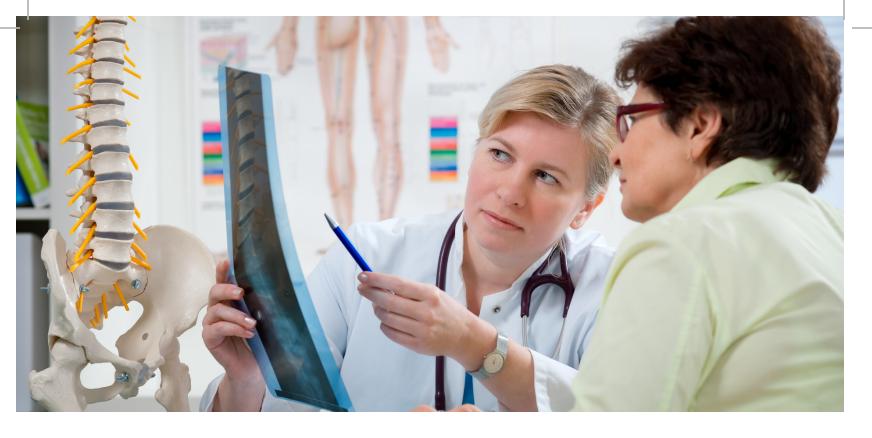


A patient booklet for

From your Spine Surgical Care Team at The MetroHealth System
Bring this booklet with you on the day of surgery





Introduction to Spine Surgery

Our team of Spine Surgeons at MetroHealth is proud to offer the most advanced surgical options for spine available anywhere. Our scope includes the least invasive approach as well as and traditional surgical options for the most complex problems. For example, we do decompression disc removals through small incisions, and we also do extensive spine instrumentation and correction of deformities such as scoliosis.

We tailor the approach to the needs of each patient. All patients are evaluated by our team that includes Physical Medicine and Rehabilitation doctors, pain management doctors- as well as the surgeons. We can offer a wide range of options to treat spine problems without an operation. We only offer surgical treatment when clearly necessary. We use less invasive approaches and small incisions, when possible.

The MetroHealth Spine Center created this handbook to help you learn what to expect from surgery and how to achieve the best surgical outcome possible. We believe you play an essential role in your care and recovery.

When you choose to have Spine Surgery at MetroHealth, the Spine Team will:

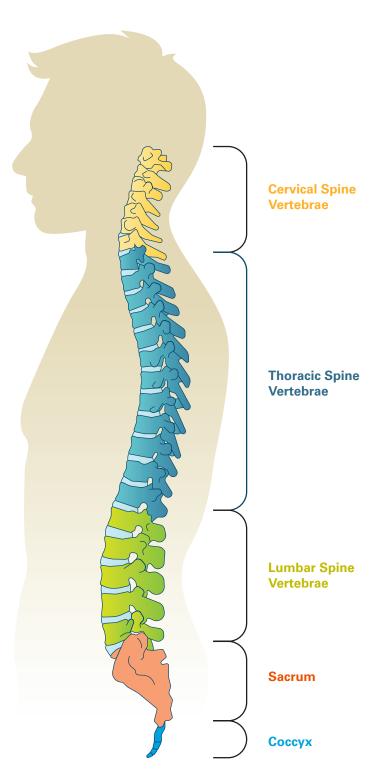
- Make sure you are as healthy as possible before surgery
- Ensure a smooth transition from our hospital to your home
- Ensure that you have the right equipment and support team to help
- Help schedule your medical appointments
- Answer questions about your care
- Make sure you are making good progress

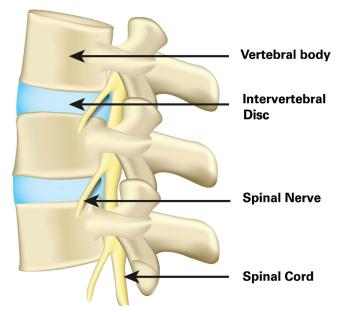
Please read this handbook thoroughly and ask your health care team questions.

What is the function of the spine?

Understanding how your spine functions can help you better understand some of the problems that occur with aging or injury of the spine.

Your spine is a column of bones designed to hold up your head, shoulders, and upper body. The spine gives you support to stand up straight and flexibility to bend and twist. The spine also protects your spinal cord from injury.





Cervical spine (neck): The neck supports the weight of the head and protects the nerves that run from the brain to the rest of the body. The cervical spine consists of seven vertebral bodies that get smaller as they get closer to the base of the skull. Injury to the cervical spine may cause pain and weakness to the arms, hands or fingers.

Thoracic spine (upper back): The thoracic spine supports your upper back and allows very little motion. The thoracic spine protects your heart and lungs from injury. There are 12 vertebral bodies that make up the thoracic spine. Injury to the thoracic spine may cause pain around your ribs, chest or navel.

Lumbar spine (lower back): The lumbar spine has a lot more motion than the thoracic spine and carries a lot more weight. This makes the lumbar spine more prone to injury, potentially causing pain and weakness in the legs or feet.

Sacrum and coccyx (bottom of the spine): Commonly referred to as the tail bone. Injury to the sacrum and coccyx can cause pain in the lower back, buttocks, hips and pelvis.

Is Spine Surgery Right for you?



The goal of treating the spine is to improve your quality of life.

Spine surgery may be considered to alleviate pain and prevent nerve damage when conservative measures have failed with the following conditions:

- Compression of the spinal nerves
- Unstable spine due to injury (spinal fractures)
- Unstable spine due to slippage of one spine bone on another (spondylolisthesis)

Common Types of Back Surgery

Discectomy- The removal of part of a disc (cushion or "shock absorber") that is herniated to relieve irritation and inflammation on a nerve.

Laminectomy- The removal of the bone (lamina) overlaying the spinal canal to enlarge the spinal canal. This procedure relives pressure on the nerve caused by narrowing of the canal (spinal stenosis).

Spinal Fusion- Permanently connects two or more vertebrae in your spine. It is used to eliminate painful motion between vertebrae that can result from a degenerated or injured disk. Metal plates, screws and rods may be used to hold the vertebrae together, so they can heal as one solid unit.

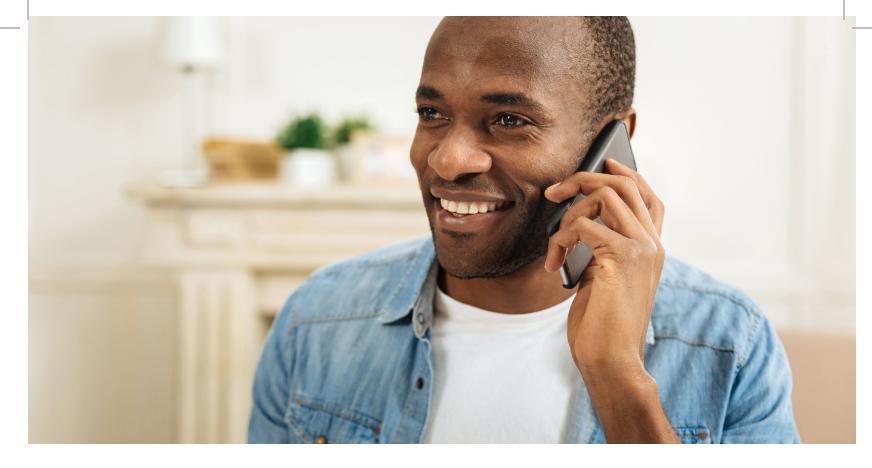
Microsurgery- Only requires a small incision, usually less than an inch long. The surgeon uses a microscope to remove the damaged portion of the disc along with a small portion of the bone covering the spinal canal.

Common Types of Neck Surgery

Anterior Cervical Discectomy and Fusion (ACDF)- The removal of a damaged disc in the neck to relieve spinal cord or nerve root pressure. A graft is then inserted to fuse together the bones above and below the disc. This is done to alleviate weakness, numbness and tingling.

Posterior Cervical Decompression- Only part of the disc from the neck is removed and no spinal fusion is needed. This is done to alleviate pressure on the nerve root or spinal cord while allowing the neck to move in a normal manner.

You are having	surgery.
Your surgeon is Dr	



What Happens the Day Before Surgery?

The Surgery Department will call you on the phone and tell you a time to arrive for surgery. The day before surgery you should:

- Wash your hair, body and private areas with your normal soap/shampoo.
- You will receive chlorhexidine skin prep to disinfect the surgery site at your pre-surgical evaluation, please follow instructions on package.
- Do not shave the surgical incision area.
- Do not use lotions, powders or deodorant after bathing.
- Do not eat or drink anything after midnight.
- Do not take medications unless you were advised to take them at your pre-surgical testing.

What to Bring to the Hospital?

- Toiletries.
- Walking or slip-on shoes with nonskid soles do not bring sandals, flip-flops or any other kind of footwear you could easily slip out of.
- Loose, comfortable clothing.
- Breathing-assist machine (CPAP or BIPAP) if you use one.
- Identification card.

Do not bring valuables with you.



Preparing for Surgery

Before having spine surgery, make sure you understand the surgery and what to expect in the weeks and months ahead. Playing an active role in your care will help the recovery process.

Eight Things to Do Before Surgery



Identify Your Coach

You need a coach to help you after Spine Surgery. Your spine coach:

- Can be a friend, family member, co-worker, neighbor or somebody else you know who would like to contribute to your healing.
- Must be available to help you out for the first week or two after surgery.
- Takes you to the hospital, takes you home after surgery and helps you get settled.



See Your Primary Care Provider

Work with your primary care doctor to make sure you are in the best of health when you arrive for surgery. This includes:

- Regulating high blood pressure.
- Managing diabetes: Your HgA1c should be below 8 for optimal healing.
- Managing your weight: Obesity increases your chances of complications.



Get your home ready

As you heal from the surgery, you may need assistance with daily activities. We recommend that you:

- Arrange for someone to take care of pets and other chores while you are in the hospital your coach may be able to do these tasks when you come home.
- Do laundry and change the sheets on your bed regularly to prevent infection.
- Walk around your house to ensure you have clear pathways to get to the bathroom, kitchen and bedroom.
- Remove throw rugs, cords and clutter that might cause you to slip, trip or fall.
- Prepare meals ahead of time and freeze them to heat up when you return home.
- Make sure you have plenty of lighting consider adding a night light.
- Prepare a chair that sits high and has arm rests it must be easy to get into and out of safely.



Review Medications

Your medical team must know about all the prescription drugs, supplements and over-the-counter medications you take. Bring your medications list:

- To your pre-surgical evaluation.
- To the hospital on the day of your surgery.



Complete Dental Work

To reduce infection risks, make sure you see a dentist and have any dental work completed. Make sure you are fully healed before the surgery.



Attend Your Pre-Surgical Evaluation

This evaluation includes:

- A review of your medical history and all the medications you take.
- A physical exam so the surgeon and anesthesiologist can make sure you are ready for surgery.
- Be sure to follow any instructions you receive during the pre-surgical evaluations:
 - -You may be required to stop taking specific medications.
 - -On the day of surgery, take only the medications you are instructed to take.



Stop Smoking

Smoking slows blood flow and increases heart rate, blood pressure and fluid in your lungs. All these factors may make it harder for your body to heal properly after surgery. You will not be able to smoke during your stay in the hospital.



Attend the Spine Education Class

This is a great opportunity to have your questions answered. Write down your questions in advance and remember to bring them with you. Bring your coach with you so they can also better understand the surgical process. Your surgeon's office will help schedule this class.

Tell Your Surgeon if You Have:

- A persistent cough, fever, infection or any changes to the skin in the area where the surgery will be performed. This includes redness, swelling, rashes, open sores or wounds.
- Any unexpected dental issues or infections.

What it Takes to Heal Safely:

Many patients go home the same day as surgery.

Others may stay in the hospital for one or two days to recover from surgery and start the healing process.

Here is what to expect:

- Eating: Your first meal will be clear liquids.
 If you are not nauseous, you may advance to solid food as tolerated.
- Breathing: You will receive an incentive spirometry device to help keep your breathing healthy and regular after surgery.
 - Use the device hourly as directed usually 10 times per hour while awake.
 - Make an effort to breathe deeply with the device.
 - Cough to expand your lungs.



Prevent Blood Clots

• **Circulation:** Do ankle-pump exercises at least 10 times per hour to improve blood flow and prevent clots.

Prevent Incisional Infection

Make sure you understand how to care for the incision before you leave the hospital.

- You may remove the dressing 2 days after surgery unless instructed differently by your doctor.
- It is normal for your incision to feel tender, tight, itchy and numb.
- The incision may be sore for several weeks.
- You may shower 2 days after surgery. Allow the water to gently run over the surgical area being careful not to scrub or rub the incision.
- Do not take a bath, swim or sit in a hot tub until your incision is healed.
- Keep the incision clean and dry.
- Do not put any oils or creams on your incision until it is fully healed.
- Wash your hands before and after touching your incision or dressing.

Please contact the Spine Center at 216-778-3700 if you have any active bleeding, open areas or discharge from the incision.

Manage Pain

- You may keep taking your pain medications after you leave the hospital.
- Schedule your doses so you take one before bedtime.
- Start weaning yourself off prescription medications when the pain starts to decrease Supplement with Tylenol if your surgeon or physician assistant approves.
- Get up and walk every hour to prevent stiffness.
- You may ice the incision site 20-30 minutes at a time throughout the day to alleviate pain

 make sure you put a towel between your incision and the ice bag.



• Pain Medication works best if taken:

- Regularly every 4-6 hours as directed.
- Before activity.
- Before severe pain develops.
- **Pain medications can cause constipation.** You will receive a stool softener to ease bowel movements. Take it as prescribed while you're on pain medication.
- If you need a refill of your pain medication, contact your surgeon or physician assistant a few days before you are out of medication.

Avoid Risky Activities

- No bending, twisting or lifting.
- Do not lift more than 10 pounds until your Spine Doctor gives the okay.
- Reminder: You cannot drive if you are still taking narcotic pain medications. Your surgeon will tell you when you can resume driving.

Comfort Measures:

- Ice can help to decrease swelling to the incision and help the healing process.
- Relaxation When you are in pain try to relax your mind and think about something peaceful.
- Distraction Focusing on your pain may make it feel worse. Try reading or watching TV.
- Music Music works to reduce the strength of your pain. Feel free to bring in your favorite music.
- Pet Therapy Pets have been shown to reduce stress, blood pressure and create a relaxed feeling to patients at home.



Danger Signs:

Symptoms to Report to Your Healthcare Team & When to Call Your Doctor

Call 911 or go to the emergency room immediately if you experience:

- •Shortness of breath
- Wheezing
- Chest pain or tightness
- •Swelling of the face, tongue, lips or throat
- Seizures

Call your surgeon if you have signs of infection including:

- •Temperature above 100.4*F (38*C)
- •Bleeding or drainage from your incision
- •Redness or swelling at your incision
- •An opening of your incision
- •Foul odor from your incision

Getting Your Recovery Right

After any surgical procedure, the body needs time to heal and return to normal. Recovery is a process and may take some time before you feel completely healed. Not all patients recover the same and each surgery is different.

- **Pain:** It is normal to have pain after surgery. Many patients experience discomfort due to inflammation and/or muscle spasms across the back or down the legs. You may also have pain at your incision site. As your body heals the discomfort will go away.
- Physical Limitations Remember BLT
 - **Do NOT** Bend or Twist with your back
 - **Do NOT** Lift with your back
 - Do NOT lift items that weigh more than 10 pounds. For example, do not lift more than gallon of milk

Below are general guidelines to follow. Your doctor will determine an individualized recovery plan for you.

First 2 Weeks at Home

- Get plenty of rest
- No car riding the first week. May ride as a passenger the second week
- Walk in or out of the house
- Limit use of stairs
- No bending, twisting or lifting more than 10 pounds
- Gently stretch and wiggle your feet in bed prior to getting up and while resting



Third Week at Home

- · Continue to walk as tolerated
- No bending, twisting or lifting more than 10 pounds
- Spine patients may begin to drive short distances if okay with your doctor
- Cervical patients continue to ride as a passenger as tolerated (limit to 30 minutes)

Fourth Week and Beyond

- If you feel well, gently increase your activity level
- No bending, twisting or lifting more than 10 pounds

Continue to follow the activity guidelines set by your doctor

Keep these points in mind as you recover:

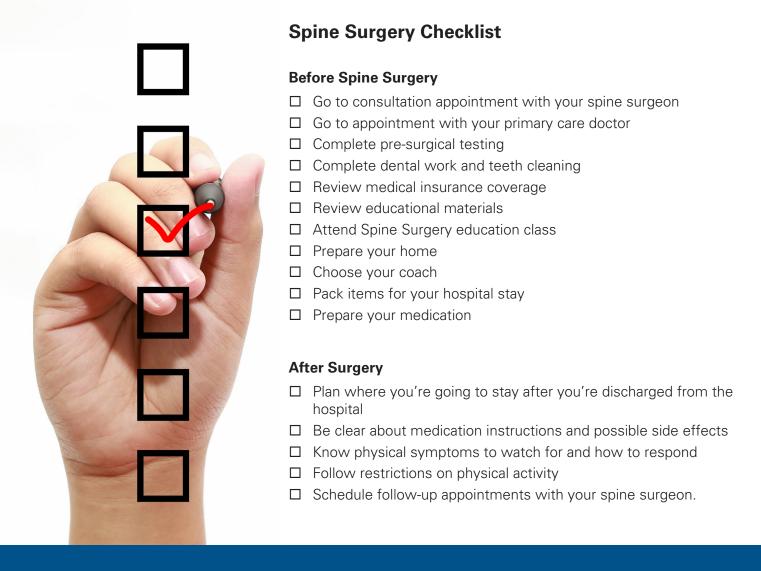
- Your surgeon will need to give you permission to return to work
- You will not be able to drive until cleared by your surgeon
- Walking is the correct exercise for you. Start with short walks and gradually increase the time and distance. In the winter, be careful before you walk outside; you want to minimize risk of slips and falls
- Talk with your doctor about any concerns you have about your normal activities and before starting a new activity that may impact your spine

Restrictions on Driving Your Car

Your surgeon will tell you when you can resume driving. You are not permitted to drive while taking any narcotic pain medication. Patients are not permitted to drive until seen by their doctor at the two-week post-op appointment.

Following up After Spine Surgery

An appointment with your surgeon will be set up for 2-3 weeks after your surgery.



Contact Numbers

If you have any questions before or after your spine surgery, please contact The Spine Center, **216-778-3700.**

Please fill in these important phone numbers.

Spine Center	216-778-3700	
Spine Center Coordinator	216-778-7676	
Your primary care physician		
Your spine surgeon		
Your coach		
Your pharmacist		