

Spine Surgery- Travel Patients Pre-Operative Education

Cleveland Medical Center



Goals of the Class

Prepare you for your Spine Surgery Experience

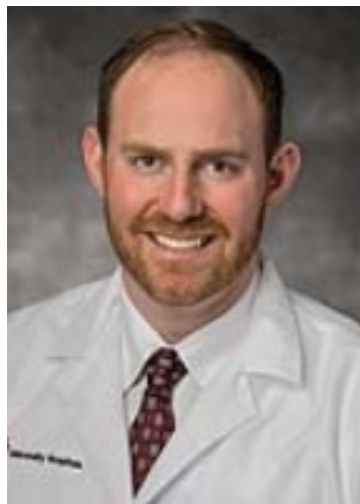
Knowledgeable, well prepared patients and care partners have better results after surgery

Your participation is essential to your return home and complete recovery

Meet the Team



Zachary
Gordon, MD



Gabriel Smith,
MD



Julie Grimm,
RN



Sara Brodeur,
RN

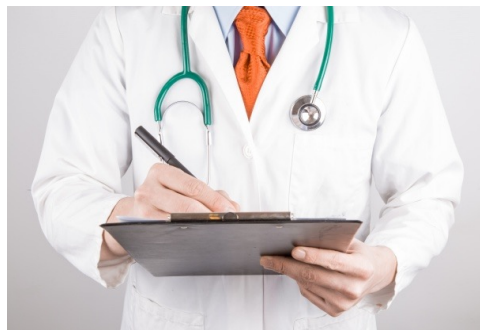
Patient Reported Outcomes

- Please complete the functional assessments. These help measure your baseline before surgery and then progress with pain and activities of daily living after surgery (walking, sitting, standing, sleeping, etc.).
- You may be sent the following surveys:
 - NDI or ODI
 - EQ-5D-5L
 - VAS
 - VR-12

Getting Ready for Surgery

Primary Care Physician

- Explain the program and reason for travel for your surgery to your primary care physician
- Establish a relationship with a primary care physician
 - They will be your first point of contact if needed once you arrive home.
 - If you live out of state you need to make sure they will refill your pain medication once you arrive home.



Care Partner

A care partner is required to travel and stay with you while you are in Cleveland

- Can be a spouse, friend, sibling, parent, adult child or co-worker
- Must be over the age of 18
- Does not need medical training
- Provides support at appointments and with therapy
- Retrieves meals and medications from pharmacy
- Must be able to carry luggage
- If driving (instead of flying), must be able to drive for the entirety of the return trip home

Preparing Yourself

- Medical clearance is needed from your primary care doctor
- Complete any special testing ordered by a specialist
 - Cardiologist, Urologist, Pulmonologists, etc.
- Check with your dentist to have dental work before surgery
- Remain as active as possible
- Quit smoking (at least 30 days prior to surgery)

Making Your Home Safe

- Remove rugs and small items from the floor
- Tape down or remove cords to prevent tripping
- Install a handrail on one side of your stairs
- Install grab bars in the bathroom
- Replace light bulbs and install nightlights throughout your home
- Be sure to have proper footwear, such as a rubber-soled, flat shoe that does not slip off
- Arrange items so that they are easy to reach
- Prepare and freeze meals ahead of time
- Move furniture as needed

Obtaining Pre-Operative Clearance

Pre-operative clearance must be obtained from your primary care provider

You are responsible for making this appointment

Typically takes place around 3-4 weeks prior to surgery & must include:

- Physical
- Current Height and Weight
- Blood Pressure
- EKG
- Your surgeon may also request a chest x-ray

If your Primary Care Provider sends you for additional testing, please make that appointment ASAP and notify your nurse navigator

Pre-Operative Labs

Pre-operative labs may be done at your doctor's office or you may be sent to an outpatient lab

Labs should be obtained approximately 3-4 weeks prior to surgery

- CBC with Differential
- Basic Metabolic Panel
- PT/INR
- MRSA/MSSA swab (nose, armpit, groin)

- Request that lab results be faxed to your nurse navigator at (216) 201-8928

Example of Return to Work Form

- We will need your Leave of Absence and 'Return to Work' form with your signature. Please bring your paperwork to your first appointment at University Hospitals.
- On your form, please sign and fill out the areas shown here highlighted in yellow. We will need this for when you return to work.

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PLAN YOUR RETURN | RETURN TO WORK CERTIFICATION

Writes all documents to Sedgwick in pdf or image ways.
 Upload my file(s) | Email: WalterPetro@sedgwick.com | Fax: 303-324-4372

Associate name: If you are returning from medical leave due to your own non-injury illness, you must provide a release from your doctor. You will not be permitted to return to work without a release. If you are returning with an injury, the release information can also be obtained if an accommodation can be provided. Email or fax the completed form as soon as possible before your return to work. Provide a copy to your manager(s) & supervisor(s) on your first day back.

SECTION A - TO BE COMPLETED BY ASSOCIATE (please print)

Leave start date: _____ Expected return to work date: _____
 Facility number: _____ Dept/Unit: _____
 Preferred method of contact (optional): _____
 Home phone number: _____ Cell number: _____ Email: _____
 Associate's signature: _____ Job title: _____ Date: _____

SECTION B (MEDICAL RELEASE) - TO BE COMPLETED BY HEALTHCARE PROVIDER

I certify that the associate named above is medically able to resume work on ____ / ____ / ____ (MM/DD/YYYY)
 This associate can return to work (check one) _____ WITH RESTRICTIONS _____ WITH NO RESTRICTIONS (check one)

Activity	Restrictions (check all that apply)	Duration (check all that apply)
Reaching	_____	_____
Bending	_____	_____
Lifting	_____	_____
Carrying	_____	_____
Pushing	_____	_____
Pulling	_____	_____
Reaching	_____	_____
Swinging	_____	_____
Twisting	_____	_____
Walking	_____	_____

Other restrictions or details: If you need additional forms, please email any attached pages are signed and dated.
 ACCOMMODATION: If returning with restrictions, describe suggestions of how the associate can be accommodated.

Option 1 _____
 Option 2 _____
 Name of healthcare provider: _____ Phone: _____
 Mailing address: _____ Fax: _____
 Health care provider's signature: _____ Date: _____ Email: _____

SECTION C - MANAGER/HUMAN RESOURCES REPRESENTATIVE INSTRUCTIONS WHEN RESTRICTIONS ARE NOTED

If restrictions are noted on this release, notify the associate with a job adjustment, if possible. See the Accommodation in Employment policy for more information on the job adjustment program. If unable to provide a job adjustment, contact Sedgwick at 855-888-1830 to discuss next steps. (NOTE: A job adjustment does not include creating a job, removing or reducing an essential function, or transferring a portion of a job to another associate, full-time or temporary alternate hire only.)

Name: _____ Signature: _____ Title: _____ Date: _____

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Preparation for Surgery

Verify that you have received your travel itinerary/hotel information

Verify that your pre-paid spending card has money loaded

Obtain from your pharmacy:

- Hibiclens or CHG antimicrobial body wash
- CHG mouthwash
- Miralax- to help prevent constipation

Medications

- **Stop** NSAID (non-steroidal anti-inflammatory) medications listed below at least 1 week before surgery, unless told otherwise by your surgeon.
 - If you have any questions, talk with your nurse navigator **before** your surgery.
- You can continue to take Tylenol (Acetaminophen) for pain.

NSAIDS	
Celebrex	Indomethacin
Daypro	Aleve / Naprosyn / Naproxen
Lodine	Mobic / Meloxicam
Volteran / diclofenac	Motrin / Ibuprofen / Advil
Relafen	Aspirin

Medications

- You may need to stop taking blood thinners 7-10 days before surgery
- **Prior to surgery, please discuss these medications with a member of your UH care team. We will need to coordinate with the prescribing provider.**
 - If you have any questions, talk with your nurse navigator.

Blood Thinners	
Apixaban (Eliquis)	Aspirin
Cilostazol (Pletal)	Clopidrogel (Plavix)
Dabigatran (Pradaxa)	Dipyridamole (Persantine)
Prasugrel (Effient)	Rivaroxaban (Xarelto)
Ticagrelor (Trintellix)	Ticlopidine (Ticlid)
Warfarin (Coumadin)	

Herbal and Dietary Supplements

Supplement	Effects / Risk
Chondroitin	Increased risk of bleeding, increased blood pressure
Chromium	Increased risk of bleeding
Cysteine	Increased risk of clotting
Echinacea	Poor wound healing
Ephedra	Increased heart rate, increased blood pressure
Garlic	Increased risk of bleeding
Ginkgo	Increased risk of bleeding, increased heart rate, decreased blood pressure
Ginseng	Increased risk of bleeding, increased blood pressure
Glucosamine	Increased risk of bleeding, increased blood pressure
Kava	Increased level of sedation, muscle weakness
Omega 3 fatty acid	Increased risk of bleeding
St. John's Wort	Many drug interactions
Valerian	Increased level of sedation

Prior to Departure from Home

When packing, remember to bring:

- Insurance Card (Anthem, Blue Cross, Aetna, etc.)
 - You will need this for prescription medications
- Temporary Insurance Card (Sample on next slide)
- All your home medications
- Miralax
- Hibiclens (CHG) body wash and CHG mouthwash
 - You will use the body wash for 5 days prior to surgery. You will use the CHG mouthwash the night before and the morning of surgery.

Sample of Contigo Health Temporary ID Card




Your Name Here
 Your Address
 Your City, USA

You've made an excellent decision in choosing the *Walmart Centers of Excellence program* for your care! Health Design Plus (HDP) is pleased to be your Third Party Administrator responsible for processing your medical claims associated with this program.

Attached is your member ID card to use during your stay at the *University Hospitals* hospital. This card identifies you as an eligible member of the Walmart Centers of Excellence program and contains helpful information as you seek medical care under this program. Please keep this card with you at all times during your stay. As you experience great care, please do not use or give out your medical plan ID card information. All medical care should be billed to your Walmart Centers of Excellence account using your Walmart Centers of Excellence member ID card. You will not be charged at this time for any covered services under this program unless you are enrolled in the HSA plan. If you are enrolled in the HSA plan, you will be responsible for any outstanding deductible balance.

The ID card is only good for Walmart Centers of Excellence services while at the hospital. Do not discard your current medical ID card. You should use your current medical ID card for any post-discharge medications while away from home. Upon completion of program services, the enclosed *Walmart Centers of Excellence* member ID card will expire and your current medical ID card should be used for future healthcare services.

Welcome to the *Walmart Centers of Excellence program*.
 We look forward to serving you!

   <p>Walmart Centers of Excellence Member ID Card</p>	<p>Should you need assistance, please give us a call. We can be reached Monday – Friday, 8:30 am to 5:00 pm EST. For questions:</p> <p>Eligibility, Benefits, Travel & Expense Money 1-888-663-3737 Care Coordination 1-877-286-3551 24/7 Travel Support (American Express) 1-646-817-9847, #3 Claim Status COEClaimsInquiry@hdpplus.com</p> <p>Pre-Surgery Medications Prescribed by the Hospital <i>Present your Walmart Centers of Excellence ID Card to the hospital pharmacy.</i></p> <p>Post-Discharge Medications Prescribed by the Hospital <i>Present your current medical ID card to a participating pharmacy.</i></p> <p><i>Providers: Please file claims at NewCOEClaims@hdpplus.com or the following address: Health Design Plus-Walmart COE, P.O. BOX 2582, Hudson, OH 44236</i></p>
<p>Patient Name: Patient ID Number: Group Number: WAL Plan Type:</p>	

Travel/Packing Tips

Please pack your Ensure Pre-Surgery clear carbohydrate drinks from your ERAS kit.

We recommend loose-fitting clothing. Athletic wear, sweat pants and supportive shoes are necessary. No jeans, flip-flops or slippers.

All hotel rooms have a mini refrigerator. We encourage you to bring water and snacks from home.

Large Ziploc bags are ideal for making ice packs for the hotel and the car ride home.

Hotel Arrival

- You may check into the hotel anytime after 3pm
- Valet parking at hotel is covered and billed to Contigo Health
- Upon check-in, state that you are with the University Hospitals travel surgery program.
- Please message or call to let us know you are checked in.



Hotel and Shuttle Information

- Depending on your day of travel, there may not be scheduled appointments on this first day
- See front desk for complimentary hotel shuttle service within a 2 mile radius
- The shuttle hours are typically 6am-10pm M-F, but they will assist us in getting you to/from the hospital for your appointments and surgery
- A list of restaurants, quick service food and grocery stores are available

Day of Pre-Operative Appointments

- Confirm shuttle arrangements for time specified by nurse navigator
- Arrive at University Hospitals main entrance
- Upon arrival, nurse navigator will greet at the door
- Care partner must accompany you
- If possible, have breakfast prior to arrival
- Bring a list of all medications including dose and frequency (or bring the pill bottles)

Pre-Operative Appointments

Escorted to appointments by nurse navigator

Visits may last 2-3 hours and include:

- Pre-op appointment with a nurse practitioner
- Registration for surgery
- DME, if applicable
- CT scan for surgical planning, if applicable

Day Before Surgery

- Shower with Hibiclens (CHG) as instructed
- Sleep on clean sheets and wear clean pajamas
- Use CHG mouthwash as instructed
- Your nurse will confirm arrival time for day of surgery (if you receive a different time, please contact your nurse navigator for clarification/confirmation)
- Confirm shuttle time for morning of surgery
- Pack toiletries, cell phone, chargers, etc.
- Do not bring valuables to the hospital

Day Before Surgery

- **Do not eat anything after midnight, your surgery will be cancelled.**
- You may drink clear liquids up to 2 hours prior to arrival time to the hospital.
- We encourage you to stay hydrated in the days leading up to surgery.

Your Surgery & Hospital Stay

Morning of Surgery

- No FOOD
- If Pre-Admission Testing instructs you to take any medications on the morning of surgery, only take with **small sips** of water
- Use Hibiclens (CHG antimicrobial body wash) and CHG mouthwash as instructed
- Take the hotel shuttle to the main hospital entrance. Your nurse navigator will meet you in the lobby and walk to you Admitting.

Day of Surgery

- From the surgical waiting area you will be taken to the **Pre-Operative Area**



In the Pre-Operative Area

- You will change into a hospital gown, lay in a hospital bed, meet your nurse and other members of the surgical team
- An anesthesiologist will meet with you and discuss the best anesthetic for you – typically general anesthesia for spine surgery
- An IV will be placed
- Your care partner can be with you at this time
- Your surgeon will mark the operative site

Post-Anesthesia Care Unit

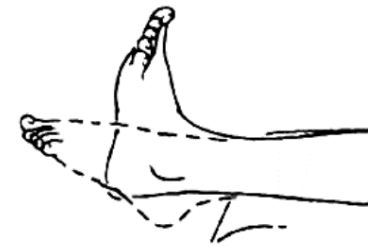
- Also called the Recovery Room or PACU
- You will be closely monitored until you are stable and ready to go to your hospital room
 - Frequent vital sign checks and questions about your pain
 - May have oxygen by mask or tubing in the nose
 - Will have Sequential Compression Devices on your legs to help prevent blood clots
- Often in PACU for 1-3 hours

Visitation

- Care partners will be notified when surgery is complete and you are moved from the OR to PACU
 - You will be asked to consent to text messages so that your care partner can be updated
- Care partners will also be notified when you are ready to go to the inpatient unit
- For more information on our current visitor policy, please go to:
<https://www.uhhospitals.org/healthcare-update/general-visitor-information>

You Will...

- Begin with ice chips and clear fluid; once you have bowel sounds, you can eat solid foods after cervical surgery. You must be passing gas to eat solid foods after lumbar surgery.
- Complete ankle pumps frequently to prevent blood clots.
- Be assisted by nursing for positioning in the bed, getting up to the chair, or to the bathroom.
- Begin mobility out of bed with assistance of the nursing staff/physical therapy.



You May Have...

- An incentive spirometer for deep breathing exercise.
- TED hose
- A Sequential Compression Device (SCD) machine
 - SCDs increase circulation (moves blood back to your heart) by gently squeezing your legs
 - Helps reduce swelling, numbness, & move fluids from the area
 - Helps prevent deep vein thrombosis (DVT)



Safety and Rounding

- Staff will be checking in on you regularly to make sure you have all items that you need, that your pain is controlled, you are comfortable and to see if you need to use the restroom. Please don't hesitate to call out for assistance if you need something!
- Always ask a staff member to assist you when getting out of bed, going to the bathroom, or moving around.

Post-operative Pain

- The pain you have after surgery is surgical pain, **not** the pre-operative pain you have today
- Surgical pain can be controlled with medications and will lessen each day, week to week
- You may still have nerve pain after surgery, as this takes time to resolve
- Pain may be replaced with numbness and/or tingling

Managing Your Pain

- You will frequently be asked to rate your pain on a scale from 0 -10, with 10 being the worst.
- It is important to tell your nurse if you are having **pain**; there are medicines to treat these symptoms.
 - **Our goal is to manage pain, this does not mean you will be pain free.**

Pain Control After Surgery

IV Pain Medications

Morphine

Hydromorphone (Dilaudid)

Oral Pain Medications

Vicodin (Hydrocodone + Tylenol)

Percocet (Oxycodone + Tylenol)

Tramadol

Oxycontin

Gabapentin (Neurontin)

Methocarbamol (Robaxin)

Pregabalin (Lyrica)

Cyclobenzaprine (Flexeril)

Ice/heat, positioning and mobility are great interventions to relieve pain.

If you are given a new medication that you are not familiar with, ask your doctor, nurse or pharmacist.

Managing Side Effects

- To relieve **constipation**:
 - Bisacodyl (Dulcolax)
 - Docusate (Colace)
 - Milk of Magnesia
 - Fleet Enema
 - Magnesium Citrate
- To relieve **nausea and/or vomiting**:
 - Ondansetron (Zofran)
 - Promethazine (Phenergan)
- To relieve **itching**:
 - Diphenhydramine (Benadryl)

What to Expect

Your time in the hospital is short and filled with many activities during the day and through the night.

- Morning blood draw (5am – 6am)
- Rounding by the staff
 - Monitoring vital signs and assessing pain levels
- Administration of medications
- Removal of Foley catheter and/or surgical drain (if applicable)
- Therapy sessions
- Discharge planning

Therapy & Spine Precautions

Therapy Goals

- Safety
- Independent mobility
- Independent self care
- Increased muscle strength
- Understanding and following spine precautions

Try to make progress each day!

Walking

- You may feel light-headed and nauseous the first time you stand. If this happens, tell the nurse/therapist.
- Many spine patients use a walker after surgery. Please use your walker unless your therapist or surgeon instructs you otherwise.
- If you have stairs in your home, you will practice them prior to your discharge as well as practice transfers in and out of a car.



Transfers

- Term used to describe movement from one surface to another, such as in and out of bed, on and off the commode (toilet) and up and down from a chair
- Therapists will teach you the proper mechanics and provide help as needed. **You will learn specific spine precautions as needed (BLT – no bending, lifting, twisting)**
- You will be encouraged to be up and sitting in a chair as often as you can

Activities of Daily Living (ADLs)

- ADLs include activities such as bathing, dressing and going to the bathroom
- An Occupational Therapist will:
 - Teach and help you practice ADLs using your spine precautions
 - Tell you where to get assistive items you may need
- Bring comfortable, loose fitting clothes with you to the hospital to get dressed while you are here

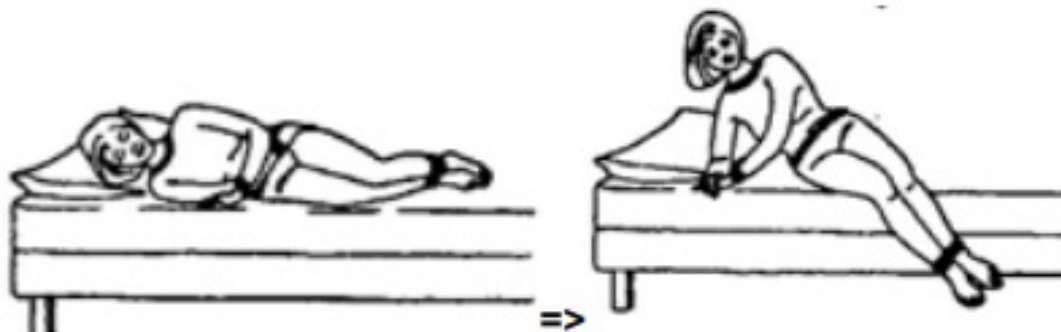
Positioning

- Lying- Usually whatever is comfortable is acceptable
 - While lying on your back, a pillow under your knees may help to relieve pressure on your lower back.
 - If lying on your side, you should always have a pillow between your knees. A pillow under your waist may also be helpful.



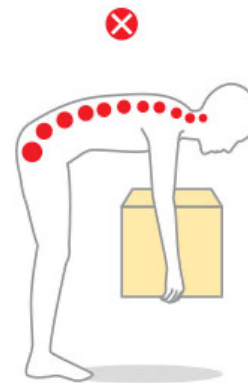
Positioning

- Turning in Bed- ‘Log-roll’ at all times. Bend your knees up, bringing one leg up at a time. Keep your knees in line with your body, reach across with your arm and then roll using your knees and shoulders at the same time to avoid twisting in the middle.
- Lying to Sitting- Once you have log-rolled onto your side, drop your feet over the side of the bed and at the same time push up with your arms to sit up.



Positioning

- Bending over is another daily necessity that must be reduced
- If you must get down low, try to use your knees



Discharge Planning

Discharge to Hotel

- Prior to discharge, your medications should be delivered to your hospital room (meds to beds). If this does not occur, your care partner can retrieve medications from Bolwell Pharmacy.
- Home Care will be set up before you leave the hospital
 - First visit will take place at the hotel the day following discharge
 - Visits may include the following:
 - 1 Nurse Visit
 - 3 Physical Therapy Visits
 - 1 Occupational Therapy Visit

Follow Up/Clear to Travel Appointment

- Your nurse navigator will confirm what time to report to the hospital for your follow up appointment. Automated appointment reminders (calls/texts) may be incorrect, as the surgeon's schedule can change.
- Your nurse navigator will meet you at the Bolwell entrance of the hospital.
- Be sure to bring your walker if you have one. We want to see you up walking!
- Be sure to take pain medication, if needed.
- Pain medication refills will be provided at this time, if needed.

Travel Home

- Once your surgeon examines and clears you for travel, you may begin your journey home
- Please remember to stop every hour or so and get out and walk
- Cold/hot packs may be used for comfort
- Please call or message to let us know you have arrived home safely

Recovery At Home

Home Sweet Home

- We do require a follow up with your primary care physician upon arrival home (approximately 2-3 weeks post-op)
- Make sure you report progress regularly and notify us of any concerns. We will instruct you if a visit to your primary care physician is needed.
- It is important that you communicate with your primary care physician about pain medication refills if you live out of state

Incision Care

- Incisions are covered in adhesive glue that will fall off on its own, do not pick or remove any of the material.
- If you leave the hospital with a dressing in place, change your dressing daily until your incision is no longer draining then it can be left open to air.
- You may shower when your incision is no longer draining.
 - Do not submerge your incision (no tub baths, pools, or hot tubs).
 - Do not scrub the incision. Pat it dry.
 - Do not use powder, lotion or creams on or around the incision.
- A shower chair, grab bars, and a raised toilet seat may be helpful to purchase. Talk with your occupational therapist during your hospital stay.

Constipation After Surgery

- Constipation is common after having surgery. It is important that you take steps to prevent constipation.
- Decreased movement, anesthesia and narcotic pain medication can increase the risk of constipation after surgery.
 - Use prescribed medications to prevent constipation
 - Increase fluid intake
 - Move around regularly
- Contact your surgeon's office if your constipation is not responsive to a stool softener and/or laxative.

While at Home it is Important to:

- Follow your spine precautions and avoid bending, lifting, or twisting for your own safety
- Take pain medications as needed
- Use heat or ice for comfort
- Increase your activities gradually
- Do not sit for longer than 1 hour at a time. Walk for 15 minutes each hour that you are awake.

When to Call Your Nurse Navigator/Surgeon

- Temperature greater than 102°F
- New pain, weakness, or numbness in your arms or legs
- If the incision edges open up or become very red or firm
- Any drainage that lasts more than 1 week
- Inability to urinate (unable to pee)
- Issues with constipation (unable to have a bowel movement)

Prescriptions are required for narcotic pain pill refills. **Please contact your PCP if you need a narcotic refill.**

Contact your Nurse Navigator

- Reach out to your nurse navigator with any questions
 - Call Julie at 216-844-5281
 - Call Sara at 216-844-5308

When to Call Your Surgeon

- Numbness/sensory loss in your genitals
- Loss of bowel/bladder control
- Difficulty swallowing (for cervical patients)
- A severe headache that won't go away
- Swelling in your legs and/or calves that is not relieved by elevating your feet

Call 9-1-1

- Call 9-1-1 if you experience:
 - Chest Pain
 - Shortness of breath
 - Difficulty breathing

Restrictions

- For the first 6 weeks no excessive
 - Bending at the waist
 - Lifting over 10 pounds
 - Twisting at the waist
- At 6 weeks
 - May lift up to 20 pounds
- Slowly increase activity week by week

Restrictions

- No heavy housework/yardwork
- If you had a fusion surgery
 - Do not use any form of nicotine (smoking/vaping/chewing/patch/gum)
 - Nicotine inhibits bone healing
 - Fusion rates are cut in half with nicotine use - this leads to hardware failure, prolonged pain, and a large risk for revision surgery
 - NO NSAIDS (Advil, Ibuprofen, Aleve...etc.) for 8-12 weeks dependent on your surgeon's recommendation
 - They have a bad effect on healing of fusion



Cervical Surgery Considerations

- Soft Cervical Collars are used for comfort after cervical surgery
 - May remove to shower
 - **Discuss directly with your surgeon on instructions for use**



Resuming Activity

- Talk with your surgeon before and after surgery about the activities you would like to do
- Ask your surgeon about:
 - Swimming
 - Returning to work
 - Resuming other physical activities
 - Driving
- By 3 months, most people are back to work and completing household and leisure activities. You may return to activity as tolerated.

Take good care of your spine...
and it will take care of you!



Walking is an excellent form of exercise!

Understanding Surgery

- If you have questions about your specific procedure
 - Contact your nurse navigator with questions
 - watch one of our patient education videos:
<https://www.uhhospitals.org/services/spine-services/patient-resources>

Thank you

We thank you for choosing University Hospitals
as your facility of choice for your spine surgery.

