

My Spinal Surgery



The Spinal Surgery Team has prepared this insert containing information to help prepare you and your family for your surgery. It has information about what will happen before, during and after your surgery.

Patient Education

Improving health through education

Please visit the UHN Patient Education website for more health information: www.uhnpatienteducation.ca

© 2016 University Health Network. All rights reserved.

This information is to be used for informational purposes only and is not intended as a substitute for professional medical advice, diagnosis or treatment. Please consult your health care provider for advice about a specific medical condition. A single copy of these materials may be reprinted for non-commercial personal use only.

Author: Spinal Program, Krembil Neuroscience Centre

Reviewed: 05/2016

Form: D-5763

C034-D

Welcome to the Spinal Program, UHN Krembil Neuroscience Centre

Welcome to the Spinal Program, which is part of the Krembil Neuroscience Centre at UHN. We in the Spinal Program are very passionate about the care of our patients. Through research, we continuously search for ways to advance, treat and cure spinal cord injuries and spinal disorders.

Our Spinal Program has prepared this Spinal Surgery “insert” containing customized information to help you and your family prepare for your spinal surgery. It includes information about what will happen before, during, and after your surgery.

This is part of our commitment to providing excellent patient care.

Please read this insert once you know you are having spinal surgery. Let your family also read this binder and please bring it with you to the hospital. You will need it as we go through the surgical journey.

Thank you.

Spinal Program Team,
Krembil Neuroscience Centre

Spinal Surgery

Information for Patients, Families and Caregivers

This section of the “My Surgery” binder provides you with information that is specific to spinal surgery. It adds to the information in the rest of the binder.

Before Surgery

Once you have made the decision to go ahead with your spinal surgery, your surgeon’s office will then arrange a date for your surgery and call you to inform you of this date. At the same time, you will be given an appointment date for a pre-admission visit. At this visit, you will have any necessary medical tests and blood taken, meet with your anaesthesiologist and do a nursing assessment.



PLEASE NOTE: For those patients still making a decision to go ahead with the surgery, our office will not book you for surgery or contact you until we hear from you regarding your decision.

When you decide to go ahead with the surgery, we will give you a pre-admission medical form. Please bring this form to your family doctor to be filled out before your pre-admission visit. It is very important for us to have a good understanding of your medical history to proceed with your spinal surgery. Please bring your pre-admission medical form with you on the day of your pre-admission visit.

Preparing for Surgery

There are many possible benefits to having spinal surgery which you have already talked to your surgeon about. Whatever the reason, there will always be a recovery period after your surgery. During your recovery you will not be functioning to the best of your ability.

How can I prepare for my surgery?

You will not be as mobile or independent as you were before surgery when you first go home. Let your family and friends know that you will need some help. You will probably need help with things like cooking, grocery shopping, and housework. In some cases, people who live alone choose to stay with family or friends just after surgery. Some people pay for housekeeping or other services such as grocery delivery.



Will I need any equipment?

After surgery, you may need to rent some equipment for a few weeks to help with your mobility and everyday activities. Some examples can be a walker and some bathroom equipment (such as a raised toilet seat and shower chair).

We do not recommend that you buy expensive medical equipment ahead of time. During your hospital stay, your occupational therapist and/or physiotherapist will give you advice about what you need to buy, rent or borrow after your surgery and before you go home. We can also give you information on where to buy or rent this equipment.

Before you leave the hospital, please be prepared to have family or friends pick up the equipment for you from a medical supply store. Sometimes you can arrange for a vendor to deliver the equipment to you. There is usually a cost for equipment delivery.

What should I bring to the hospital?

Please don't bring too many personal belongings or valuables to the hospital.

All you really need is:

- a good pair of shoes or slippers that are closed at the toe and heel with a non-slip sole (avoid loose-fitting sandals)
- toiletries such as soap, shampoo, shaving supplies (don't bring heavily scented lotions or perfumes because many people have allergies or sensitivities to these products)
- a house coat or dressing gown if you wish (but we will give you hospital gowns to cover you both in back and in front)
- entertainment (books, magazines, puzzles)
- you may bring your cell phone, laptop computer (Internet is available) but please be careful with all valuables as the hospital does not accept responsibility for them.



When should I stop eating or drinking before surgery?

Do not eat or drink anything including water starting at midnight the night before your operation.

What about my pain medication?

Please tell the anaesthesiologist at your pre-admission visit if you have been taking narcotic pain medication for a long time. If you take narcotics or other prescription medications, you will talk about which ones you should take the morning of surgery. Do not take them with more than a sip of water because you should not have a lot of liquid in your stomach when you have your operation.

If you do not understand these instructions, or have any questions about your medications, please ask the nurse, pharmacist or anaesthesiologist whom you will see at your pre-admission visit. All of your medications will be reviewed at this visit.

What about smoking?

If you smoke, we recommend that you stop smoking before your surgery. Your surgeon will discuss this with you. In some cases, depending on the surgery you are having, you may need to stop smoking for at least 3 months before your surgery because smoking makes it difficult for bones to heal and can cause problems after surgery. Smoking can also increase the risk of breathing problems after surgery, such as pneumonia.

We know that quitting smoking is difficult. Here are some resources to help you such as websites, books and smoking cessation programs.



Support programs for quitting smoking:

Smokers' Helpline:

Toll free number: 1-877-513-5333

Website: www.smokershelpline.ca

www.gosmokefree.ca

For smoking cessation programs across Ontario visit:

www.uhn.ca/include/retrieved/

uhnflv028743_2_12_2008.pdf

What about my blood thinners (e.g. Coumadin, warfarin, Plavix, Aspirin) and anti-inflammatory drugs (e.g. celebrex, naproxen, arthotec, mobicox, advil, ibuprofen)?

You should stop taking these drugs 7- 10 days prior to your surgery. If you have question or concern, please call your spine surgeon's office. You should ask your surgeon before you go home after the surgery when you can restart these drugs.

During Surgery

During your surgery, your family may wait in the surgical waiting area. The exact location will be explained to you at the time of surgery. Your surgeon will meet your family members after the surgery to let them know about your general condition and how the surgery went.

After Surgery

What should I expect while in the hospital?

This will be the start of your healing and recovery process. You will receive medical treatment (such as medication, and intravenous fluids) to help your body recover from the surgery. You will probably have a urinary catheter for a short time. Nurses will monitor your vital signs (temperature, blood pressure, etc.) and care for your surgical incision. Nurses and patient care assistants will help you with your day to day needs such as bathing, toileting and turning in bed. Nurses will also help get you out of bed and help you walk (to the washroom, for example).



A physiotherapist may work with you to increase your mobility, beginning with getting in and out of bed, and then walking and climbing stairs.

An occupational therapist may see you to help you with your daily living activities and give you information about home safety equipment you may need to make sure you are safe at home. You may also be seen by other health professionals if necessary.

How soon will I be getting out of bed?

The sooner the better! Expect to get up the first day after surgery. You might sit at the edge of the bed or go for a walk around the unit or in some cases even practice the stairs. Many things affect the way you feel right after surgery, including what kind of surgery you had and how you respond to pain medication, but the sooner you start to move the better you will feel. Moving around early also helps to prevent problems such as blood clots or respiratory infections. It will also help to get your bowels working properly.

What will my pain be like after surgery?

It is normal to feel pain after spinal surgery. This is part of the healing process. We aim to control your pain so that it is at a level that is not too uncomfortable for you and that allows you to get up and move around.

You may have some relief of your chronic pain but you will feel pain at the area of the incision. After surgery, we will ask you to rate your pain on a scale from 0 to 10, where 0 is no pain at all and 10 is the worst pain you could imagine. In general, we aim for only 'mild' pain when you are resting in bed (i.e. less than or equal to 4/10). When you are moving around in bed or getting up or walking, your pain may be 'moderate' (5 or 6/10). We want to prevent and aggressively treat 'severe' pain (7/10 or more).

What are the benefits of controlling pain related to your surgery?

Managing your pain well the first few days after surgery lets you move more easily and decrease the possibility of complications after surgery. It will also lower the risk of chronic pain.

Who will manage my pain?

There is an Acute Pain Service available 24 hours a day, 7 days a week to help you and your health care team manage your pain. The Pain Service has anaesthesiologists and specially trained Advanced Practice Nurses. The Pain Service will see you each day starting on the morning after your surgery until your pain is stabilized on pain tablets. After this, your surgical team will help you manage your pain.



How will my pain be managed?

For many spinal surgery patients, you will wake up in the recovery room with a button to press for pain medication. This is called Intravenous Patient Controlled Analgesia (IV PCA). This is an intravenous medicine that you give yourself by pressing a button. The Pain Service can give you more information. Please use this to keep on top of your pain as much as possible. IV PCA has safety features built into it so that you will not give yourself too much medication. Remember: if you are having a fusion, you should not take any anti-inflammatory medications (NSAIDS) for at least 3 months after your surgery. These can delay the healing process. Examples of NSAIDS are Advil, Ibuprofen, Arthrotec, Celebrex, Naproxen and Aleve. If you are not having a fusion, you may keep taking these medications.

Are there any side effects of pain medication?

All narcotic pain medication has common side effects such as:

- drowsiness
- constipation
- nausea
- general itchiness

If you have any of these, please let your nurse know because there is medication that can treat these side effects. Do not stop using your pain medication because of them.



How long will I be in hospital after my surgery?

Your hospital stay will be the shortest part of your recovery after surgery. Some people go home as soon as the next day after surgery. Your surgeon will talk with you about your hospital stay before surgery.

After surgery, your surgeon, the nurses and Allied Health team, will let you know when you are ready to go home.

You will be discharged home when:

- you no longer need acute medical care
- your surgical wound is healing well
- you are mobile enough to manage at home.

On the day of discharge from hospital, please be ready to leave the hospital by 11:00 a.m.

Will I receive any special information before I go home?

Your surgical team should answer any questions you have before you go home.

On the day that you are discharged home, we will give you a folder with all necessary discharge information. The information package may include:

- your follow-up appointment date to see your surgeon
- a prescription for pain medication and any new medication that you may need to take at home
- the removal date of the staples or stitches by your family doctor; and
- the contact number of your surgeon, Nurse Practitioner or Advanced Practice Nurse.

If you have been advised to wear a brace or collar, make sure that you ask for information on how to wear it appropriately and whether it should be worn at all times. Your physiotherapist or occupational therapist will discuss any mobility or safety equipment needs with you. Please be aware that braces, collars and mobility equipment are not covered by OHIP. If you have private or extended health insurance you can ask your insurer whether they will cover the cost of these items. If you're qualified to get reimbursement from your insurance, a prescription can be given to you to submit to your insurance company.

Going Home

Most people go home after surgery or stay with friends or family. In some cases, temporary changes may have to be made to your home so that you can stay on a main floor and not have to climb stairs. Or, you may stay with friends or family so that you can get the care you need.

In some cases, we may refer you to an in-patient rehabilitation hospital after surgery. But this is the exception. Most patients who go to a rehabilitation hospital have had some serious movement restrictions before surgery. The decision about going to in-patient rehabilitation will be made after your surgery by the spinal team including your surgeon.

How will I manage at home?

Personal Care (eg. bathing, dressing and other self-care tasks):

You may be eligible for help at home from a Personal Support Worker (PSW) through the Community Care Access Centre (CCAC). CCAC is a government service, and funded through OHIP. A CCAC coordinator at Toronto Western Hospital can assess you. This happens before your discharge from the hospital. Services are limited and if, for example, you don't qualify, or feel that you would like more than what CCAC can provide, you may choose to hire privately. The social worker can give you a list of private health care agencies.

Home Making:

CCAC does not help with homemaking activities such as laundry, cooking, cleaning, grocery shopping and pet care. Our Social Worker can give you more information about paid services such as Meals on Wheels and grocery delivery services.

Physiotherapy

Most people do not need physiotherapy when they first go home. Instead, try to slowly do more walking. Short walks throughout the day are very good for you and will help you recover. You will feel better and stronger. When you come back to see your surgeon at your follow up appointment in 6 to 8 weeks, they will give you a physiotherapy referral. You can go to a physiotherapy centre near your home or ask your family doctor where you can have your physiotherapy.

Sometimes we make referrals for an OHIP-covered physiotherapist (provided by CCAC) to see you in your home after surgery for a short period of time to make sure you're doing well and make sure your home is set up as safely as possible.

If you need more physiotherapy when you go home, your physiotherapist may refer you to an OHIP-covered out-patient program (which you would travel to from home). The waiting list is usually about 4 to 8 weeks.

If there is no out-patient program available to you, or if you want more therapy, your physiotherapist can give you information about private physiotherapy services which are not covered by OHIP. If you have medical insurance, (other than OHIP), check to see if your plan will cover physiotherapy.



While At Home

Do I Need a Follow-up Appointment?

Yes. You will have a follow-up appointment with your surgeon about 6 to 8 weeks after surgery. This will be arranged before your discharge from hospital. The appointment date will be included in your information package.

You may need to have an x-ray done on the day of your appointment. Please go to the X-ray department 1 hour before your appointment with your surgeon. For directions to the X-ray department, please ask at the Information Desk in the hospital atrium. Please bring your health card (OHIP) with you to all your hospital visits.

When should I call my Surgeon's Office, Nurse Practitioner or Advanced Practice Nurse?

You should call your surgeon's office, Nurse Practitioner or Advanced Practice Nurse if you:

- have questions or concerns about your operation
- notice any signs of infection in the incision such as
 - fever (higher than 37.5°C or 98.6°F)
 - increased redness, swelling, leaking or pain from the incision
- have a lot more pain after surgery

After hours you can reach the neurosurgeon or spine surgeon on call at 416-340-3155.

For neck surgery patients:

- have a lot of trouble swallowing, hoarseness of your voice that is getting worse, a lot of swelling or pain on the front of the neck

When should I call my family doctor?

Call your family doctor:

- to make an appointment for a check up within 1 week of going home
- to talk about any other health issues
- to remove stitches or staples 10-14 days after your surgery (your nurse will check this for you before you go home); when you leave the hospital, we will give you a staple remover to bring to your family doctor
- to renew or change your pain medication prescription
- if you notice swelling or pain in your lower leg



When can I have a shower?

DO NOT shower until 4 days after your surgery or follow the advice your surgical team gave you.

After you shower, gently pat the incision dry with a clean towel. Shampoo your hair while you are in the shower. DO NOT take a bath, swim or use a hot tub for at least 2 weeks. Your wound should be completely healed.

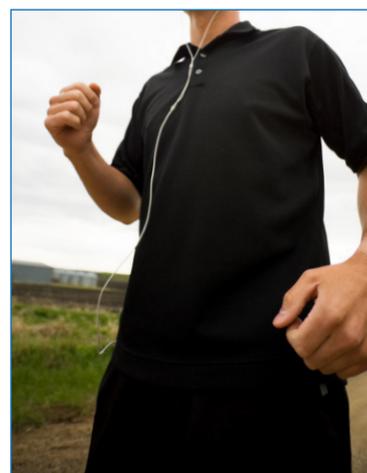
If you wear a neck collar after surgery, check with your surgical team about wearing it in the shower. Often people use a separate hard collar from the hospital or separate foam inserts for their own collar for showering.

How do I care for my incision?

- Do not scratch your incision area.
- Do not use lotion, powder or oil on the incision for 4 weeks. After 4 weeks, you can use Vitamin E around the sides of the incision as long as it is dry and healed.
- Keep your incision covered with the dressing for the length of time your nurse told you to before your discharge home. After that, leave it uncovered as long as there is no leaking.

How do I cope with my pain at home?

- You will be given a prescription for pain medication. Take the medication as prescribed.
- Ask your family doctor for a refill of your pain medication if you need it. Your surgeon will not prescribe a refill of your pain medication.
- You may feel different levels of pain especially as you begin to do more of your daily activities.
- To help keep the pain under control, take the medication before going for a walk or before doing any activities that may cause pain, or before the pain becomes very bad.
- As you feel less pain, you can slowly take less and less of the pain medication. Your family doctor can help with this.
- You may get constipated because of the pain medication. To help with that, try to eat food high in bulk or fibre (for example bran and fruit). Drink plenty of fluids.
- Take a stool softener every day while you are taking narcotics. If you have not had a bowel movement after 1 or 2 days, take a laxative if you need to. You can get this from the pharmacy without a prescription.
- In the case of low back surgery, you may feel some muscle spasms across your back and down your legs. If the nerves in your legs are inflamed or irritated, you may have some leg pain until the inflammation settles.



How do I stop taking the pain medication?

The pain will be less each week. You may ask your family doctor to prescribe a milder type of pain medication and to assist you in weaning off your pain medication. It is better to slowly reduce the medication than to suddenly stop taking it.

Is it normal to feel tired after surgery?

Yes, feeling tired is a normal part of recovery. You may feel tired for weeks or months after the surgery. Try to focus on the future and take positive steps toward your recovery.

What activities can I do after surgery?

Is there anything I should be careful about?

Unless your surgeon has told you to wear a brace or collar or has told you to avoid certain movements, the general rule is "Let pain be your guide." You should not do anything that causes you a lot of pain. It is expected that you will have some pain, however. There are no strict rules about avoiding bending, twisting, lifting, etc.

Generally:

- avoid lifting more than about 4.5 kg (10 lb)
- avoid sitting for long periods of time without getting up every 30 to 60 minutes to walk around
- avoid vigorous housework or yard work
- stop playing sports (including walking on the treadmill or stationary bicycle) until you have talked to your surgeon
- walk, climb stairs and do your usual daily activities until you see your surgeon on your follow-up appointment in 6 to 8 weeks

What about driving?

You will not be able to drive right after your surgery. Check with your surgeon or your Nurse Practitioner / Advanced Practice Nurse before before you go home from the hospital for more advice. You should not drive if you are on narcotics, in a lot of pain, very tired or if you have problems with your vision.

Do not drive while wearing a brace or collar. Generally, you are not insured to drive a car while wearing a neck collar.

When can I return to work?

Talk to your surgeon and employer about when you can go back to work. A graduated return to work may be best.

What can I eat or drink after my surgery?

You may not feel hungry after your surgery, and a large meal may not settle well in your stomach. Try eating small frequent meals until you build back up to what you normally would eat.



If you have an upset stomach or vomiting, you can take anti-nausea medication, such as Gravol, which you can buy from your pharmacy without a prescription. Take it as directed and keep drinking fluids until the nausea passes. Then gradually start eating solid food again. If this problem continues, see your family doctor.

If you have had neck surgery, you may also have a sore throat or some discomfort for several weeks when swallowing. Try to eat different kinds of food that are easy to swallow. For example, you can start with soft food such as yogurt, Jello, ice cream, mashed potato, pudding, clear soup and minced food. Drink fluids such as water, tea, coffee, apple juice and orange juice. (Mix orange juice with some water which is better for your sore throat).

How long will my recovery from spine surgery take?

Expect a full recovery from surgery to take from 3 to 12 months or even up to 1 1/2 years for internal healing. It may take you weeks or months to feel your usual energy so you can do your everyday activities again.

Recovery depends on your surgery and how well you could move before your surgery. Keep positive, eat well, rest and exercise. Focus on small improvements each day and keep your long-term goals in mind.