

A Patient's Guide to Lumbar Spine Surgery



Animas
Surgical Hospital
Personal care. Better results.



INTRODUCTION

As a spine pain sufferer, you're undoubtedly used to making decisions dictated by limitations. The pain from your condition can interfere with just about every aspect of your life — exercising, working, enjoying time with family and friends, and even getting a full night of sleep.

Now that you've decided on having spine surgery, this guidebook will cover what to expect at each step of the surgical process so that you have the information you need to proceed with confidence.

Any surgery is a big step. Medical professionals expect you to have questions, concerns, hopes and expectations. The information contained within addresses common issues and guidelines for care. The following information is meant as a general guide, and your individual progress and course may vary.

Please read this material carefully as you prepare for surgery. You may find it helpful to check off items completed and jot down questions about things you're not sure of. Make sure to go over pertinent information with your care team (doctor, therapists and nurses) as well. The more you know, the better prepared you'll be to take charge of your comfort and mobility again.

With compassion and respect,

Animas Surgical Hospital Physicians and Staff

ABOUT ANIMAS SURGICAL HOSPITAL

On behalf of the staff and physicians at Animas Surgical Hospital, we would like to welcome you to our facility and express our commitment to providing exceptional, safe patient care and compassionate service to all our patients and their families. Thank you for choosing Animas Surgical Hospital for your healthcare needs.

Since 2004, Animas Surgical Hospital has been delivering surgical excellence. We're proud to be owned and operated by local physicians who live and work in the Durango area and who are responsive to the health needs of the community. Because we're physician-owned, our experienced surgeons are able to advocate for new technologies and procedures. Our low patient-to-nurse ratios ensure near-zero infection rates and high rates of patient satisfaction. In 2017, 92% of patients polled stated that they would definitely recommend Animas Surgical Hospital. (That's 22 percentage points higher than the national average!)

Important Contact Information

Animas Surgical Hospital is a full acute-care hospital. You can find many of the same services offered at bigger facilities, but in a convenient location close to home.

Animas Surgical Hospital Front Desk	Call to be transferred anywhere in the hospital	575 Rivergate Lane, Durango	970-247-3537
Emergency Room	24/7 emergency services	575 Rivergate Lane, Durango	970-385-2364
Urgent Care	Walk-in treatment for minor injuries and illnesses	450 S. Camino del Rio / Hwy 550, Durango	970-385-2388
Occupational Medicine	Fast, convenient care for those hurt on the job	450 S. Camino del Rio / Hwy 550, Durango	970-385-2390
Diagnostic Imaging	X-ray, MRI, CT, Ultrasound, DEXA, and more	575 Rivergate Lane, Durango	970-385-2375
Internal Medicine	Primary care for adults	575 Rivergate Lane, Suite 204, Durango	970-403-1340



MEET YOUR CARE TEAM

At Animas Surgical Hospital, you will have an entire team dedicated to ensuring your success and making sure that you are as comfortable as possible during your stay. Please do not hesitate at any point to ask questions.

Spine Surgeon

Your surgeon is the leader of your spine team and is board-certified and fellowship trained in orthopedic spine surgery.

Physician Assistant

Your physician assistant (PA) will assist your surgeon in the operating room and with pre and post-operative care. Your surgeon and physician assistant will work closely with you from your first visit throughout your recovery.

Spine Surgery Team

Is a specialized group of dedicated physicians, nurses and technicians who work closely with your surgeon every day.

Spine Care Coordinator

Your spine care coordinator is a liaison throughout your course of treatment between the hospital and clinic. Your coordinator brings together different aspects of the team to ensure a successful hospital stay and easy transition to home.

Nurse

Your nurse (RN), specializing in spine care is your point person in the hospital and will communicate with the surgeon and physician assistant. Your nurse will provide daily medical needs, monitoring your lab tests and vital signs while in the hospital. Your nurse will assist in managing your post-operative pain so you can do rehabilitation needed for a successful recovery.

Prior to discharge, your nurse will help to identify your needs for when you leave the hospital. It is important you communicate who will be taking care of you after surgery and who will be driving you home from the hospital.

Nursing Assistant

Your certified nurse's assistant (CNA) will assist you with daily activities such as bathing, dressing and getting up to use the bathroom.

Orthotist

Your brace is an important element to your comfort and recovery when having a cervical fusion. There will be a scheduled appointment for a brace fitting prior to your surgery.

Physical Therapist

Physical therapists that specialize in post-operative spine rehabilitation will assist you with your activity and walking in your recovery in the hospital. You will work with a therapist to regain strength and posture. Prior to discharge from the hospital, you will receive complete discharge instructions regarding progression of exercise, walking and safety.

Occupational Therapist

Occupational therapists specialize in activities of daily living such as bathing, dressing and toilet techniques.

Hospital Staff

In addition to your spine team, there are many specialists whose services you may require or request including dietitians, lab and x-ray technicians and housekeeping staff. All members of the team will work to make your hospital stay a success.

YOUR SPINE ANATOMY

Your Vertebral Column:

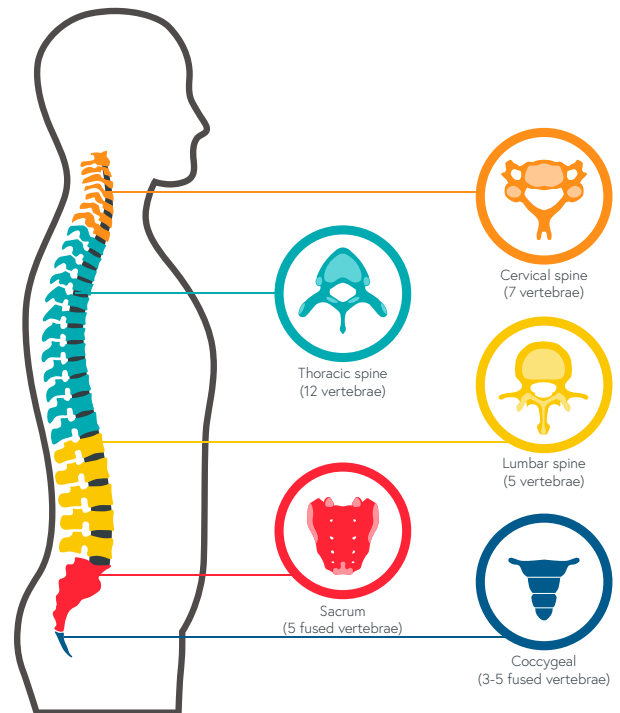
Your spine is an amazing system of 33 individual bones stacked on top of one another. The spinal column provides the main support for your body, allowing you to stand, bend, and twist while protecting the spinal cord from injuries.

Vertebrae:

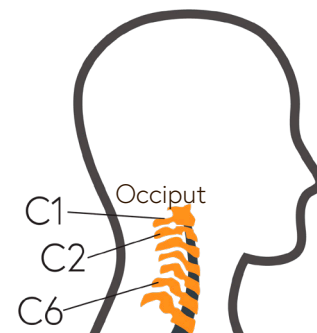
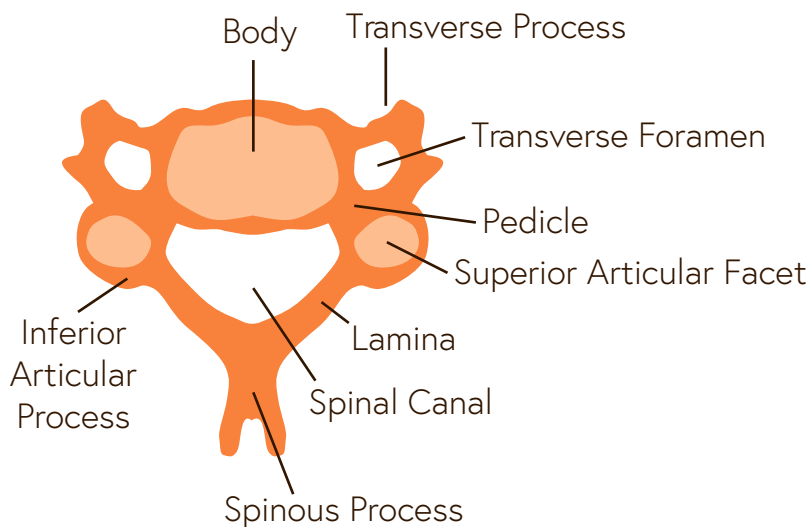
- 7 Cervical
- 12 Thoracic
- 5 Lumbar
- 5 (fused) Sacral
- 3-5 (fused) Coccygeal

Curvature

- Cervical = Lordosis
- Thoracic = Kyphosis
- Lumbar = Lordosis



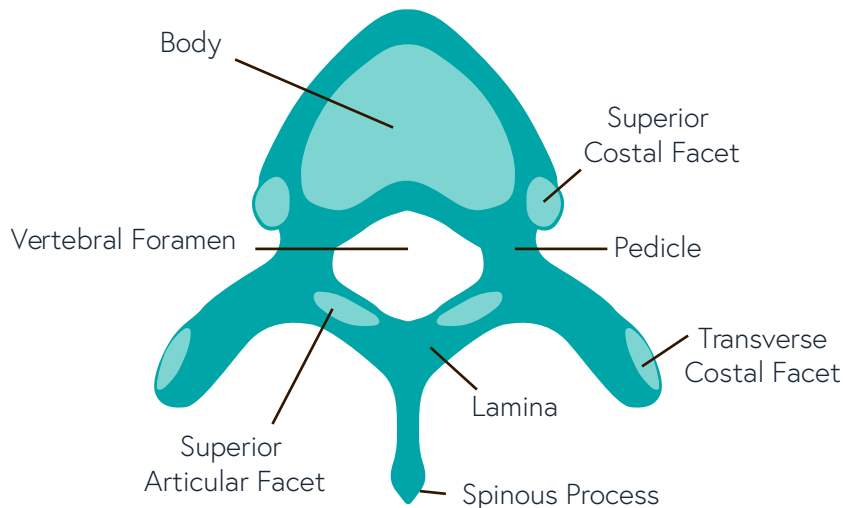
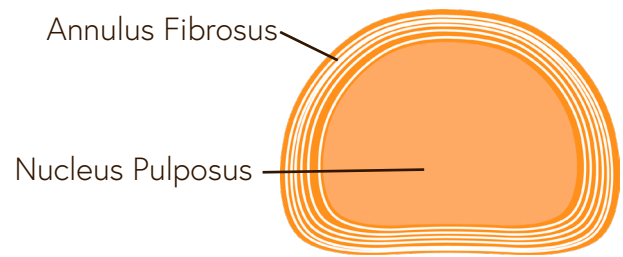
Cervical Vertebrae:



- C1= "Atlas"
- C2= "Axis"
- Transverse foramen are unique to cervical vertebrae

Intervertebral Disks:

- Annulus Fibrosus= Alternating cross-ply layers of collagenous fibers
- Nucleus Pulposus= Proteoglycan and water. The nuclear water content decreases with age, from a maximum of about 88% at age 30.

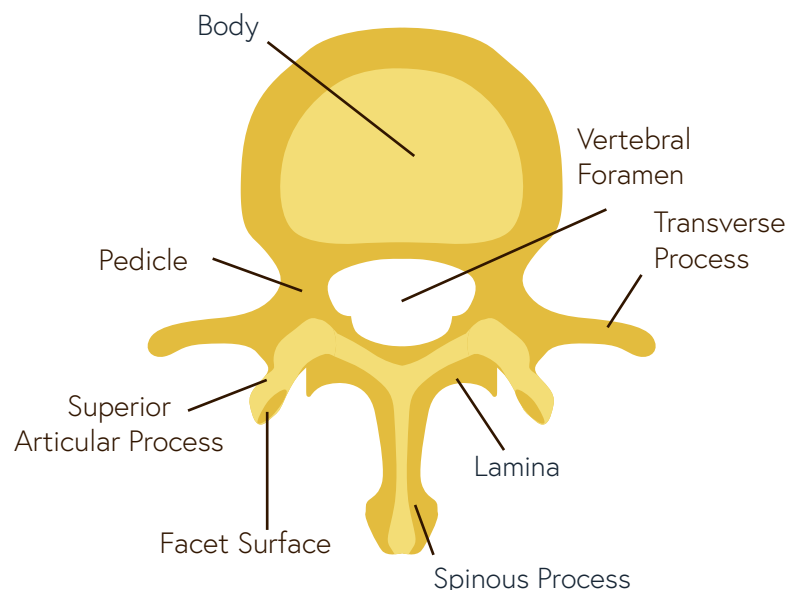


Thoracic Vertebrae:

- No transverse process foramen
- Have costal facets (articulations for ribs)
- Most common area for traumatic fractures (low thoracic: T11, T12) and tumors (breast cancer metastases)

Lumbar Vertebrae:

- No transverse process foramen
- No costal facets (articulations for ribs)
- Largest/strongest vertebrae; kidney-shaped



COMMON DIAGNOSES OF THE CERVICAL SPINE

Disc Herniation

A disc herniation occurs when the center of the disc bulges through the outer layer of the disc and puts pressure on the spinal nerves causing radiating pain down the leg.

Spinal Stenosis

Narrowing of the spinal canal and is a results of gradual wear and tear of the spine. Disc bulges along with bone spurs cause narrowing resulting in pressure on the spinal nerves. Spinal stenosis can occur in any part of the spine but most commonly in the lumbar spine. Stenosis or narrowing can cause back and leg pain making it difficult to walk and stand for long periods of time. Stenosis can also cause weakness in your legs.

Spondylolisthesis

Slip of a vertebra onto another either forwards or backwards. This can cause compression of the spinal nerves and lead to abnormal motion in the spine resulting in back and/or leg pain.

Symptomatic Degenerative Disc Disease

Disc degeneration can happen to everyone and usual progresses over a long period of time. This occurs when the discs lose their hydration and therefore their flexibility and elasticity. This process becomes symptomatic or painful when the disc loses its height causing narrowing on the spinal nerves resulting in back and/or leg pain.

COMMON TREATMENT OPTIONS

Discectomy

This is a very common procedure to relieve the pressure on the nerves to help decrease leg pain. This minimally invasive procedure is performed through a small incision with the goal being to remove the portion of the disc that is putting pressure on the nerves. Indications for this surgery are severe leg pain and possibly weakness as well as failure of non-operative care. Under general anesthesia, your surgeon will make a small incision on your back, moving muscle aside. Next, the portion of the disc that is putting pressure on the nerves will be removed. This surgery is done in an outpatient setting and does not require an overnight hospital stay. You will need to follow post-operative restrictions for 3 weeks and then physical therapy will be started. Once you start physical therapy you will decrease your restrictions and increase your activity. The greatest chance of a recurrent disc herniation is within the first 3 weeks of surgery, so it is very important you follow the post-operative restrictions provided.

Laminectomy

This surgery is performed when the spinal canal becomes too narrowed and nerves become compressed and cause symptoms. This is called spinal stenosis. This is a very common procedure to relieve the pressure on the nerves to decrease leg pain. Going through the back of your spine, surgery will be performed with the use of intra-operative monitoring which is a way your surgeon can monitor the function of your spinal cord and nerves. The term laminectomy means removal of the lamina (bone) and/or thickened tissue (ligament) causing the narrowing the spinal canal and compression of the spinal nerves causing pain. This operation is commonly performed as part of a decompression and fusion operation but a decompression may also be performed without a fusion depending on your diagnosis. This will be discussed with you by your surgeon.

Lateral Transpoas Interbody Fusion (XLIF)

This surgery is a fusion that involves removing the disc between two vertebrae and placing a cage in its place. In the XLIF procedure, your surgeon will access your spine through either the right or left side of your body. XLIF is a minimally invasive procedure done under general anesthesia. When utilizing this minimally invasive procedure blood loss and length of hospital stay are minimal. Your surgeon will perform this procedure with the use of intra-operative neuromonitoring, which is a way your surgeon can monitor the function of your spinal nerves. You will be placed on either your right or left side and your surgeon will take x-rays to locate the disc that is to be removed. Once located, your surgeon will then insert several tube-like instruments (dilators) into the incision and use x-rays to ensure proper placement at the disc space. These dilators are used to make space over the disc and gently move the psoas muscle and the nerves out of the way. They are also electrically stimulated so your surgeon can identify the location of the nerves to prevent injury. Once the muscles are split and the disc has been accessed, a retractor is placed over the dilators and secured to the operating room table. The dilators are removed and your surgeon can remove the disc through the retractor. After the disc is removed, your surgeon will pack a cage with bone graft material and insert the implant into the disc space. This cage will help hold the vertebrae in position to make sure the disc height is correct and the spine is properly aligned. Bone graft is placed in the cage in order to set up a biologic response that causes the bone to grow and fuse together. The lateral wound will then be closed and a sterile dressing will be applied. In some cases, your surgeon may elect to reposition you onto your stomach and perform a posterior (from the back) spinal fusion in conjunction with the XLIF. Please refer to the posterior spinal fusion (PSF) portion below for more details. Typically the stay after this procedure is 1 to 2 nights in the hospital. You will be in a brace for 8 weeks and then start into physical therapy.

Posterior Lumbar Interbody Fusion (TLIF)/ Posterior Spinal Fusion (PSF)-

This surgery is performed through the back of your spine. Pedicle screws and rods are placed in the vertebrae and an interbody fusion spacer is inserted into the disc space from one side of the spine through a transforaminal approach. Bone graft is obtained from either a cadaver (allograft), from the spine itself (lamina) or from the pelvis (autograft). Although this procedure rarely involves a significant amount of blood loss, your surgeon may decide to leave a drain in the surgical area. The wound will be closed and sterile dressing applied. You will be placed in a lumbar brace to be worn for 8 weeks. You do not need to sleep in your brace. You will be expected to walk a mile a day and follow the restrictions listed in this book. Plan to spend one to two nights in the hospital depending on how quickly you are able to return to most activities of daily living like eating, drinking, using the bathroom and tolerating pain medication by mouth.



PREPARING FOR SURGERY

Choose your Spine Coach:

This can be a friend or family member that should be available to stay day and night with you for the first week and after surgery assisting you with daily activities and transportation needs. This is a vital part of your recovery so arranging a coach is very important.

Medical Power of Attorney, Living Will, CPR Directive:

If you have these documents prepared bring them to the hospital for your medical record. If you would like more information on them there are multiple web based sites, search in your state's publications for "Your Right to Make Healthcare Decisions".

Stop Smoking:

You must be nicotine free for 4 weeks prior to surgery. Studies have shown that using nicotine products inhibits bone fusion and delays healing. Your surgeon may require a urine nicotine test prior to scheduling your surgery. You must be off ANY nicotine products for 10 days prior to taking a urine nicotine test. Being nicotine free helps increase a successful outcome.

Medical Power of Attorney, Living Will, CPR directive:

If you have these documents prepared bring them to the hospital for your medical record. If you would like more information on them there are multiple web based sites, search in your state's publications for "Your Right to Make Healthcare Decisions".



Medications to Stop:

Anti-inflammatories such as ibuprofen, Naproxen, Celebrex and Advil need to be stopped 5 days prior to surgery. If you are on blood thinners such as coumadin or plavix will need to be stopped 5-7 days prior to surgery once approved by your physician managing these medications. Herbal remedies such as St. John's Wort, Ginkgo Biloba, Ginseng and diet aides can also increase bleeding. You can remain on an Aspirin 81mg (baby aspirin) daily.

Purchase Equipment Prior to Surgery:

Depending on your surgery you may need the following equipment; high rise toilet seat-shower chair, long handled sponge for showers, a reacher, sock aide, and possibly a walker for balance. You may obtain a front-wheeled walker from a friend or the local thrift stores. However, it must fit your height and be of good quality.

Brace:

When having a lumbar fusion you will be required to wear a brace for 8 weeks after surgery. You will need to wear this brace while out of bed during the day. You are not required to wear the brace at night while sleeping. Check your skin under the brace for signs of rashes or raw areas. You should contact your Orthotist for adjustments in your brace. Do not allow sore spots to become infected.

Walking after Surgery:

It is important you walk a mile a day after surgery. This can be done all at one time or broken up throughout the day. Wear shoes with good traction and are comfortable. High heeled boots or shoes are not allowed. Have someone walk with you at first, and carry a phone in case of emergency. Walking helps get a good blood supply to your neck and helps prevent blood clots and pneumonia.

Travel after Surgery:

Traveling by plane is permitted after 4 weeks depending on how you are feeling. Keep in mind that frequent change of positions is necessary to decrease the risk of blood clots. Traveling by car can be done at any time after surgery. Stop every 30 minutes, get out and walk around for a few minutes to decrease the risk of blood clots and stiffness in the surgical area.

Returning to Work:

Since work activities vary with each individual, please discuss the return to work with your surgeon. Check with our surgeon prior to increasing activity. It is important to plan of returning to activities slowly and very gradually as you progress through your recovery. If you become tired or are having increased pain, you may be pushing yourself too fast.

Constipation:

Opioid pain medication can be VERY constipating! Many patients tell us that they have more discomfort from constipation than from their surgery 1 week later. You WILL need to take over-the-counter laxatives daily till you have regular bowel movements. Please refer to the "Preventing Constipation" sheet for the recommended medication to take following your surgery.



PREPARING YOUR HOME

- Keep a phone close by you in case of emergency.
- You will need to find someone who can stay with you for about one week after your surgery as your coach. This may be a responsible family member, friend or spouse. Someone will need to stay with you 24/7 for one week after your surgery. If you do not have a plan for someone to stay with you, you will need to discuss this with your surgeon.
- You may need to rearrange furniture to allow a clear path with lots of room to maneuver a walker. This also includes outside your home with planters or narrow access areas in garages.
- Good lighting is very important. Install nightlights in bathrooms, bedrooms, kitchens, stairwells, and hallways. Remove any loose throw rugs, extension cords, or any object that may cause you to trip.
- Pets and livestock may become very excited to see you and trip or knock you over. Have your coach keep pets in a different area till you are settled at home. Be aware of where pets sleep as to not cause you to fall. Remember, you may need to arrange for someone to care for pets while you are at the hospital.
- To prepare your kitchen, you might want to have some nutritious meals frozen in advance. Remember your weight limit of 5lbs if you plan to have soups or stews. Arrange pots and pans, bowls and your dishes so do not have to bend or twist or in the case of cervical operations, reach overhead.

- To prepare your bathroom, install shower or bath rails. These can reduce the risk of a fall in the bath and should be installed prior to your surgery. A shower caddy will help to keep soaps and shampoo within safe reach so you will not have to bend or twist to reach them, eye level is preferred. A hand held shower head and a long handled sponge can be extremely helpful, and recommended. Place toilet paper rolls where they can be reached without twisting to locate them. If wearing a restrictive lumbar brace, you may require assistance with personal hygiene. There are some medical equipment that can help with this, even a pair of bacon tongs with toilet paper or moist diaper wipe works very well for hygiene and helps to avoid bending or twisting.
- When sitting, use a firm chair with armrests that you can get in and out of easily. You are not permitted to sit in a recliner until you surgeon permits you. Some patients will use kitchen chairs or even a sturdy chair from the patio.
- You may need help doing housework, laundry, shoveling snow, paying bills or getting groceries, mail or the newspaper. Plan in advance to have help: it can contribute to a successful recovery.
- Stairways can be dangerous. Depending on your surgery, you may be instructed on stairs prior to discharge. Move things if necessary to avoid frequent trips up and down stairs. This may also include your bed. If warranted, stay with a friend for the first week or two if your home requires significant altering to be safe.
- Clothing for lumbar surgeries should have loose enough waist bands to fit over your brace. A cotton t-shirt that is fairly tight (avoid creases that may irritate the skin) is comfortable under your brace. It will absorb moisture as these braces tend to cause sweating under them. Sweat pants and elastic wadded pants are some examples of clothing that are both easy to put on and take off. Clothing that is a size or two larger may be required and can be purchased at thrift stores.
- Shoes should be sturdy, with low heels and easy to don and doff. Velcro closures or shoes that can be slipped on your foot are acceptable attire.
- Please take time to pay attention to what you normally would lift without thinking of it, plan more time to do your activities of daily living, and do not sacrifice your surgery by lifting something that exceeds your weight limit. It is just not worth it. Now you are well on your way to a successful and safe recovery!
- Some examples to keep in mind when you are preparing your home are; a 5 pound lifting limit will include heavy dresser drawers, truck/auto doors, purses, computers, large juice/milk containers, meals on heavy plates, pets, pet food bags and their water bowls, wet laundry, houseplant watering cans, hoses, firewood, and small children are all potential areas where you may exceed the weight limit.

HELPFUL POST-OPERATIVE NUTRITION GUIDELINES

Good nutrition can help support your healing after surgery. Areas in which appropriate nutrition may aid in post-operative healing/comfort include: meeting your protein needs, relieving constipation, appropriate food textures, eating adequate, specific vitamins and minerals and reducing inflammation. Taking extra time before your surgery to prepare or plan for good nutrition after surgery will likely prove beneficial. Consider making and freezing foods that can be reheated, creating meal/snack plans and grocery shopping pre-operatively. Also, if possible, be sure you have the help you need when you arrive home. Continue with these recommendations until your surgical site is completely healed.

Protein:

Eat protein foods 3 or more times a day.

Protein is especially important following surgery as it helps repair damaged body tissue and form antibodies to fight infections. Good, healthy sources include: fish, seafood, lean poultry, nut and seeds, legumes (beans), tofu, eggs and lean red meat. As fatty red meat has been linked with inflammation it is best to eat lean cuts and lean ground beef. Dairy foods also have good amounts of protein but can cause constipation and so should be eaten in moderation.

Prevent Constipation:

Constipation commonly occurs in post-surgical patients due to narcotic pain medications. Follow these tips to decrease the risk of constipation:



To Do:

- Stay Hydrated: Aim for at least 2.5L per day, or more if you are a larger person.
- Eat a High Fiber Diet: Aim for about 30g a day, a bit more if you are taller and less if you are smaller. Eat whole foods (an apple rather than apple juice) and whole grains rather than processed grains (brown rice rather than white rice).
- Try Prune Juice: Drinking 4-8 oz of prune juice can often stimulate a bowel movement.
- Exercise: Working out can help your bowel move and therefore decrease risk of constipation. Work with your physical therapist to decide on an appropriate exercise routine.



To Avoid:

- Cheese
- Milk and dairy products- a little yogurt is ok.
- Refined/processed foods- such as white bread, white rice, packaged high calorie snack foods (such as potato chips, cookies, and pork rinds), and boxed meal mixes
- Red meat- beef
- Sweets- including pastries, candies, cakes and other sugary foods

Inflammation:

These foods are associated with a reduction in inflammation and pain after surgery and should be included in your diet, when possible: fatty fish such as salmon and trout, walnuts and almonds, dark fruits such as all berries, eggplant and grapes, onions, garlic and leafy green vegetables, soy products such as tofu and edamame, extra virgin olive oil, flax seeds and flax meal, and green and black tea (herbal teas have not shown to have the same anti-inflammatory benefits).

A fish oil supplement (1000-2000mg a day) may also aid in reducing inflammation.

Be sure to avoid any foods you know that you are sensitive too such as lactose if you are lactose intolerant; even if your normal reaction is mild.

Vitamins, minerals & supplements:

Many vitamins and minerals can help reduce inflammation, as well as accelerate wound healing after surgery. It is recommended to obtain from food rather than supplement.

- Vitamin A- Stimulates the immune response and important in skin healing. Good sources of Vitamin A include carrots, leafy greens, red bell pepper, sweet potato, and cantaloupe.
- Vitamin C- – Is associated with wound healing. It aids in formation of collagen in bones, cartilage, muscle, and blood vessels. Good sources include kiwi, oranges, tomatoes, strawberries, broccoli, bell peppers, and potatoes.
- Vitamin D – Is an essential nutrient in the formation, maintenance, and repair of bones. Good sources include fortified milk, egg yolk, salmon, tuna, and direct exposure of skin to sunlight (10 minutes, two times per week).
- Calcium – Is an essential mineral for bone repair and soft tissue healing, proper blood clotting and muscle contraction. Milk and milk products, as well as dark green leafy vegetables are good sources.
- Zinc- It may accelerate wound healing in patients following surgery. Primary sources include oysters, lean meats, fish, poultry, legumes, whole grain breads and cereals.

Eat well and make good choices in supporting your recovery!

For questions regarding specific nutrition needs please consult with your dietitian.



INCISION CARE

An incision should be kept clean and dry at all times to help promote healing and reduce the risk of infection. Unless your doctor tells you to, never apply any creams or lotions to the incision. You should also avoid wearing tight clothing that will rub against the incision while it is healing.

How to Perform Daily Dry Dressing Changes:

You will receive specific instructions on your daily dressing change depending on the surgery you have had. If you are having daily Home Health visits, they will do your dressing changes and wound checks for one week. Keep in mind that you should follow the same general guidelines for any dressing change.

Supplies required are non-stick telfa or sterile gauze, dressing pads and surgical tape. If you have open wounds on your hands wear medical gloves during dressing changes. Wearing gloves will help avoid germs from open hand wounds from getting on your dressings. All supplies can be purchased at the drug store.

1. You should have a clean work surface on which to place all supplies you need. You may want to use a clean towel to cover your work surface.
2. Make sure you have all supplies handy before beginning the dressing change.
3. Always wash your hands thoroughly with soap and water before touching the dressing. If applicable, put on gloves after washing hands.
4. Remove the old dressing and tape from around your incision and discard in the trash, remove gloves.
5. Inspect the incision and surrounding area. Despite the best care any wound/IV site can become infected. Do not touch the incision with your hands.
6. Wash your hands again. Doing so will avoid any germs from your old dressing from getting on the new dressing, put on a new set of gloves.
7. Open and place dressing (s) over your incision and tape in place. It is recommended that you have at least one piece of tape handy to hold the dressing (s) in place while you prepare more tape. To secure the dressing, be sure to cover all edges of your new dressing with the tape.
8. Remove gloves, wash your hands and place all supplies in a clean area for the next dressing change. Remember, if you have questions on dressing changes, incisional changes, or any other concerns contact your health care provider, Home Health nursing staff, or proceed to the emergency room.

-STOP-

Contact your doctor immediately if you notice any of the following:

- Increased redness around the incision area.
- Increased pain at the incision site.
- Swelling at your incision or any red streaks.
- Drainage coming from or around the incision that looks or smells like pus.
- Bleeding from the incision.
- Temperatures that are above 101 degrees.

TREATMENTS FOR CONSTIPATION

Opioid pain medication can be VERY constipating! Many patients tell us that they have more discomfort from constipation than from their surgery 1 week later. You will need to take over-the-counter laxatives twice a day in order to have regular bowel movements.

Your doctors recommend that you take:

- Senokot-S two tabs in the morning and 2 tabs in the evening.
- 1 capful (17 gm.) of polyethylene glycol (Miralax) dissolved in a glass of water or juice twice daily.

If you still have constipation; take more Miralax until you have a soft stool. You can't overdose, it will give you diarrhea.

If you start to get a loose stool as you take less opioid pain medication, then decrease or stop the polyethylene glycol (Miralax), and stop the others one by one as you are having more regular bowel movements.

Other treatments for constipation include:

- Prune juice
- Smooth Move Tea
- Psyllium husk fiber (Metamucil, etc.).
- Flax seed (1 tsp. in a glass of water or juice followed by plenty of water).
- Walking also encourages bowels to move

You may prefer a more natural approach, but often the opioid pain medicines are so potent that the natural approach alone is inadequate.

DON'T FORGET TO CALL YOUR PHYSICIAN IF YOU DO NOT HAVE A BOWEL MOVEMENT IN 3 DAYS!

MEDICATION EDUCATION

ASK 3, TEACH 3

Animas Surgical Hospital encourages patients and their family or caregivers to become engaged in the medication communication process as partners.

As a patient, you and your family or care providers should ask these three questions every time you receive a medication in any hospital:

ASK 3:

1. What is the name of the medication?
2. Why do I need to take it?
3. What are the possible side effects of this medication?

Your nurse will answer these questions in a "teach 3" format:

Teach 3:

1. The name of this medication is.....
2. This medication was prescribed for.....
3. The potential side effects of this medication are.....



RESTRICTIONS AFTER SURGERY

- Wear your brace at all times while out of bed
- No lifting more than 5 pounds
- No repetitive bending or twisting
- Do not smoke
- Walk a mile a day
- Change positions frequently
- Limit sitting to 20 minutes at a time
- Keep your incision clean and dry
- No baths or hot tubs until incision is scarred (approximately 4-6 weeks after surgery)
- Wear compression stockings until walking a consistent mile every day for 7 days in a row
- Do not resume anti-inflammatories until approved by your surgeon
- Do not sit in recliners
- 24-hour timeframe for any pain medicine refills. Keep weekends and holidays in mind.

WHAT ISN'T NORMAL?

Report any of the following concerns to your surgeon:

- Increased drainage from your incision
- Severe headaches
- Increased leg pain or weakness
- Increased swelling or redness around the incision site
- Fever or chills
- Nausea or vomiting
- Prolonged constipation
- Bowel or bladder incontinence
- Calf pain
- **Chest pain or shortness of breath is considered a medical emergency. Seek immediate medical attention.**

DISCHARGE PLANNING

The following questions will assist us in identifying your needs after surgery. If you have any questions regarding the questions or your individual situation, please call your physician.

- Do you have a caregiver at home?
- Do you have family, friends or neighbor you could ask to stay with you during your recovery?
- If not, are you able to pay for private caregivers or a skilled nursing facility if your insurance does not cover the cost?

HOME HEALTH AGENCIES

Following surgery your physician may prescribe home health services for you. This is to ensure your safety and monitor your recovery process. The staff at Animas Surgical Hospital will help to arrange the home health for you. However, it is your choice of which company to use. Below is a list of the agencies in this area.

Durango Home Health Agencies:

- Mercy Home Health (970) 382-2000
- Guardian Angel (970) 385-8414 or (970) 565-7134
- Pasco Southwest (8770 685-6833 or (970)565-6833

Pagosa Springs Home Health Agency

- Mercy Home Health (970) 382-2000

Cortez/Dolores Home Health Agencies:

- Guardian Angel (970) 565-7134
- Pasco Southwest (8770 685-6833 or (970)565-6833
- Given Home Health (970) 882-4483

Farmington Home Health Agencies:

- San Juan Home Health (505) 327-0301
- Southwest Home Health (886) 326-6024
- Horizon Home Care (505) 326-2525
- Guardian Angel (505) 564-9002

Please keep in mind that the nursing staff will require a physical address, not a post office box, when notifying the home health company you choose.

REHABILITATION FACILITIES

If you and your physician should decide that it is best for you to be transferred to a rehabilitation facility for further recovery assistance, below is a list of rehabilitation facilities in the area.

Durango:

- Four Corners Health Care Center: Junction Creek Rehab (970) 247-2215
- Cottonwood Inn Rehabilitation: (970) 828-1414

Pagosa Springs:

- Pine Ridge Extended Care Center (970) 731-4330

Cortez:

- The Valley Inn (Mancos) (970) 533-9031
- Vista Grande Inn (970) 564-1122

Farmington:

- Life Care Center of Farmington (505) 326-1600
- San Juan Manor Care and Rehab (505) 325-2910
- Cedar Ridge Inn (505) 598-6000
- Four Corners Good Samaritan Village (505) 334-9445
- Bloomfield Nursing and Rehabilitation Center (505) 632-1823



FREQUENTLY ASKED QUESTIONS

How long is my hospital stay?

Depending on procedure you will go home same day or spend one night in the hospital. You must plan to have a responsible person to take you home and remain with you while freshly recovering from your surgery.

How long will I be on pain medication?

Most patients take pain medication for approximately 3-10 days postoperatively. Spine Colorado medication refill policy time is 24 hours.

When can I drive?

Once off all pain medications and after the first week of recovery, depending upon your procedure. Patients wearing lumbar braces should discuss the timeline of when it is safe to drive with their surgeon.

When will I start physical therapy?

2-8 weeks after surgery, depending on the procedure performed.

When do I start walking a mile a day?

You will start to walk one mile each day starting on the day you are discharged from the hospital.

How long do I need to wear my compression stockings?

Wear your stockings until you are walking a consistent mile, 7 days in a row. They may be removed for short periods for washing. They are designed to fit tightly, so have assistance putting them back on.

When can I get in a swimming pool or hot tub?

You are not to immerse yourself in a pool or hot tub for at least 4 weeks. You must obtain clearance from your surgeon prior to any swimming or hot tubs.

When is my post-operative appointment?

Your post-operative appointment will be arranged prior to your discharge from the hospital. Remember you will still not be able to drive at this time. Please plan transportation for this appointment and remember to bring a list of your questions for the surgeon.

When will my sutures/staples be removed from my incision?

Depending on how your incision is healing, your sutures will be removed during your first physical therapy appointment at 2 weeks. If you have a small surgical drain placed during your procedure it will be removed prior to discharge from the hospital the following morning.

You will be contacted by phone from Spine Colorado and Animas Surgical Hospital to check on your recovery process. Usually this phone call is made the following day after you are discharged from the hospital.

