



CEDARS-SINAI INSTITUTE FOR SPINAL DISORDERS

PRE-OPERATIVE SPINE EDUCATION CLASS FOR PATIENTS

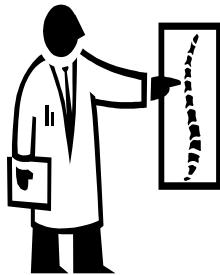


WRITTEN BY:
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Coping with Pain, Disability and Surgery

Coping with back pain and disability is a very individual thing. For some this is a new experience of a few weeks duration, for others it's been years of a condition which becomes a problem, then resolves, and becomes a problem again. The degree of pain experienced by the person is also individual. For some it's annoying and interfering, for others it's intense and crippling.

One common aspect, however, is that you and your surgeon have agreed that now is the time for surgery to correct your back problem.



Pain that has only been present for six months or less is considered acute pain. In contrast to pain which has been present for more than six months, which is said to be chronic. These are not distinct experiences – some people present with new acute pain on top of a chronically painful condition. Each of these scenarios are treated differently by pain experts.

Coping with pain may be done a number of ways. Some find physical ways to relieve their pain like lying down, applying ice/heat, limiting sitting. Some find behavioral ways to cope with their pain like relaxation techniques, imagery, or using methods to distract their minds from the pain. Others turn to chemical methods like pain pills, nicotine, alcohol or marijuana.



In order for pain experts to effectively manage your pain after surgery, be sure to tell them all of the methods you've tried or are currently trying. This way an individualized, effective plan can be arranged for you.

Some methods are not physically or psychologically healthy for you. Our team has experts to help you use the most effective methods for your particular problem. After surgery, although you may still have some pain, it will be different than your pre-

operative pain. It's usually not the deep, burning pain which brought you to the surgeon, but may be more surface tenderness which improves every day.

Being **independent** when you suffer back pain is a difficult challenge. Most adults like to do things for themselves, but back pain often limits your ability to do many things like dressing, lifting things, driving a car or taking a trip. Once your surgery is completed, your independence will not be allowed right away due to the restrictions given by your surgeon. You will still need to rely on others for several weeks while your back heals.

This means no sports, no work, and no household duties for a few weeks. When your surgeon says it's safe to do these things, you may resume these activities. In the meantime, take short walks on flat surfaces like the beach sidewalk, lie down and read, or rent some video movies. Plan to have a friend or relative stay with you, or if you live alone, arrange to stay with a friend for a couple days.

Some Tips on How Your Spouse or Partner Can Help

If you have a **spouse or partner**, they probably want you to be well as badly as you want to be well. Here are some things that person can do to help you:

- Help with putting on a back brace, if one has been ordered by the doctor.
- Help with putting on socks and tying shoes
- Be patient. Know that his/her good humor will return when they feel more independent.
- Carry packages for a month.
- Walk the dog and care for the cat.
- Get him/her out of the house every now and then.

When Can I Resume Sex?

One question that is often in the mind, but seldom voiced – when can my partner and I **resume sex**? It depends on the location of the surgery, the amount of motion experienced and the positions used. Here are some general guidelines:

- Assume the back lying, bottom position or side-by-side position.
- Limit pelvic motion (unless the surgery was on the neck)
- Wait about 2 weeks.
- Be gentle, if anything hurts, stop.

Getting Ready for your Operation



In preparation for your operation, we encourage you to obtain a brochure “ **Preparing for your Surgery or Procedure**” from your surgeon’s office or from the coordinator of the spine pre-operative class. This brochure was specially designed to give you and your family the information you need to make your perioperative experience as easy and comfortable as possible.

***Key points** to remember: (Please note the these are discussed at length in the brochure)

A week before your operation

- ❑ **Medical Clearance:** At least 7 days before your surgery you need to make an appointment to see your primary care physician to have a history and physical examination
- ❑ **Laboratory blood test** and other **diagnostic test** like EKG or chest x-ray: These tests might be ordered as part of your medical clearance. It is necessary to have it done to assure your smooth course under anesthesia
- ❑ **Blood transfusion:** If there is a possibility that a blood transfusion is necessary, your physician will discuss this with you before surgery. You will then be required to have a test for a blood bank sample at Cedars- Sinai laboratory or in PPTP(Pre-Procedure Testing Program) at least 1 day before your procedure
- ❑ **Medications, herbal products/vitamins:** Please ask your physician if you should take any of your routine medication on the day of surgery. It is generally best to stop drugs like” Aspirin, Ibuprofen, Advil, Motrin, Naprosyn and Aleve
- ❑ A nurse from our PPTP will call you to give you pre-operative instruction and will go over medications you take, ask you questions about your general health, previous surgeries and anesthesia problems. It is important for you to fill out the Patient Profile form found at the back sleeve of the brochure to expedite this call.

Night before your operation

- ❑ **Food and Drinks:** Do not drink or eat anything after midnight the night before your surgery.

Day of your operation

- ❑ **Admission:** Please bring copies of your advance directive, insurance cards and drivers license. You will be escorted from the street level to the 8th floor lobby. This is where you and your family will wait until the OR is ready for you.
- ❑ **Pre-op Preparation:** You will be ushered into the Pre-op holding area where you will be asked to change into a gown. A nurse will review your medical records, validate the information like allergies, type of operation you will have, correct side or site if applicable, medications you take including pain medications you take at home. Your blood pressure, pulse, temperature and weight will be taken and recorded. You will be asked to sign a consent form for the procedure. An IV(intravenous) will be started and any other necessary procedure will be completed
- ❑ **Anesthesiologist:** The anesthesiologist will see you in Pre-op holding and will discuss with you the plan for anesthesia and answer any questions you have. It is important for the anesthesiologist to know your previous anesthetic experience, alcohol consumption, use of recreational drugs, current medication, herbal products, diet pills and other pertinent medical history
- ❑ **Operating room:** The OR nurse will reconfirm your procedure and will discuss what you might experience in the OR. You will also meet the other member of the OR team in the operating room – Surgical scrub technician, Neuro Physiology technician, assistants to the surgeon, who are all specially trained to keep you comfortable and safe during your surgery
- ❑ **Post Anesthesia Care Unit(PACU or Recovery Room):** Immediately after your surgery you will be transferred the PACU. The nurses here are especially trained to take care of your immediate postoperative needs. You will be connected to a cardiac monitor, blood pressure apparatus, will be given oxygen by mask, and monitor your oxygen saturation. It is important for them to know your pain level so that appropriate pain medication will be administered. It is their goal to keep you comfortable and safe during your recovery period. The length of time you will spend in PACU will depend upon the type of surgery performed, type of anesthesia received and availability of in patient beds.
- ❑ **Family/ significant others:** The surgeon will come out to the lobby after the operation and speak to any family member or significant others regarding the outcome of the surgery. The nurses in PACU will be in frequent contact with your family in the lobby/waiting area.

Once You're in Your Hospital Room



You'll notice some things:

- ◆ An intravenous catheter (**IV**) will be in your hand or arm with fluids in a bag on a pole. This will stay about 24 hours until you're able to drink liquids by mouth.
- ◆ After your operation, **your pain will be managed by the nurse** with either injections or by intravenous routes, through the IV line. Some doctors order a machine which allows you to give yourself measured amounts of pain medicine called a patient controlled analgesia machine (PCA). Ask your doctor if this is a good choice for you.

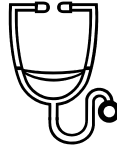


- ◆ **Some patients have urinary catheters**, others don't need them. The need will be determined by your doctor. If you have a catheter it will be taken out the morning of the first day, or whenever you can walk to the bathroom, and you will be assisted to the bathroom to pass urine.
- ◆ **A bandage covers the incision.** There may be a tube, called a **drain**, coming from underneath the bandage. This drains away the excess blood which otherwise might build up beneath the incision. Not everyone needs one, your doctor will decide if you do.



- ◆ **Your doctor will also decide whether you need a brace.** If you have neck surgery, many people are required to wear a collar for a while until the surgical area is completely healed. Some surgeons have their patients wear lower back (lumbar) supports of one kind or another, depending upon the type of surgery that was done.
- ◆ **Elastic stockings (TEDS) or plastic pulsating sleeves (SCDs) will probably be on your legs** until you have started to get out of bed and walk, usually the first morning after your surgery. Once you're up and around, they're no longer needed.

Things you'll notice the nurses doing:



- ◆ The nurses will be checking you frequently during the first 24 hours. Things they check include: blood pressure, pulse, breathing, temperature, lung sounds, bowel sounds, your ability to move your arms and legs and whether you can feel your arms and legs. They will ask you to rate your pain from 0-10.
- ◆ They will ask you to turn onto your side so they can observe your bandage and the skin over your buttocks for redness. If you have a brace or collar, they will check underneath to be sure your skin isn't irritated.
- ◆ They will ask you to deep breath and cough to help you get rid of the residual anesthetics, give you a "breathing machine" called a **Tri-Flo**, and ask you to inhale deeply to raise the balls inside it. Sometimes it's necessary to give you some **oxygen** through a nasal tube.
- ◆ The nurse will ask you when you had your last **bowel movement**, and make sure you have one at least every other day. Stool softening medications are sometimes given to keep your bowel movements soft and avoid constipation.
- ◆ When the nurse hears bowel sounds, and you have no problems with nausea, you'll be allowed to **drink water**. Later, if the water doesn't cause nausea, you'll be given food. Usually it's best to slowly introduce liquids and foods.

You'll learn how to:

- ◆ Move yourself in the bed by **logrolling**.
- ◆ Avoid bending, twisting and lifting heavy objects.
- ◆ Get out of the bed while keeping your back straight.
- ◆ Take care of your bathing and hygiene with only a little help.
- ◆ Use the **PCA** machine effectively.
- ◆ Watch for (and report to the nurse) problems for him/her to solve like side effects from medications, new numbness, nausea, constipation, itching, sleepiness, etc.

Medication Side Effects:



You may be taking new medications since your surgery. You need to be aware of some of the common side effects of these drugs. If you experience them, call your physician, he/she may want to change or have you stop taking the medication if the side effects are severe.

Pain Relievers: stomach upset, constipation, dizziness, sleepiness, nausea, vomiting, anxiousness, blurred vision.

Steroids: swelling, puffiness, a sense of giddiness or depression, insomnia, upset stomach,

Danger signs

Reasons to call Your Doctor:

Although people seldom experience dangerous problems after surgery, here is a list of possible problems for which the doctor should be called.

- ◆ development of pain in the calves or thighs (clot formation).
- ◆ shortness of breath or chest pain (pulmonary clot) -- Call 911.
- ◆ pain more severe than experienced in the hospital without relief from pain medicine.
- ◆ numbness or limb weakness, more severe than when you were in the hospital.
- ◆ new drainage from a previously dry incision

Going Home on New Medications



Sometimes our patients go home on new medications. When they do, the medications tend to be from 2 general medication groups: pain medications and muscle relaxants. Not everyone will go home on both types.

To better prepare you for taking these new medications, we want you to know about them. We particularly want you to **know about the side effects of these medications.**

Pain Medications

(Examples: Vicodin, Percocet, Percodan, Darvocet, & Darvon)



Pain medicines are meant to be taken as needed before the pain is intense. You will begin taking them at home about the same way you did your last hospital day. Each day your pain will be less, and your need for the medication will be less. If you experience more pain than you did in the hospital, despite medication and resting, call your doctor.

Common Side Effects to watch for:

- **Dizziness:** Avoid driving or operating machinery. Get up slowly, get your bearings. Use handrails on stairs. Avoid drinking alcohol.
- **Nausea:** Eat a little something before taking medications (doughnut, bagel, etc.) . Try to drink a full glass of water with the medicine. Avoid drinking alcohol or foods that are normally upsetting to your stomach (greasy foods, spicy foods, etc.)
- **Constipation:** Increase your dietary roughage (bran muffin/flakes, fresh vegetables/fruits) and drink fruit juice (warm prune juice at night does wonders!). When eating foods with high roughage, make sure to increase your liquid intake, otherwise more constipation can occur. Drink at least a full glass of juice or water. Take a stool softener and stimulant laxative regularly, don't wait for constipation to become a problem. Talk to your pharmacist about specific brand names.
- **Changed Level of Alertness (sleepiness, cloudy thinking, feeling high):** Avoid activities that require concentration (for example, driving). Take a nap. If you feel giddy—try relaxation techniques like deep breathing or meditation.

Other Precautions: Make sure your doctor knows

1. you are breast feeding an infant.
2. you've experienced rare side effects of seizures or fainting.
3. the side effects you are experiencing are interfering with usual daily activities or pose a safety problem for you.
4. your drug allergies

Remember, experiencing some of these side effects *does not* mean you are allergic to this drug. Most people experience no side effects, or only mild side effects. If you experience severe side effects that are intolerable, notify your doctor.

Muscle Relaxing Medicines (Examples: Soma and Flexeril)



If you have had some muscle spasms, your doctor may order a muscle relaxing medication for you. **Remember: If you take this drug with a pain relieving drug the effect of both drugs is multiplied.** Because of this multiplied effect, you may need to take less of one or the other drug to get the desired effect and not an increase in side effects.

Common Side Effects to watch for:

- **Drowsiness:** Avoid driving and operating machinery. Take naps. Avoid activities which demand careful concentration. Don't drink alcohol or take other drugs you buy over the counter unless your doctor knows.
- **Dizziness:** Use handrails on stairways. Get up slowly, let your body adjust.
- **Skin rash:** Notify the doctor, he may want to change the medication.
- **Stomach upset:** Take the medicine with food or milk, not on an empty stomach. Avoid foods which ordinarily upset your stomach.
- **Dry mouth:** Chew sugarless gum or suck sugarless mints. Brush your teeth more often. Drink more water.

Remember! Don't add any new medication to your routine without first calling your doctor. Even simple cold remedies may not mix well with your new medications.

Information from the Rehabilitative Service Department



By the time your therapist walks into your room, you may or may not have been out of bed for the first time. Although getting out of bed for the first time can cause some anxious moments, you can use certain principles that can make it surprisingly easy. You may even experience much less discomfort than you did getting out of bed before your surgery.

Use these tips for getting up safely with as little discomfort as possible for your newly operated back

- When **getting out of bed**, first move to the side-lying position, push off the bed with your arms, and keep your spine straight.
- When **getting out of bed while you're lying on your back**, don't lift your head and shoulders, roll to your side. This reduces strain on your back.

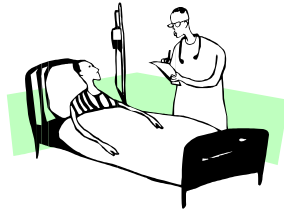
Once you've gotten up for the first time or two, you'll find each time getting easier and easier.

Tips for maximizing your motion, and minimizing your discomfort while you're in the hospital

- **Take pain medication** before getting up to move around in the morning. You'll find you're able to move about with greater ease. You will need less and less medication every day as your back heals.
- **Take several walks each day.** Your first walk will probably be with a physical therapist.
- **Spend time out of bed** sitting up in the chair to watch TV or standing at the sink to bathe. Don't sit longer than 30 minutes at a time. Prolonged sitting causes pressure on your back and may increase your pain.
- **Pay attention to your posture.** Avoid bending, lifting and twisting when moving around.
- **Use caution when arising from a chair, edge of bed or toilet,** first scoot to the edge of the seat. Bend at the hips and knees, and push off with

your arms on the armrests to come to a standing position. Keep your back straight. Don't pull yourself up with your arms.

Your therapist will instruct you on using proper techniques during movement in different positions and activities. He/she will also instruct you in the types of activities you should avoid after your operation.



These precautions are **not forever**, just for the first few weeks while your back is healing. Eventually, your doctor will tell you when it's okay to begin some bending of the spine. He/she will guide you in achieving maximum flexibility again.

It is important, however, that you do your part for the best possible outcome from your surgery. **Be patient with yourself** while your back is healing. Accept help from others, and ask for assistance, too. It's important that you be aware of your back safety and not lift objects which weigh more than 5 pounds until permitted by your doctor.

Sometimes planning for your return home can be done before you even come to the hospital.

Do's and Don'ts for Planning for Your Return Home

- Don't return home to sleep in a waterbed. Choose a firm mattress.
- Don't arrange the ride home in a compact car, sports car or truck. Choose a sedan.
- Don't walk up and down steep hills. Choose flat surfaces for a while.
- Don't wear tight clothing home. Choose stretchy, comfy knits (not jeans!)
- Don't wear shoes with ties. Choose slip-on shoes for the ride home, avoid bending.
- Don't plan to drive yourself home. Arrange to have a friend/relative drive the car.
- Don't bring small children who need tending for the ride home. You'll need to relax.
- Don't plan to ride home in a sports car or very large truck-type vehicle. Choose a medium sized sedan if you have a choice. Bring a bed pillow along.

Getting Ready for Surgery and Going Home Again



Social Work Information

Surgery can be cause for great anxiety and stress for patients and their families. Many emotions like, fear, anger, uncertainty and confusion may occur. It's normal to feel this way. The best way to manage these feelings is to do exactly what you are doing right now – get information about your surgery! The best way to manage your life after surgery is to plan for your needs at home before you leave the hospital.

After you have made the decision with your doctor to have surgery, you'll want the answers to some questions:

1. How long do most people stay hospitalized after this kind of surgery?
2. How soon after surgery will I be able to get up and out of bed? Walk? Bend?
3. What other limitation will be placed on me and for how long?
4. When can I expect to go back to work?

Once you have an idea about how you'll be after the operation, you can make better plans for your life after you leave the hospital. If you live alone, or with others and think you may need some help, plan in advance, and arrange to have someone available to you the day you get home. In most cases, you will not need a nurse. Most people need someone to help with errands, meal preparation, housecleaning, etc. There are agencies in your area who employ people who can help. The rate for a domestic aide ranges from about \$9.00-12.00 per hour.

More therapy or nursing care can be arranged in your home if your doctor thinks it needed. You may also go to an office for more therapy, too.

What If I Can't Go Home Right Away?

In some cases, your doctor will advise you to stay in a rehabilitation unit or a skilled nursing facility for a short time before going home. In most cases, insurance pays for these services. The social worker in the hospital will help arrange these services and assist you or your family in selecting the best setting for you. He/she will also help with payment and insurance needs.

On the Day of Discharge



Have your ride home from the hospital available by 10:00 a.m. on the day of discharge. Tell them to park in the ground level parking lot of the South Tower (across the street from the Emergency Room). The ticket for parking will be validated, be sure to have them bring it with them.

There will be a social worker on your floor available to assist you with any discharge planning needs after surgery. If you need help before you check in to the hospital, call the Social Work office at 310/423-4446.

Your participation in your hospital stay is very important. You will have the support of many people on our team. The best way to help insure a positive recovery is to plan in advance. We're here to help!

What is a Case Manager?



Before you came to the hospital, your insurance company was called to get their approval for admission and a length of stay is usually assigned. (This is called **pre-approval**)

Once you have arrived at the hospital, had the surgery and begin recovering, someone needs to communicate your progress to the insurance company to assure continued

payment – this is a **Case Manager**. Many times you never meet this person who works in your behalf behind the scenes.

Before you go home, the case manager determines, in collaboration with the multidisciplinary spine team, what your needs will be when you leave. Maybe you'll need to have some Home Care visits from a nurse or physical therapist. He/she will ensure your insurance company understands these needs and agrees to pay for them in accordance to your insurance policy benefits. The case manager will then coordinate the services you need, so you will receive them without having to arrange them yourself.

If going home is neither safe or prudent for you, the case manager will coordinate with your insurance company, tell them that you will require temporary in-patient care, and then collaborate with the social worker to coordinate your transfer to the new unit. This may be inside Cedars-Sinai, or outside the facility. The facilities your health care insurance company contracts with determines whether this location is with Cedars-Sinai or outside the hospital.

The case manager is available to you Monday through Friday from 8 a.m. to 4 p.m. If you have concerns, you may have him/her paged by asking your nurse.