even, day and night. Tell the nurse if you are in pain, and they will review your chart to see what pain meds you can have. They are given only as the doctor allows. Muscle relaxers may also be given.

All of these meds increase your risk for a fall. **TO KEEP SAFE, PLEASE CALL YOUR NURSE FOR HELP GETTING UP.**

You will be asked to wear non-skid socks. Other safety measures may be put in place such as fall mats on the floor beside your bed and/or a bed alarm.

Recovering in the Hospital (continued)

Pain relief without drugs can help too, such as:

- Gentle massage of the feet or hands
- Deep breathing (in the nose; out the mouth)
- Playing soft music with your eyes closed
- Repositioning (If you want to lie on your side, ask a nurse or nurse aide for a wedge.)
- Activity box (It contains word searches, decks of cards, and more. Ask your nurse or PCT.)

Are You at Risk for Falling?

Here's what our hospital is doing to protect you during your stay with us.

Fall Risk Assessment
During your stay at the hospital, the nurse will assess risk of falling using the Hester Davis Fall Scale. This scale looks at many different factors that can put you at risk for falling while in the hospital. As the risk for falling increases, we will put protective fall devices in place to assure your safety.

What You Might See in Your Room
Here are some of the things you might see in your room:

- Colored fall arm bands are a visual reminder for you and hospital staff that you are at risk for falls.
- Fall alarms are used to notify nurses that you are attempting to get out of your bed by yourself.
- Fall mats are put on the floor to cushion the floor or low beds are used to reduce risk for injury.
- Nonslip footwear helps to prevent slipping on the floor. It is important for you to have these on while out of bed to help prevent falls.

ALWAYS CALL STAFF BEFORE GETTING UP SO WE CAN KEEP YOU SAFE!

Care After Discharge

Types of Closures on Your Incision:

- Dissolving stitches
- Dermabond (skin glue)
- Regular stiches (usually removed after 7 to 10 days)
- Staples (usually removed after 7 to 10 days)

My incision is closed with: _____

Incision Care:

- You may shower regularly and begin washing around your incision 48 hours after surgery.
  - DO NOT scrub.
  - Wash with warm, soapy water. Rinse well. Pat dry with fresh, clean towel.
  - No direct shower pressure on your incision site or dressing.
  - DO NOT submerge your incision. No bath tubs, hot tubs, pools, lakes, etc.
- Sutures or staples will be removed at your wound check 7-14 days after surgery.

My wound check is scheduled for: _____

I can remove my incision dressing on _____ , typically 7 days after you leave the hospital. You can then leave the incision open to air.

After the removal of your dressing, please monitor DAILY for signs of infection such as redness, swelling, or change in drainage. Notify our office with any concern.

Preventing Infection

- Wash your hands!
- Follow wound care instructions.

When to Call the Doctor

POSSIBLY SERIOUS PROBLEMS TO REPORT RIGHT AWAY:

- A hard time swallowing or increased hoarseness
- A hard time breathing, shortness of breath, or chest pain

POSSIBLE NERVE IRRITATION:

- Numbness, tingling, loss of color, or warmth in arms not helped by changing body position
- Weakness in arms or legs

POSSIBLE INFECTION:

- Any temperature over 101 degrees (Take temperature if you feel chilled or feverish.)
- A hard time urinating (peeing)
- Urinating a lot and/or burning or cloudy, foul-smelling urine
- Coughing up thick, green, or yellow mucus
- Wound changes, such as unusual or more redness or swelling, tenderness, drainage, or wound opening up

OTHER PROBLEMS TO REPORT:

- Nausea, vomiting, or fullness/swelling in belly
- Pain, if:
    - After taking pain meds, pain increases and/or is more than 3 out of 10 on pain scale.

      OR

    - It is more than you can stand or accept.

Routine Activities

If you are in need of medical equipment, Case Management can assist you in getting the equipment while you are in the hospital. Please use it as directed. This will aid in your recovery.

- Plan your activities so that they can spread out throughout the day. Remember to include time to rest. Learn to pace yourself.
- Taking pain medication about 45 minutes prior to any activity may help decrease your pain level and allow you to increase your activity.
- Increase your activity gradually and steadily. Use your pain level as a guide.
- To prevent risk of injury to your surgical area:
  - Do not push, pull, lift or carry anything more than 5-10 pounds, unless directed otherwise. Example: nothing more than a gallon of milk.
  - Avoid bending forward from your waist. Avoid twisting your back to turn. Bending is best done by bending your knees and keeping your back straight.
- Sitting:
  - Sitting time should be limited (examples: eating meals, working at the computer). Begin at 15 to 20 minutes and increase gradually to your comfort level.
  - Be sure your back is well supported.
- Use of a car:
  - Do not drive until your doctor says it is OK.
  - Do not drive while taking pain medication.
  - Limit riding time in a car to your comfort level. Trips longer than one hour may require frequent stops for you to get out and walk around.

Do's and Don'ts

DO:

- Specific exercises several times a day to restore movement and strength muscles. These exercises will be taught to you by your therapist.
- A walking program – begin with small amounts of time and build up from there. Start inside your home and later go outside.

DON'T:

- Bend, lift or twist (BLT)
- Bend at the waist; do bend at the hips and knees.
- Lift objects heavier that a gallon of milk (10 pounds)
- Do anything that causes you to push and pull like a vacuum or mop

Activities to Avoid

- Do not swim until your incision is fully healed.
- No strenuous physical activities or exercise.
- Do not carry a backpack or heavy purse.
- Do not carry more than 5-10 pounds.

Pain Medication

Pain Medication Prescription Policy:

Your doctor may give you pain medications (including opioids) after surgery. In the majority of cases, patients are discharged with an opioid and muscle relaxer to be used in the immediate post-operative period. They have many side effects and risks and they may not help pain caused by nerve irritation or injury. They may be used in the short term, but are not usually appropriate for long-term use.

For patients who have undergone surgery, we will help manage pain with pain medication prescriptions. After this time, you will be directed to follow-up with your primary care doctor for continued medications. However, if you anticipate needing pain medications for an extended period of time, you should establish yourself with a pain management physician prior to surgery.

Pain Control:

For the first couple of days after discharge, you should take your pain medications regularly, as prescribed, before you start hurting. Then you can begin to take them as needed. If you are taking your medicines as prescribed and they are not controlling your pain, you need to contact your doctor.

- Use your pain scale as a guide for taking pain medications. When your pain is greater than 4 out of 10 or when your pain reaches or exceeds your tolerable/acceptable level of pain, then take your pain medication as prescribed. After surgery, even with pain medication, you may still experience pain at a level of 2-3 out of 10.
  - Take pain medicines with food to prevent stomach upset
  - Narcotic pain medicines can lead to constipation. Eating high-fiber foods, fresh fruit, and drinking plenty of liquids can reduce this potential side effect.
- Apply ice or cooling pad 20-30 minutes at least 3 times daily to decrease pain and swelling. DO NOT apply heat to your incision because it can increase the risk for infection.

All requests for medication refills need to be called to the clinic before 3 p.m. and at least 3 business days prior to running out. A refill prescription for narcotics must be picked up in person; it cannot be faxed. Medications, including narcotic prescriptions will not be refilled after hours, or on weekends or holidays.

NEUROSURGERY Clinic Hours

- Monday through Friday, 8 a.m. to 4:30 p.m.
- Appointments made before patient discharge at (501) 686-5270.

ORTHOPAEDIC SPINE Clinic Hours

- Monday through Friday, 8 a.m. to 4:30 p.m.
- Appointments made before patient discharge at (501) 526-7219.

Activity After Surgery

Walking is the number one exercise after spinal surgery! Do not get out of bed by yourself while you are staying in the hospital. Call a staff member to assist you! Walking is the best activity to improve your overall fitness and endurance. Begin with short trips and increase your time and distance. Begin with 10 minutes and slowly progress to walking 20 to 30 minutes, 3 to 4 times a day.

Tips to Get Moving After Spinal Surgery:

- Try to walk on even ground. Do not try to walk on gravel or uneven ground. A fall might cause you to injure yourself.
- Don't focus on the distance of your walking. Walk short distances frequently.
- Slow and steady wins the race. Take your time moving around after surgery.

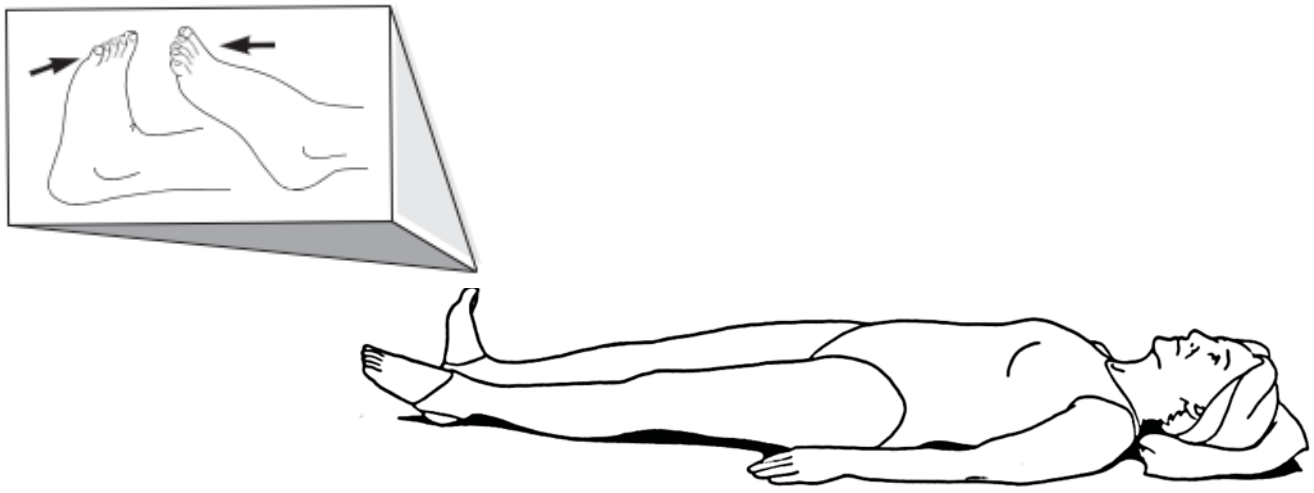
What benefit does walking do for my body after surgery?

- It helps your lungs to expand and reduces your chances of getting pneumonia.
- It helps your blood to flow reducing the risk of blood clots and bed sores.
- It promotes regularity and reduces the risk of constipation.

Exercises:

You can perform ankle pumps while in bed. This promotes circulation in your lower legs.

- Lie on your back with your legs straight.
- Bring your toes up toward your nose.
- Then point your toes down like you are pressing on the gas pedal.



Preventing Complications After Surgery

PROBLEMS (CALLED "COMPLICATIONS") CAN COME UP AFTER SURGERY. HERE ARE WAYS TO HELP PREVENT THEM.

Build-Up of Mucus in Your Lungs

Normally, you breathe deep all the time without even thinking about it. But being in pain or tired from pain meds can cause shallow breathing. This can make mucus build up in airways and lungs.

Deep breathing exercises are very important to healing after surgery:

- The exercises expand your lungs and keeps them clear of mucus.
- There is a tool (incentive spirometer) to help you breathe deep and expand your lungs.
    - You will have this tool to keep on your bedside table.
    - Your nurse or respiratory therapist will teach you how to use it.
    - Use it at least TEN TIMES each hour that you are awake.

Preventing Complications After Surgery (continued)

Blood Clots

You may hear the term "blood clot" a lot while in the hospital. After surgery, blood flow in your legs can slow down. This may cause a clot to form. A clot in a lung can happen, but is rare. Clots can easily be prevented by:

- **WALKING, MOVEMENT:** Right after surgery, you will want to rest and take it easy. However, walking and moving around keep your blood pumping and increase overall blood flow.
- **COMPRESSION STOCKINGS AND/OR SEQUENTIALS:** These are placed on each leg. The stockings fit snug to increase blood flow. The sequentials (massagers) massage one calf, then the other. This also increases blood flow.
- **ORAL MEDS** such as Coumadin or aspirin may be given. Oral meds need a "build up" period before they start to help, which is why you may be given Heparin first. Heparin is given in a small shot in the skin over the belly.

SIGNS OF A BLOOD CLOT MEDICAL EMERGENCY:

- **LEGS:**
  - Swelling that does not go away (even after you try raising them)
  - Pain/tenderness in your calf (lower leg), which may be red and warm to touch.
- **LUNGS:**
  - Chest pain that comes on all at once
  - Shortness of breath or problems breathing

Constipation

Constipation (hard stools/poop) is common after surgery. Pain meds and anesthesia slow down your bowels. To help, you will be given a stool softener or laxative. If this does not work, we can try other things to help.

We suggest these over-the-counter meds:

- Miralax
- Senna
- Bisacodyl suppositories
- Fleet enemas
- Magnesium citrate

We advise that you:

- Eat fruits and vegetables
- Increase your fiber
- Make sure you are drinking enough liquids. **WATER IS THE BEST!**

Rehabilitation

Your rehab starts as soon as you are well enough. Early movement after surgery has been shown to improve recovery and reduce the risks for complications such as prolonged hospitalizations, constipation, blood clots, and infections.

When your mobility starts is somewhat dependent on what type of surgery you have had. You may be getting up a few hours after surgery but most patients get up the next morning. We ask you to please call for assistance and we will assist you in getting up. Your safety is our number one priority.

We want you to play an active role in your recovery! Being involved in therapy is very important to your recovery process after spinal surgery.

Your Rehabilitation Team:

- **Physical Therapy** — wine-colored scrubs
- **Physical Therapy Assistants** — wine-colored scrubs
- **Occupational Therapy** — wine-colored scrubs
- **Speech Therapy (if needed)** — wine-colored scrubs
- **Registered Nurse (RN**) — royal blue-colored scrubs
- **Patient Care Techs (PCT)** — navy blue-colored scrubs

Rehabilitation

Types of Therapy

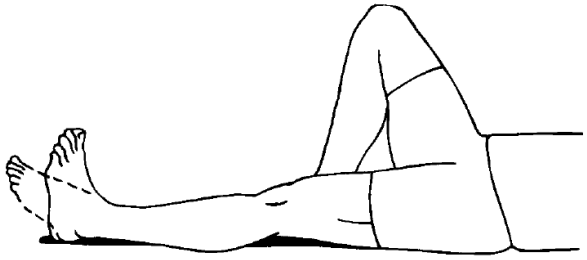
- **PHYSICAL THERAPY** helps people to regain their best level of functioning by promoting strength and the ability to move and walk.
- **OCCUPATIONAL THERAPY** helps people begin to perform their day to day activities.
- **SPEECH THERAPY** focuses on communication and your brain's processing. Speech therapists assess people to make sure that their ability to swallow is intact. If it is not safe to swallow, they make diet recommendations to make sure that your nutrition is safe.
- **PET THERAPY** is available. Pet therapy has been shown to lower blood pressure and reduce stress while in the hospital. Our pet therapy animals are specially trained and washed for interactions with patients. This service is well liked by patients, family, and staff. Ask your nurse about pet therapy!

Where Will I Go After Leaving the Hospital?

- **HOME** — Physical therapy, occupational therapy and others will all assess your progress post- surgery. If they see fit, they may suggest you are well enough to return home. Being able to return home does not mean you are on your own or can resume back to your normal activities. You are to return with caution. It is always a great idea to recruit some family or friends to help you move around, retrieve items you need, make meals, perform your daily hygiene, etc. You may also still need physical therapy or occupational therapy which can be done in the home (home therapy) or outpatient therapy. These options will also be determined by professionals at the hospital and arranged by our wonderful case managers.
- **SKILLED NURSING FACILITY (SNF)** — An SNF has nursing care as well as inpatient rehab therapy. An SNF offers about 1½ hours of therapy a day. The usual stay is about 21 days.
- **ACUTE REHAB CENTER** — These centers have nursing care and more intense inpatient rehab therapy. Acute rehab offers about 3 hours of therapy a day, usually done in two sessions of 1½ hours. The usual stay is 7-14 days.
- **OUTPATIENT THERAPY** — Rehab services are done in a setting like a doctor's office or clinic(no overnight stay).
- **HOME HEALTH THERAPY** — Some rehab services are offered in the home for those that are homebound.

Rehabilitation

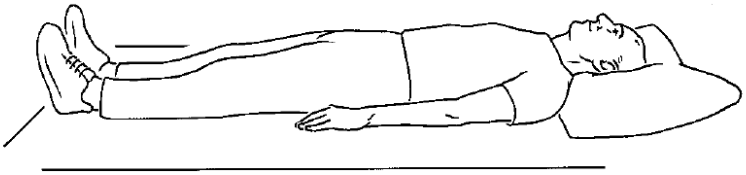
LOWER LEG - ANKLE - Plantar/ Dorsiflexion



Relax leg. Gently bend and straighten ankle. Move through full range of motion. Avoid pain. Repeat with other ankle.

Repeat **10** times. Do **2** sessions per day.

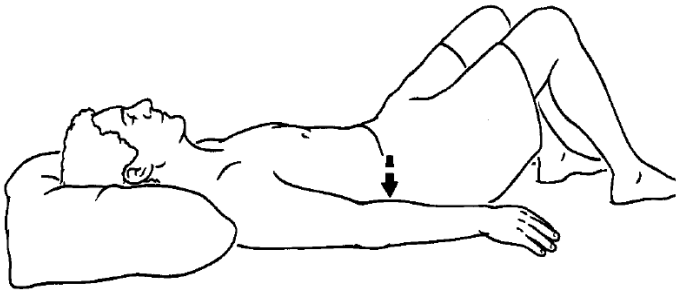
STRENGTHENING - Glute Set



Lie on back with legs straight. Tighten glutes. Hold 5 seconds.

10 reps per set, **2** sets per day.

TRUNK STABILITY - Isometric Abdominal



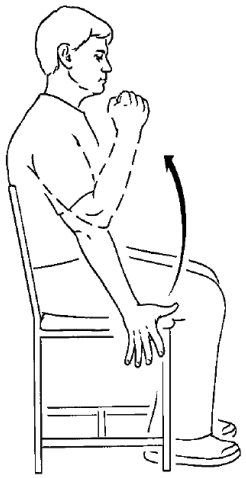
Lying on back with knees bent, tighten stomach by pressing elbows down. Hold **5** seconds. Repeat **10** times per set. Do **2** sets per session.

Rehabilitation

ELBOW - Bicep Curl

Begin with elbow straight and palm facing forward. Bend elbow.

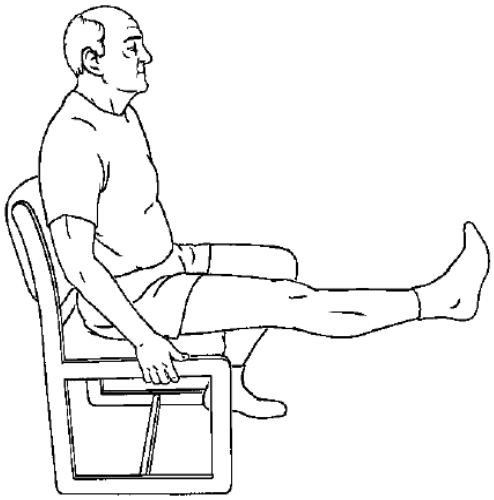
10 reps per set, **2** sets per day.



SITTING – Sitting Quad Set

Tighten muscle in top of thigh and straighten out knee. Hold 5 seconds while counting out loud. Keep thigh on chair. Repeat with other leg.

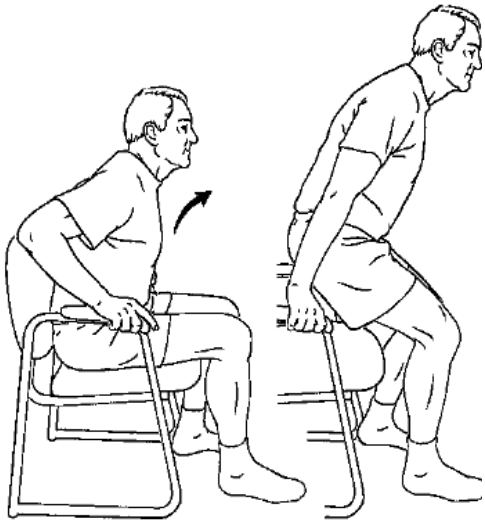
Repeat **10** times Do **2** sessions per day.



STRENGTHENING – Chair Push – Up

Push up using arms to stand. This exercise works your tricep muscles and prepares you to use and assistive device after surgery as needed.

Repeat **10** times. Do **2** sessions per day.

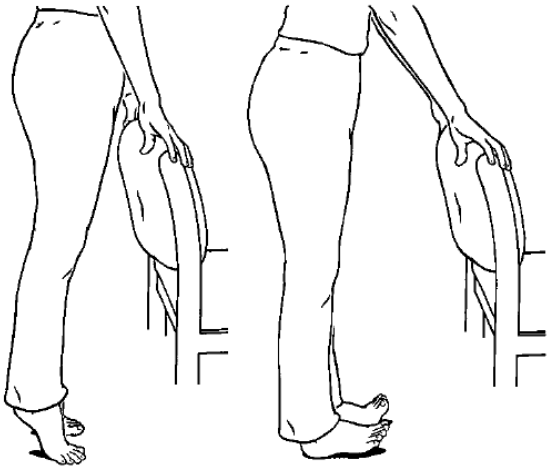


Rehabilitation

GAIT – Toe Up

Gently rise up on toes, then roll back on heels.

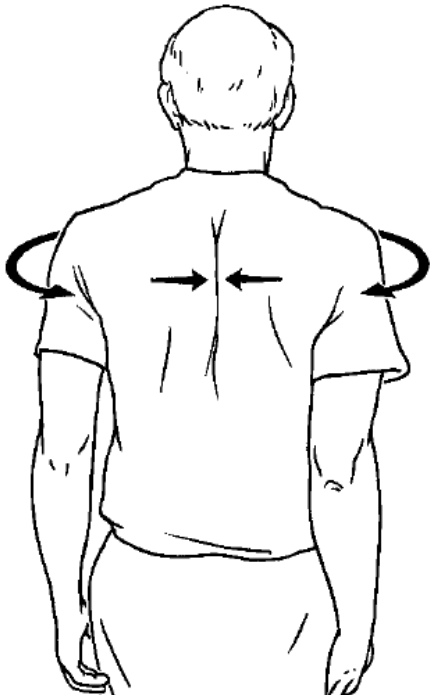
Repeat **10** times. Do **2** sessions per day.



POSTURE – Shoulder Blade Squeeze

Rotate shoulders back, then
Squeeze shoulder blades together.

Repeat **10** times. Do **2** sessions per day.



Spinal precautions

No Bending

- Keep shoulders back and in line with your hips, chest up, and abdominal muscles tight
- Avoid leaning forward while standing or reaching down to pick something up while sitting.
- Use a reacher to pick up objects off the floor




No Lifting

- Do not lift more than 5 pounds for 4-8 weeks after surgery
- Examples of 5 pounds within the household:
- Standard bag of potatoes
- Large bag of rice
- Standard bag of flour

No Twisting

- Keep your shoulders and hips pointing the same direction
- Do not just turn your head and shoulders, but turn your entire body to look behind you or to either side

Bed Positioning

Lying on Your Back

- Avoid lying on too many pillows
- Place a pillow under knees and neck
- Change positions often to increase comfort
- Staying in one position for long periods of time can increase pain and stiffness
- To safely change positions, tighten your abdominal muscles and “log roll”

Lying on Your Side

- Slightly bend your knees up towards your chest and place a pillow between your knees and another under your neck
- Can also place a pillow under your arm to further reduce stress on your spine and increase comfort

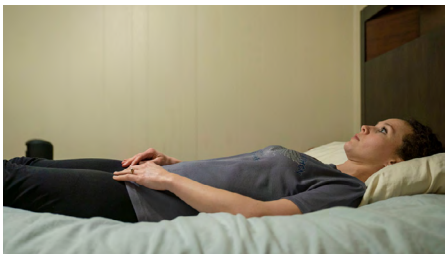
Lying on Your Stomach

- Avoid if possible because it places too much strain on your low back
- If necessary to be on your stomach, you can place a pillow under your stomach to provide some her side

Bed Mobility

Getting Out of Bed

- From a lying position, bend your knees up
- Roll to your side
- Slide legs off edge of bed with knees bent
- Push up with arms to a sitting position, using your legs as a counterweight



Getting back in bed

- Reverse the technique to return to bed
- Back up to the bed until you feel the bed on the back of both legs
- Reach for the bed as you lower yourself down to sit on the bed
- Use your arms to scoot back in the bed
- The further back you scoot, the easier it will be to lie on your side
- Lean over onto your shoulder as you sweep your feet onto the bed
- Roll up with arms to a sitting position, using your legs as a counterweight

Safe Transfers

To Sit in a Chair

- Back up until you feel the chair on the back of both legs
- Reach back with your hands to grasp the armrest
- Use your arms and legs to slowly squat and lower yourself to the edge of the chair
- Scoot back
- Firmly rest your feet on the floor or stool

Guidebook for Post Spine Surgery

To Stand from a Chair

- Scoot to the edge of the chair
- Bend your knees and slide your feet back underneath you
- Push with your hands on the armrest into standing position
- Straighten your legs into standing and shift your weight over your feet

To Stand from a Bed

- Scoot to the edge of the bed
- Push with your arms and legs to stand
- If you are using a walker, do not pull up on it to stand
- Straighten your legs into standing and shift your weight over your feet

Getting into a Car

- Back up to the seat of the car until you feel in on the back of your legs
- Reach a hand behind you for the back of the seat, and the other hand to the door frame or dashboard
  NOTE: do not hold to the walker or the door of the car. These are not secure options
- Slowly lower yourself into sitting
- Scoot your hips back until they are secure on the seat
- Leading with your hips and shoulders, bring one leg at a time into the car
- Keep your shoulders, hips and head pointing in the same direction to prevent twisting

Getting Out of a Car

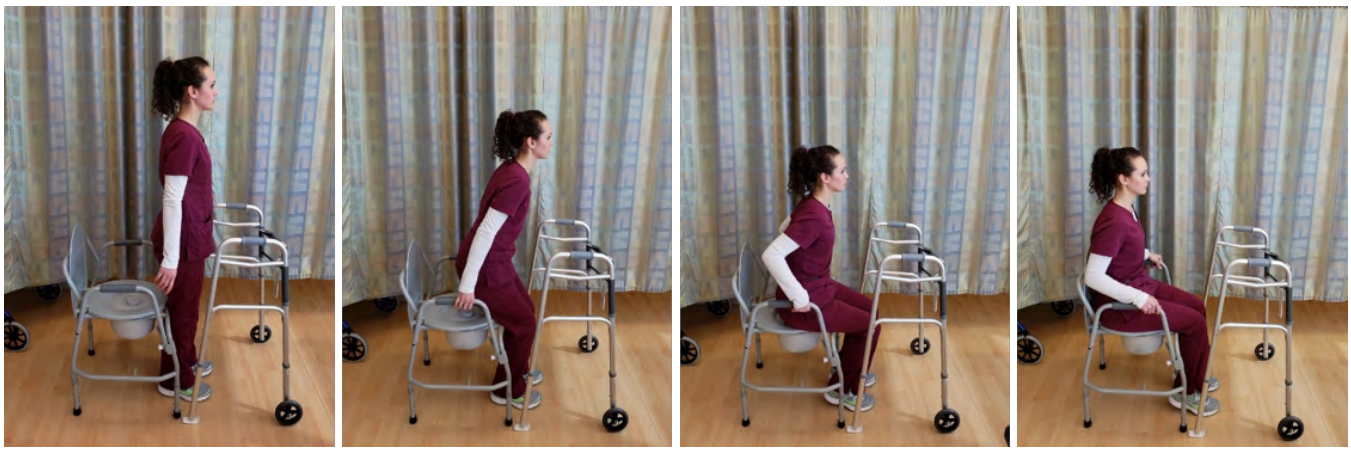
- Bring one leg out at a time
- Lead with your hips and shoulders to avoid twisting your spine
- Place one hand on the back of the seat and the other on the door frame or dashboard
- Push into standing using your arms and legs

Tips for Car Transfer

- Place an empty plastic bag on the seat to help you slide in and out
- Have the seat positioned all the way back for maximum leg clearance
- If you must have a hand on your walker for leverage, have someone hold the walker on the front bar to increase stability and safety

Sitting on a Bedside Commode

- Back up to the commode like you would a chair
- Reach back for the handles of the commode without twisting to look
- Use your arms and legs to slowly squat and lower yourself into sitting position
- Make sure your feet are flat on the floor to support your back and decrease stress on your spine



Standing from a Bedside Commode

- Scoot to the edge of the commode
- Bend your knees and slide your feet back underneath you
- Push into standing with your legs and hands on the arm rest

Tips for Using Bedside Commode

- Can place frame over toilet

Using a Walker

Rolling walker- Two wheels on the front, no wheels on the back

- You may need a walker to improve balance
- Avoid putting excessive weight through your arms
- Push the walker forward while you walk (like a shopping cart)
- No need to lift the walker
- Maintain upright standing posture without tensing up your shoulders
- Keep shoulders down and back, head up, chest up and stomach muscles tight
- Do not lean forward or straighten your arms out in front of you
- Walk at your own pace and comfort level
- Taking smaller steps and walking slower does not necessarily make it easier to walk and you may end up expending more energy than is necessary

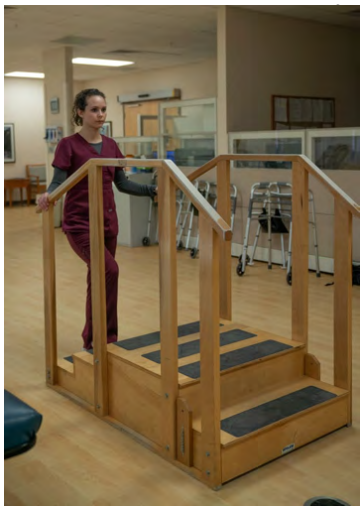
Goals with walking:

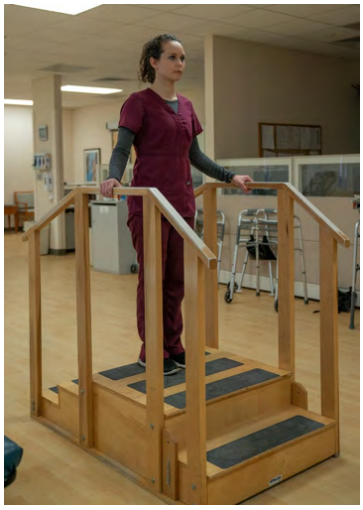
- Frequent walks are important to keep you moving, and decrease pain and stiffness
- Increase the frequency and distance you walk each day
- Aim to walk three to six times per day
- During at least one of the walks, increase your distance to tolerance

Using stairs

Going up/down steps

- Use a handrail for assistance
- If one of your legs feels weaker, go up with your strong leg first and down with your weaker leg
- “Up with the good, down with the bad”
- Take your time and pause between each step
- Do not bend your neck down, but feel the next step with your foot
- Have someone assist or spot you as needed or indicated by your therapist
- The person needs to stand behind you when going up the steps, and in front of you when going down the steps





Tips for Stair Safety

- Keep the stairs clear of objects or loose items
- Install one or two handrails to increase ease and safety with steps

Going Up a Curb

- You can use a walker
- Move close to the step
- Place entire walker onto the sidewalk over the curb
- Make sure all four prongs/wheels are on the curb
- Push down towards the ground through your walker
- Step up with your stronger leg first, followed by your weaker leg

Stepping off a Curb

- Place walker down below the step/ curb
- Step down leading with your weaker leg, followed by your stronger leg

Activities of Daily Living

Using a Reacher

- This will limit the amount of ending required to dress
- Sit in a chair with back support
- Use the reacher to hold the front of your clothing
- Bring the garment over one foot at a time
- Then pull the underwear and pants up to your thighs
- Stand up, hold clothing with one hand and push up with opposite hand
- If clothing falls to the floor, use the reacher in standing to pull up the clothing

Using a Sock Aid

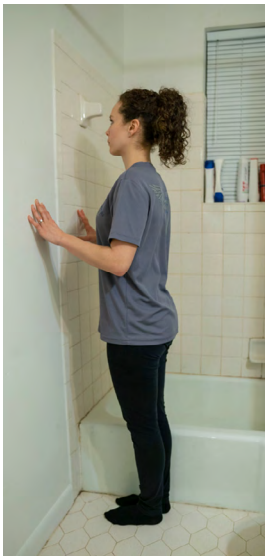
- This will help you reach your feet to put on socks without bending
- Sit in a supportive chair and hold the sock aid between your knees
- Slide the sock onto the plastic cuff
- Make sure to pull the toes of the sock all the way onto the sock aid
- Hold the ropes and then bring the sock aid down to your foot
- Place your foot into the cuff
- Pull on the ropes as your point your toes down until the sock is on your foot
- Let go of one of the ropes
- Pull the cuff back onto your lap to place the other sock

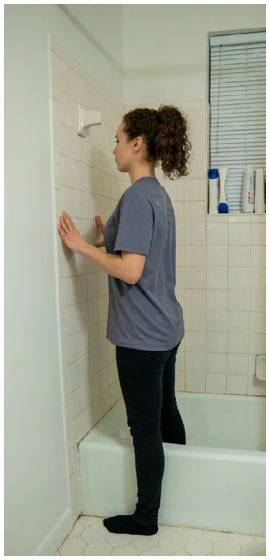
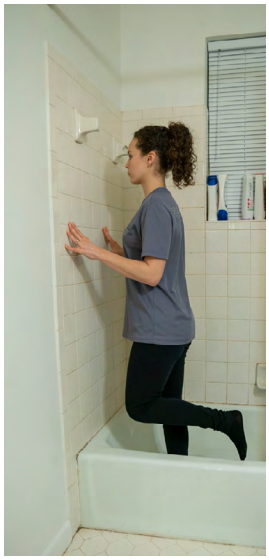
Removing a Sock with the Reacher

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

Stepping In/Out of the Tub

- Tub shower: hold onto the front wall of the shower and step in or out sideways verses stepping in forward
- Side-stepping places much less stress and motion on your lower spine
- Walk-in shower stall: step in as usual making sure not to twist as you turn on the controls
- You may want a bathtub or shower seat available for the first few days that you shower
- You can borrow or buy at most drug stores, medical supply stores or online
- You are not allowed to take a tub bath or swing until your doctor clears you to do these activities



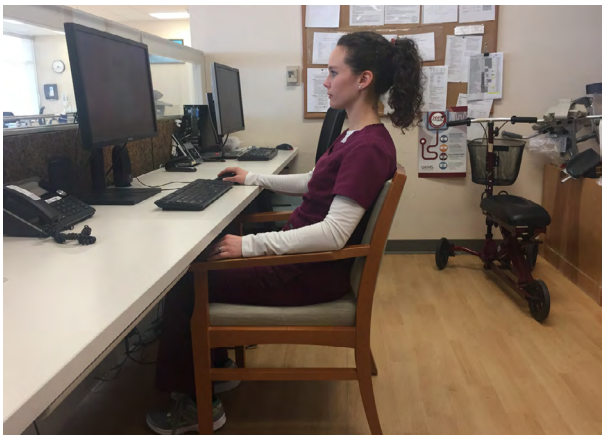
Body Mechanics General Rules

Sitting

- Sit in a chair with back support
- Keep your ears in line with your hips
- Your feet should be flat on the floor
- If needed, place a foot rest under your feet so your knees are in line with your hips
- Maintain upright sitting posture
- Keep your shoulders back and head centered over hips
- Do not let your shoulders roll forward or slouch

Computer Ergonomics

- Keep computer screen at eye level
- Sit up straight in a chair with good back support
- Armrest should be placed at a level that supports the forearms and keeps them in line with the wrist
- Do not lean on the armrest. Forearms should not be pushing up into your shoulders
- Adjust the height of the chair so the keyboard is level with your forearms
- Feet should be flat on the floor, or place a stool under your feet so your knees are in line with your hips

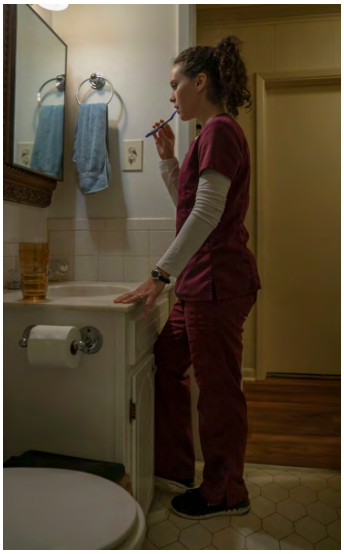
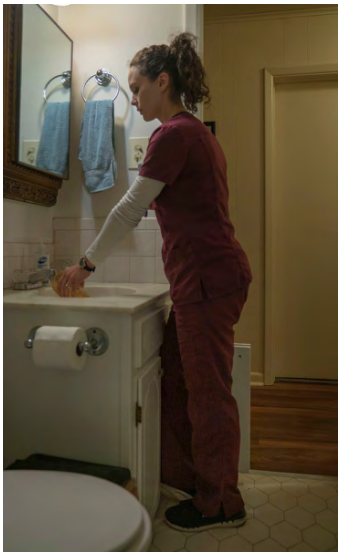
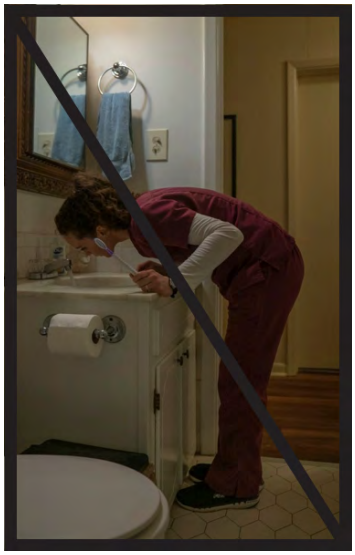


Computer Ergonomics Helpful Tips

- Wear glasses specifically for the computer so you don't have to look through the bottom of your bifocals, which promotes poor posture
- The 20,20,20 Rule: Your eyes get dry after about 20 minutes of looking at a computer screen, and you tend to extend your neck to look at the computer which leads to poor posture
- Look away after 20 minutes, at something 20 feet away, for 20 seconds to avoid eye fatigue

Standing

- Keep your shoulders down and back aligned with your hips. Don't let them roll forward into slumped posture
- Keep you back upright
- Slightly bend your knees to take stress of your back. Do not lock your knees
- Wear supportive shoes to help maintain proper alignment of your spine
- Rest a foot on a low shelf or stool and shifting feet often can help reduce the pressure and constant forces placed on your spine
- Ex: Shaving, brushing teeth, washing dishes

Brushing Teeth

- Stand up straight and keep knee bent with one foot on the ledge of the cabinet lip under the sink
- To avoid bending, spit into a cup and use a cup for rinsing your mouth with water

Showering

- Avoid bending your neck forward or backwards when washing your hair
- Use a tub bench or squat down if you have enough strength and/or use a hand-held shower spout so your neck remains straight

Ironing

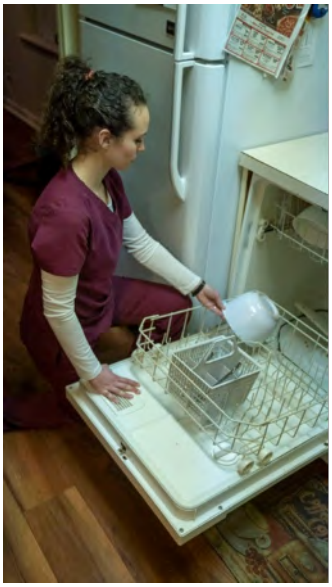
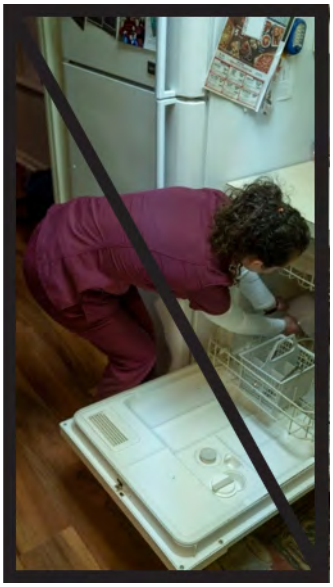
- Keep your ironing board at the level of your waist to avoid leaning/bending forward

Refrigerator

- Squat or kneel to get things out of the lower portion of the refrigerator

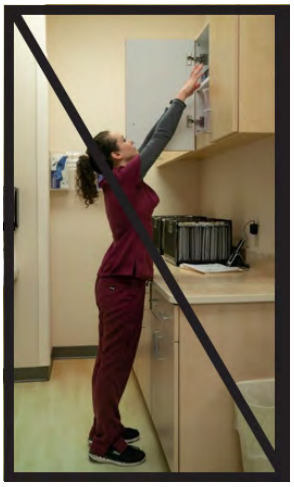
Dishwasher

- Squat, kneel or sit in a chair to get objects out of the dishwasher
- You can place items up on the counter by pivoting around with your feet
- Then stand and put items into the cupboard

Reaching

- Before surgery, place heavy pots and pans as well as any other kitchen items you use often out on the counter or within easy reach
- To pick up, get close to the item
- Use a stool or special reaching tool as needed
- Tighten your abdominal muscles to support your back
- Use your arms and legs to lift the item (not your back)
- Reaching overhead: use a stool to avoid over-reaching/ over-extending your back



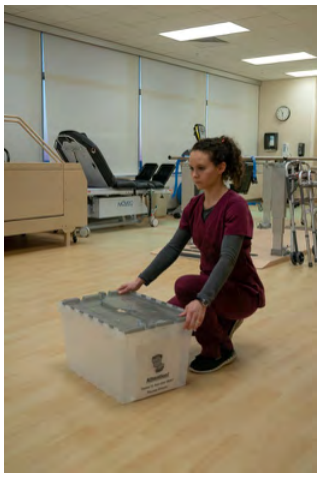
Pushing vs Pulling- only when cleared by your surgeon

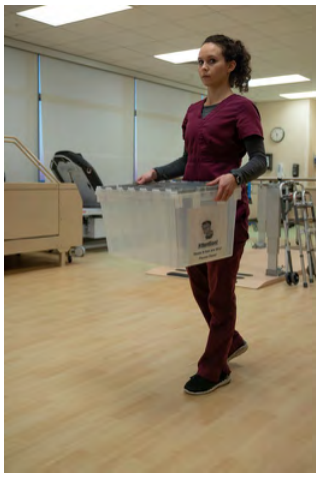
- Push rather than pull heavy objects
- Bend at your knees and hips while keeping your back straight
- Push with your legs
- Support your back by tightening your stomach muscles

Lifting

NOTE: Only when cleared by your surgeon to lift 5 pounds or more

- Bend at your knees and hips not your waist/back and squat down to get the object
- Do not bend over with your legs straight
- This puts excessive stress on your low back and can cause serious injury
- Keep your shoulders and chest upright, centered over your hips
- Hold objects close to the center of your body to limit the stress placed on your back
- Push through your legs to stand with the object
- Avoid lifting objects above the level of your chest





Guidebook for Post Spine Surgery

Lifting a Child from the Floor

- Squat down, bring child close to your chest and lift with your legs

Lifting a Child in/out of a Car

- Always support yourself and engage your stomach muscles
- Place knee on the seat of the car to unload the stress from your back
- Never bend or twist

Unloading Car Trunk

- Place a basket or box close to the edge of your trunk to allow easy access to your groceries/ other belongings
- Bend at your knees and keep your back straight when lifting objects out of the trunk
- Keep abdominal muscles tight during the entire process

Carrying Bags

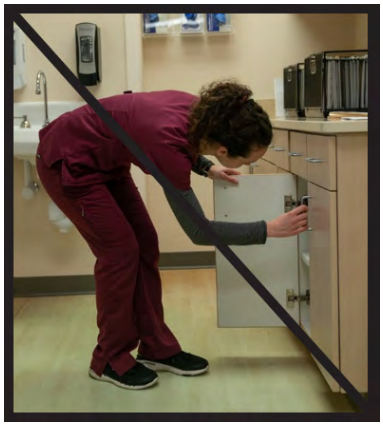
- Carry bags on both sides of the body instead of one side
- Try to keep weight equal on both sides

Carrying/Holding a child

- Keep the baby close to the center of your body
- Avoid placing the baby on your hip

Lower Shelf

- When placing an object on a low shelf, bend down on one knee and use the other leg to support
- Never bend from the waist/back which puts excessive stress on the back



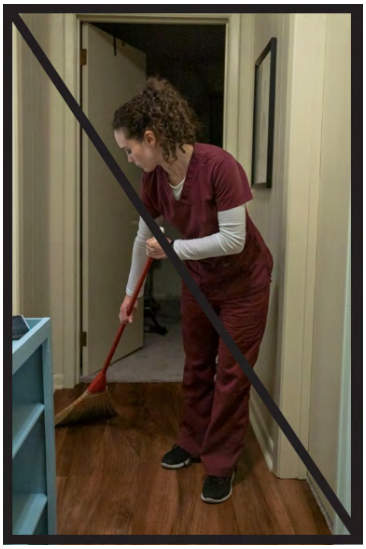
Cooking

- Plan ahead and gather all supplies you will need
- This cuts down on excessive trips to the refrigerator, pantry, etc.
- Place cooking supplies and utensils in a convenient position so they can be obtained without bending or twisting
- Sit to prepare your meal
- Raise up your chair by putting cushions on the seat or using a high stool when working

Guidebook for Post Spine Surgery

Sweeping/mopping

- Do not hold the broom or mop handle close to the floor
- Try to keep your back as straight as possible
- Move with the broom or mop
- Do not reach with the mop or broom
- Do not pull back towards you
- Sweep with the motion coming from your legs instead of your arms/ shoulders
- Do not get down on your knees to scrub floors



Vacuuming

- Use your legs not your back
- Keep vacuum close
- Move with the vacuum
- Do not reach the vacuum away from your body
- Work for short intervals of time with frequent breaks
- Use a lightweight vacuum

Raking

- Rake close to your body shifting to your legs to perform the rake motion
- Take frequent breaks

Cleaning the Bathroom

- Do not get down on your hands and knees when cleaning low surfaces such as a bathtub
- You can move lower by squatting and bracing yourself with a fixed object
- Use a mop or other long-handled brush
- Always use a non-slip adhesive or rubber mat in tub

Dusting

- Kneel or squat next to the object to avoid bending your back
- Use dusting implements that reach distances to avoid reaching or leaning

Making the bed

- This is the hardest thing to safely do after surgery
- Delegate if you can
- If you can't delegate, try to move the sheet to the corners and kneel or squat to pull them around the mattress
- Avoid bending over when making the bed

Loading Washer/Dryer

- Place laundry basket on top of the washer/dryer to avoid bending and twisting

Unloading Washer

- Maintain upright posture; do not bend over
- Hold one hand/forearm on the washer for support
- Pick out one object at a time
- Can use the handle of a broom or reacher to loosen clothing stuck to the sides of the washer

Unloading Dryer

- Set basket on the floor and squat or knee next to basket when unloading dryer or front-load washer
- Maintain upright posture
- Do not bend over to remove laundry from dryer

Guidebook for Post Spine Surgery
(Only as directed by your Doctor.)

Mowing- only when cleared by your surgeon

- Do not bend forward when pushing a mower
- Bend at your knees and hips while keeping your back straight
- Push with your legs
- Support your back by tightening your stomach muscles

Digging

- Place the bland end into the soil with handle straight up and down
- Step on the blade then step off and angle shovel upward

Planting

- Kneel or squat in the area where you are working
- Do not bend over from a standing position
- Recommend maintaining squat position only for a short period of time to reduce stress placed on your knees
- Can also sit on a stool instead of kneeling to reduce stressed placed on your knees

Sexual Activity

You can resume sexual activity when you're feeling up to it, unless specified by your surgeon. Use caution and common sense. You may find certain positions more comfortable than others, but if a position increases pain or discomfort, don't do it

Safety Tips For All Areas

- Before surgery, remove all throw rugs
- Be aware of all floor hazards such as pets, small objects or uneven surfaces
- Keep extension cords and computer cords out of pathways
- Avoid slippers without covered toes or shoes without backs
  They can cause slips and falls
- Make sure to have good lighting throughout
  Leave a light on in the bathroom at night
- Rise slowly from lying or sitting position to avoid becoming light-headed

You Can Quit Smoking!

American Heart Association
7272 Greenville Avenue
Dallas, Texas 75231
Tel: (800) AHA-USA1 [(800) 242-8721]

American Cancer Society
1599 Clifton Road, NE
Atlanta, Georgia 30329
Tel: (404) 320-3333

American Lung Association
1740 Broadway, 14th Floor
New York, New York 10019
Tel: (212) 315-8700

National Cancer Institute
Bethesda, Maryland 20892
Tel: 1-(800) 4-CANCER [1-(800)-422-6237]

Smoking Cessation Resources - Local

Arkansas Employee Assistance Program
1123 South University Ave.
Little Rock, Arkansas 72204-1609
Tel: (501) 686-2588
FAX: (501) 686-2576
Toll-free: (800) 542-6021

UAMS Medical Center
Patient Education Department
4301 W. Markham, #526
Little Rock, Arkansas 72205
Tel: (501) 686-8084
FAX: (501) 296-1576

SOS Quitline
Quit Line: 1-800-QUIT-NOW
[1-800-784-8669]

Cancer Information Service
Quit Line: 1-800-4-CANCER
[1-(800)-422-6237]

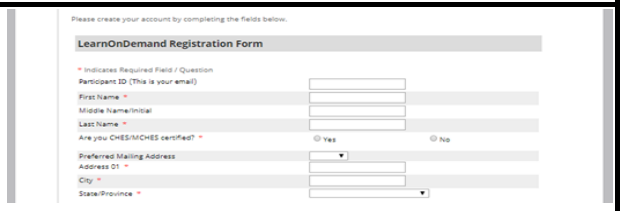
Online Spine Academy Instructions

The patient education department is available to help patients who are having trouble navigating.
Phone: (501) 686-8084 / Email: patienteducation@uams.edu

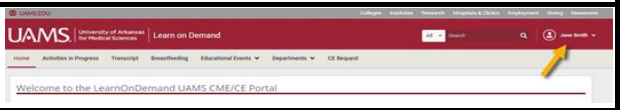
Getting Started - New User

1. Go to learnondemand.org
2. Register (top right of page)

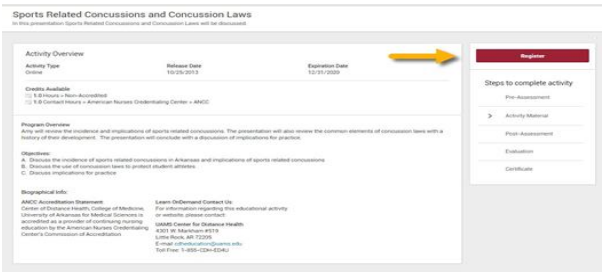
3. Complete registration form
4. Select passwords, security questions, and accept privacy statement



5. You are now a registered user

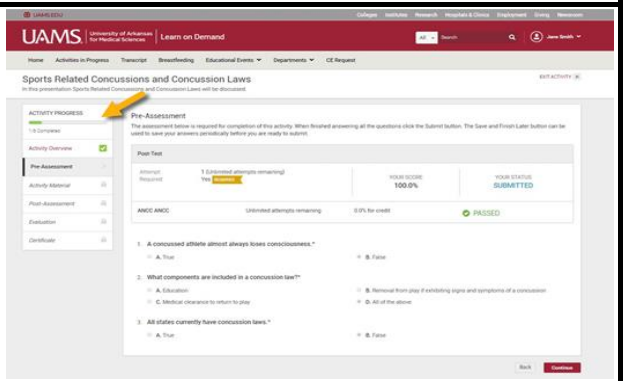


6. Search for "Spine Academy" and launch the course



https://learnondemand.org/lms/activity?@curriculum.id=-1&@activity.id=7038782

7. • Complete Pre-Assessment
   • Review Activity Material (6 Pages)
   • Print and complete the Spine Academy Contract
   Bring with you to your appointment
   • Complete Post-Assessment
   • Complete Evaluation



8. Logout

UAMS Spine Academy Contract

Welcome to the UAMS Spine Academy!

Our goal is to give you all the information you need to have the best experience you can with your spine surgery. We aim to get you home and back to your normal routine as soon as possible. We need to make sure you understand our program and have the support of family and friends to ensure a safe and speedy recovery.

Tips to Get Moving After Spinal Surgery:

- I agree to be a partner in my health and well-being throughout the spinal surgery process.
- I am committed to being a member of my health care team.
- I agree to see a doctor at UAMS before my spine surgery.
- I agree to attend Spine Academy at UAMS. If unable to do so, I will contact my clinic nurse to ensure I have all of the information needed in order to be prepared for my spine surgery.
- I agree to bring a spine coach with me to Spine Academy. This coach will be with me throughout my hospital stay and for 5-7 days after surgery.

My spine coach will be:_____

By signing this form, I agree to the above and understand that I must plan to follow all discharge instructions from my surgeon.

_____ _____

Patient Signature Date

Thank you for choosing UAMS for your spine surgery. We look forward to giving you the best care before, during, and after your surgery. See you in Spine Academy!

Sincerely,

UAMS Spine Team

Policy for Using Opioids to Treat Neurosurgery and Orthopaedic Patients at UAMS

The purpose of this document is to explain how we will prescribe opioid medicine to orthopaedic patients at UAMS.

What are opioids?

Opioids are a type of prescription medicine used to help with pain. They include medicines like:

- Hydrocodone
- Meperidine
- Oxycodone
- Hydromorphone
- Codeine
- Morphine

Opioids are very strong and can be addictive. Therefore, they can be dangerous.

Why are opioids dangerous?

If you take opioids for a long time:

- They may not relieve your pain as well because you build up a tolerance. You can start to build up a tolerance in as little as 1 week.
- You can become dependent on them and actually feel more pain than normal when you stop taking them.
- You may misuse them if you become dependent. In Arkansas, hundreds of people die each year because of opioid misuse.

For these reasons, doctors do not think that opioids are the best medicine to treat pain that lasts a long time (chronic pain). There are also new state laws about how doctors can prescribe them.

Can I still get an opioid prescription?

Yes. But we want to make sure that you are safe and do not become dependent on opioids. And we must comply with opioid prescription rules. For these reasons, we will only prescribe opioids:

- For severe, acute (sudden) pain in your spine. Based on the details of your pain, we may or may not give you a one-time prescription for pain medicine.
- After your surgery. We will give you a prescription for opioids that will last 1 week. We may refill your prescription for up to 6 weeks after surgery. Most patients should be able stop taking opioids for pain 2 weeks after surgery. If you need help with your pain after that, we can refer you to a pain management specialist.

If you already take opioids to manage your pain, things may change for you. We will still follow the limits described above.

By signing below, I am saying that I have read this information and understand it.

Your Signature (Patient): _____ Date: _____

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