

Spine Surgery Patient Guide



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OUR MISSION

Advance health together

OUR VISION

Be the most trusted partner in health

Welcome

Thank you for choosing Pelham Medical Center for your spine surgery. The Pelham Medical Center Spine Program is dedicated to the highest quality care for patients. You don't have to take our word for it – we are the only program in South Carolina to receive certification/recognition for excellence in spine surgery from four leading quality experts. Our team of experts are here to help you receive the best medical treatment available and to make your stay as comfortable as possible.

We have assembled a team of experienced physicians, nurses and other healthcare professionals to assist you throughout this process.

Your team includes:

- Orthopaedic Spine Surgeon
- Case Management
- Dietary
- Physician Assistants (PA-C)
- Guest Services
- Pharmacy
- Nurse Practitioners (NP)
- Physical Therapist (PT)
- Lab Technician
- Nurses (RN)
- Occupational Therapist (OT)
- Massage Therapy
(depending on physician)
- Nurse Anesthetists
- Patient Care Associate (PCA)

You are now a member of Pelham Medical Center's Spine Camp, a collaborative effort between you, your surgeon and our team to ensure the best possible experience. You will learn where to go the day of your surgery, as well as get answers to any other questions you may have. Spine Camp covers four phases of the surgical process: preparation, education, surgical treatment and rehabilitation. We want you to be knowledgeable about your procedure and feel comfortable every step of the way.

If you have any questions about the recommendations made by your surgeon, nurse, therapist or anyone else handling your care, we encourage you to ask us. This booklet, and the virtual spine camp video series, should answer many of your questions. We want to put your mind at ease about your procedure and the care you will receive.



Go.SRHS.com/Surgery



Pelham Medical Center is the only program in South Carolina and North Carolina to receive the designation of Orthopedic Center of Excellence by DNV.

Phone Directory & Map

Pelham Medical Center

Provider	Phone Number
Orthopaedic Unit	864-530-2430
Nurse Manager	864-530-5370
Orthopaedic Coordinator	864-530-2440
Charge Nurse	864-530-2477
Case Management	864-530-5453
Physical Therapy	864-530-2491
Occupational Therapy	864-530-2491

Cherokee Medical Center

Provider	Phone Number
Physical Therapy	864-487-7874
Occupational Therapy	864-487-7874

SMC – Mary Black Campus

Provider	Phone Number
Physical Therapy	864-216-4709
Occupational Therapy	864-573-3665

Orthopaedic Physician Offices

Practice Name	Phone Number
Medical Group of the Carolinas – Orthopaedic Surgery – Pelham	864-849-9150
Medical Group of the Carolinas – Orthopaedic Surgery – Eastside	864-582-2115
Medical Group of the Carolinas – Orthopaedic Surgery – Skylyn	864-216-4525
Medical Group of the Carolinas – Cherokee Orthopaedics	864-488-3336
CONA	864-582-6396
Orthopaedic Specialties	864-208-8800



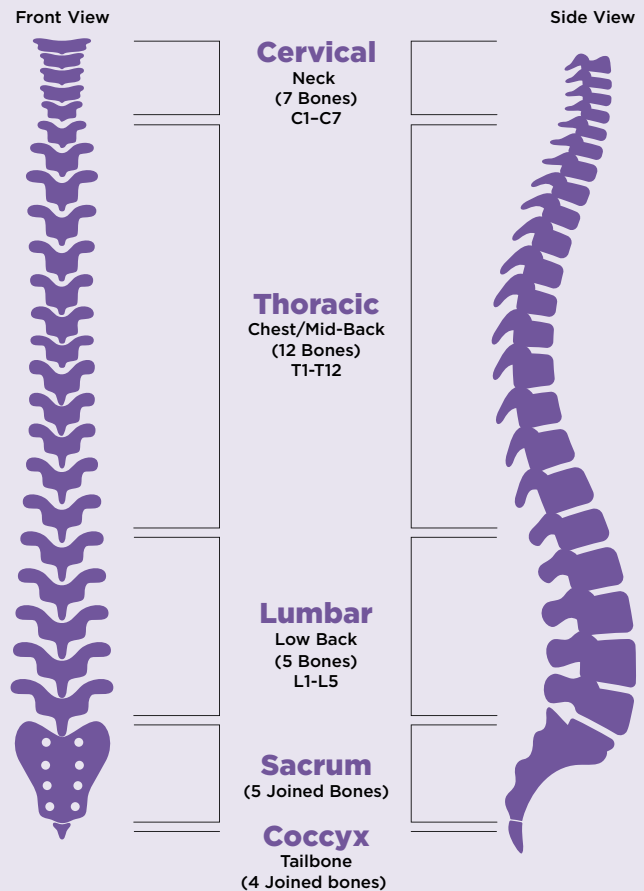
Know Your Spine

It is important to understand how your neck and back function so you can protect your spine before and after surgery.

The spine is composed of 24 bones called **vertebrae**. The vertebrae are separated by shock absorbers called **discs**, and flexible joints that slide to allow movement.

The spine is broken down into five areas – cervical, thoracic, lumbar, sacrum and coccyx.

A healthy spine shelters the spinal cord and supports the body while allowing it to move freely. It does this with the help of three natural curves, strong and flexible muscles, and soft cushioning discs.



Website

Virtual Spine Camp:

SpartanburgRegional.com/SpineCamp.

Spine Care Team

Orthopaedic Surgeon – The physician who will perform your operation and follow your progress post-surgery.

Hospitalist – A physician at the hospital who may be consulted to follow your care and manage any current medical conditions that you may have during your hospital stay.

Registered Nurse (RN) – Provides much of your care and will be responsible for your daily medical needs. The RN will carry out all orders given by your surgeon, including giving you medications and tracking your vital signs.

Case Manager – Coordinates the services you receive during your hospitalization and arranges services and supplies you may need at home.

Physical Therapist (PT) – Responsible for working with you after surgery to ensure that you are walking and exercising correctly. They will help you regain upper and lower body strength, as well as teach you about any special precautions you need to follow when you leave the hospital.



Occupational Therapist (OT) – Responsible for teaching you how to safely perform daily tasks – such as bathing and dressing – after surgery. They will also teach you how to use adaptive equipment such as a reacher, shower benches and raised toilet seats.

Pharmacist – Throughout your hospital stay they will monitor the medications you are on, and they will make sure you know about any new medications you may be given.

Anesthesiologist – A physician who provides medical care to patients before, during, and after surgical procedures. Anesthesiologists are responsible for delivering (or supervising the delivery) of anesthesia safely to patients. A certified registered nurse anesthetist (CRNA) often assists the anesthesiologist with your care during your operation.

Patient Care Associate (PCA) – Assists with many daily activities such as bathing, changing clothes or getting to the bathroom. The PCA will also take your vital signs. A PCA cannot give medications.

Phlebotomist – Phlebotomists are trained employees who will draw blood as ordered by the doctor.

Massage Therapist – Depending on your orthopaedic spine surgeon, your doctor may recommend massage therapy which is offered at Pelham Medical Center. Massage in general has many health benefits making it an especially helpful therapy for back surgery recovery. A therapeutic massage, which is gentler and more health conscious than other forms of massage, stimulates blood flow and can help relieve pain.

Spine Surgery

NEUROMONITORING

A technology known as neuromonitoring may be used during your surgery. This allows continuous monitoring of the functional integrity of the brain, brain stem, spinal cord and nerves during surgery.

SURGICAL SITES

Surgeons can reach the spine by making an incision in different places on your body. The incision site may be:

- **Anterior** – Front of your body.
- **Posterior** - The back part of your body.
- **Lateral** – The side part of your body

TYPES OF SURGERY

Spinal Fusion Surgery

Spinal fusion is a surgical technique in which one or more of the vertebrae of the spine are joined (fused) to stop them from moving against each other. The theory is that if the painful vertebrae do not move, they should not hurt.

This is done by placing bone grafts (or bone graft substitutes) between the affected vertebral bones. The graft material acts as a binding medium and helps to maintain normal disc height. As the body heals, the vertebral bone and bone graft eventually grow together to join the vertebrae and stabilize the spine.

Spinal Decompression

Spinal decompression is a surgical procedure performed to relieve pressure and alleviate pain caused by the impingement of bone and/or disc material on the spinal cord or nerves.

Lumbar Laminectomy

A lumbar laminectomy is a spine surgery that involves removing bone to relieve excess pressure on the spinal nerve(s) in the lumbar spine (lower back). The term laminectomy is derived from the Latin words “lamina” (thin plate, sheet or layer) and “ectomy” (removal).

A laminectomy removes (or trims) the lamina (roof) of the vertebrae to create space for the nerves leaving the spine.

Anterior Cervical Discectomy

Cervical refers to the seven vertebrae of the neck. Discs are the spongy, cartilaginous pads between each vertebra, and ectomy means “to take out”. In a cervical discectomy, the surgeon accesses the cervical spine through a small incision in the neck and removes all or part of the disc. In some cases they also remove bone material that is pressing on the nerves and causing pain.

A bone graft is usually inserted with instrumentation to keep the disc space at a normal height and fuse the vertebrae above and below the removed disc.

Disc Replacement (Arthroplasty)

Disc replacement in the neck is an operation designed to replace a herniated or degenerated

cervical disc with a potentially motion-sparing device to hopefully decrease pain and improve function. The replacement device fits in the space where the previous disc resided.

BONE GRAFTING MATERIALS

All spinal fusions use some type of bone material, called a bone graft, to help promote the fusion. Generally, small pieces of bone are placed into the space between the vertebrae to be fused.

A bone graft can be taken from your own hip bone or from a bone bank. The graft is placed on the sides of two joining vertebrae. Over time, the bone fuses together, creating a solid, stable area.

Common Spine Conditions

OSTEOARTHRITIS

Osteoarthritis is a general term that describes changes in the joints that occur with aging.

Osteoarthritis of the spine causes joints along the spine to deteriorate, and may result in the formation of bone spurs, cysts and narrowing of the disc space.

DEGENERATIVE DISC DISEASE (DDD)

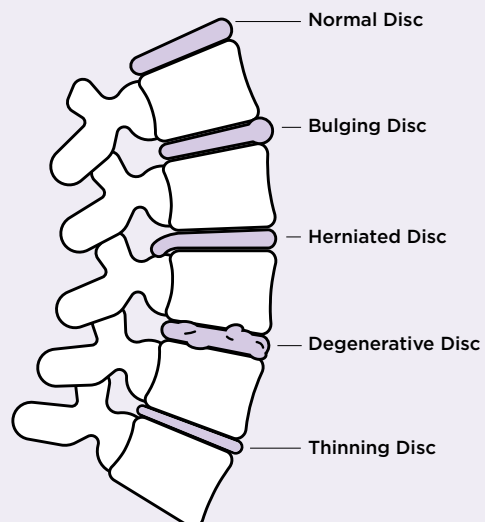
Many people develop DDD as a part of the normal aging process. It is sometimes referred to as arthritis of the back. The condition results from changes in the spinal discs, which act as shock-absorbing cushions between the vertebrae. With age, the discs can lose fluid, making them less flexible and more compressed. The discs can also develop tiny tears in the outer layer, which cause pain and can allow the jellylike inner layer to bulge causing pressure on the spinal cord and/or nerves.

DDD is typically caused by the normal wear and tear that occurs with age. However, it can occasionally be caused by trauma (injury) or

repetitive lifting. The affected disc becomes thinner and loses its cushioning ability which causes pain.

Smoking, obesity, heavy lifting and hereditary factors also lead to advanced disc degeneration.

DISC DEGENERATION



Several artificial bone graft materials have also been developed:

Demineralized Bone Matrices (DBMs) – Calcium is removed from cadaver bone to create DBMs. Without the mineral, the bone can be changed into a putty or gel-like consistency. DBMs are usually combined with other grafts and may contain proteins that help in bone healing.

Bone Morphogenetic Proteins (BMPs) – These very powerful synthetic bone-forming proteins promote a solid fusion. They are approved by the U.S. Food and Drug Administration for use in the spine in certain situations.

Ceramics – Synthetic calcium/phosphate materials are similar in shape and consistency to autograft bone.

Your surgeon will discuss with you the type of bone graft material that will work best for your condition and procedure.

Common Spine Conditions

There are three main areas of the spine that can have issues:

- Cervical
- Thoracic
- Lumbar

CERVICAL:

Stenosis (Radiculopathy) or Nerve Pinching – This can happen when a bone spur compresses a nerve, or when a loss of disc space height creates less exit space for the nerve.

Disc Herniation – When the softer jelly-like core of the disc pushes out the fibrous wrapping of the disc, it presses on the nerve causing nerve irritation.

Disc Degeneration – When a disc (shock absorber) in the neck becomes compromised, it can create significant neck pain and can also lead to nerve pinching.

Myelopathy – A condition affecting gait, balance and arm strength that results from the slow and gradual shut down of the functioning of the spinal cord due to bone spurs or years of arthritis.



THORACIC:

Disc Herniation – This occurs when a mismatch of the disc and the more rigid spinal column of the mid-spine creates a vulnerability where the central core of the disc can push out against the spinal cord or nerve root.

Scoliosis – Abnormal lateral curvature of the spine.

Fracture – Can be caused by osteoporosis or more significant trauma such as falls and vehicle collisions. Sometimes, bony fragments can dislodge into the spinal canal causing spinal cord injury.

LUMBAR:

Disc Herniation, Stenosis, Radiculopathy – These conditions can create pinching of the nerve root as it exits the spine creating leg pain due to nerve compression.

Spondylolisthesis (forward shifting of the spine) – This is caused by wearing down of the paired joints in the back of the spine and/or collapse and degeneration of the disc space causing slippage (listhesis) and narrowing of the spinal nerves.

Pars Defect (Spondylolysis) – This is a stress fracture of the spine that causes an interruption of the bony ring of the spine and can allow forward shifting of the spine. The abnormal alignment of the spine can create bone spurs and cause compression of the nerve that goes to the lower leg and foot. This also causes back pain.

Cauda Equina Syndrome – A condition caused by severe compression of the nerves of the lumbar spine. It can create bowel and bladder incontinence, usually coupled with buttock and saddle-area numbness.

Preparing for Surgery

Having spine surgery requires some advance preparation and planning. Use the following as a guide to help you prepare for your impending surgery, your hospital stay and your return to daily routine and work. If you have questions or need help, refer to the phone directory on page 4 for team members who are able to help.

6-8 WEEKS BEFORE SURGERY

Pre-register for Surgery with the Hospital

- Notify your insurance company and find out if pre-authorization is required.
- Set up a payment plan with the hospital for your portion of the bill.
- Read about and set up advanced healthcare directives (e.g., a living will and/or healthcare power of attorney.)

Pre-surgery Appointments

Medical Clearance – Your surgeon may require you to meet with your primary care physician or a specialist to determine if you are healthy enough for surgery. Tests may include an EKG, baseline labs, a chest X-ray and urinalysis. Discuss the need for preventative vaccines (COVID-19, flu and pneumonia.) If needed, these vaccines should be received at least one month prior to your surgery.

Dental Clearance – Meet with your dentist to have your teeth cleaned and any other required dental work completed prior to surgery.

Blood – Talk with your surgeon about options available to minimize your need for a blood transfusion after surgery.

Pain Management – Talk with your surgeon about your pain and how you are managing that pain. Discuss your pain goals and the pain scale to be familiar with it before surgery. Your surgeon can tell you how he plans to manage your pain before, during and after surgery.

Spine Camp – This is important information designed to prepare you for surgery.

Choose a Care Partner

A care partner is a family member or friend who will be with you during the whole process of

your spine surgery and recovery. This should be someone who can commit to helping you with transportation to and from the hospital, as well as your physician and therapy appointments after you return home. They should also be prepared to help with meal preparation and activities of daily living.

Work Arrangements

If you work, talk with your human resources department about the amount of time off you will need. Ask for any paperwork that may need to be signed by your surgeon and ask when the paperwork will need to be returned before your surgery.

Exercise

It is important to be as strong as possible before surgery. Follow the instructions for the preoperative exercises beginning on page 24. Discontinue if you experience an increase in pain.

Nutrition

It is important to eat healthy foods and to increase your healthy protein intake at least two weeks prior to surgery. This will help your body heal faster and avoid complications.

Tell your physician if you have trouble eating or if you have not been very hungry. Also, tell your physician if you have lost weight without trying or cannot eat at all.

A lab test called an albumin level may be ordered to assess your nutritional status which, if low, could impact the healing process.

Your physician may want you to see a dietitian who can help you create an eating plan.

Smoking Cessation

Smoking increases the risk for many complications after surgery.

Smoking can make it hard for you to breathe, increase the risk of an infection in your incision and increase your risk of a heart attack.

Smokers Take Longer to Heal

- Studies show that a smoker takes **four times** as long to heal as a nonsmoker.
- Smokers have a higher rate of bone graft failure.
- Tobacco use can **trigger** pain and make pain medications less effective.

Quitting will not only reduce these risks, but will also improve your overall health and add years to your life.

Ask your physician about how to quit smoking. You may also visit www.sctobacco.org or call **1-800-QUIT-NOW** for assistance.

Glycemic Control

If you have diabetes, you know the importance of good blood sugar control. It decreases the risk of infection and promotes healing.

Your physician needs to know what your recent blood sugar and Hemoglobin A1C results have been as part of the decision to determine that you are healthy enough for surgery.

10-14 DAYS BEFORE SURGERY

Religious Affiliation

You may want to notify family, friends and those in your faith community to ask for prayers and visitation after your hospital stay.

Home Modifications

It is important to prepare your home to be a safe environment for you to come home to.

- If possible, establish a bed and bathroom on the main level of your home.
- Make sure all existing railings at steps and stairs are secure.

- Have railings installed if there are steps without railings.
- Remove all throw/scatter rugs and secure any corners that may cause you to trip.
- Remove any power or telephone cords running across the floor.
- Arrange furniture to allow more room to move with a walker or other assistive device.
- Have a chair with armrests (or a recliner) for your use that is sturdy and that allows your feet to reach the floor. You may want to set up a table next to this chair to hold your TV remote, telephone, box of tissues, water and other items you use regularly.
- Place a non-skid pad in the tub/shower.
- Install secure grab bars in your shower or bathtub.
- A shower seat, long-handled sponge and a handheld shower head will make bathing easier.
- Install a raised toilet seat or place a bedside commode over your toilet seat to use as a riser.
- Plug in night lights.
- Store items you will need within reach, so you do not have to bend over or climb onto a stool to get them. For example, make clothing easy to reach and place all needed kitchen equipment between waist and head height.



Preparing for surgery takes commitment on your part to follow the guidelines your healthcare team has put in place. There are specific things you must do prior to surgery and following the guidelines will help ensure a safer surgery and faster recovery.

Planning Ahead

Think about the activities you are currently able to do and plan for those you will need a break from while you are recovering.

- Prepare meals ahead of time and put them in the freezer so you have quick nutritious meals for after your surgery.
- If your washer and dryer are not on the main level of your home, you may have to arrange for someone to do your laundry for you.
- Place mail on hold or arrange for someone to pick it up for you.
- Arrange for someone to take care of your lawn while you are recovering.
- Make arrangements for your pets. A pet will not understand that they cannot jump on you after your surgery.



Pre-admission Testing Appointment

This is a mandatory and important appointment made with the preoperative department. You will meet with a nurse one-on-one for a detailed interview and medical history discussion. A complete medication history will be obtained. Please bring your medication bottles with you to your preadmission testing appointment, as well as any over-the-counter vitamins/medications you take.

The nurse will review all of your surgical paperwork and medical test results with you. He/she will provide instructions to follow for the several days leading up to your surgery.

If you have certain health risks, an anesthesia provider may contact you before your surgery.

2-7 DAYS BEFORE SURGERY

Bills – Pay all bills to ensure you are up to date and will not have to worry about this during your recovery.

Cleaning – Completely clean your home to allow for recovery time when you return home after surgery.

Laundry – Have all laundry done to allow for recovery time when you return home after surgery.

Groceries/Meals – Shop for groceries and prepare meals in advance for yourself and your family.

Transportation – Make arrangements for your transport to and from the hospital.

Illness or Infection – Notify your surgeon's office immediately if you suspect you have any type of illness or infection. Any illness may put you at risk for complications from your surgery and for your safety may require that your surgery date be changed.

CHG Bath Cloths – Use the special bath cloths provided at your pre-admission testing appointment according to the instructions you receive. If you have any questions, please ask any member of your healthcare team.

Peridex Mouthwash – At your pre-admission testing appointment you will be given Peridex mouthwash as part of our infection prevention protocol. You will be given instructions on when and how to use this mouthwash prior to surgery.

MRSA Treatment – Begin Methicillin-Resistant Staphylococcus Aureus (MRSA) treatment if you were told to do so.

Medications and Supplements – Your surgeon or primary care physician may tell you to stop taking certain medications, vitamins and supplements before your surgery. Please comply with these instructions.

Spine Surgery Patient Guide – Review this booklet. If you need any assistance, reference the phone directory on page 4.

1 DAY BEFORE SURGERY

ERAS – DREAM to a complete recovery.

Enhanced Recovery After Surgery (ERAS) involves an evidence-based, multidisciplinary team approach to patient recovery. Enhanced recovery promotes your return to as healthy a state as possible after surgery. Our goal is

to decrease pain, improve mobility, decrease nausea and make you strong for surgery. We will work together to promote your health. We want you to be able to return to an active lifestyle as soon as possible after surgery.

D – Drink: Staying hydrated is important and can prevent postoperative nausea and constipation. You may be given clear carbohydrate drinks or instructed to drink a low-carb beverage the night before and morning of surgery at your pre-admission testing appointment. Following the instructions that the nurse gives to you. These drinks are not ordered for every patient.

R – Reduce Stress: We will give you medications to decrease your body’s response to the stress of surgery.

E – Eat: Start after surgery with crackers and progress to your full normal diet as tolerated. It is important to have protein with every meal.

A – Analgesia: We will give you medications and anesthesia to decrease the amount of pain and nausea you may have before, during, and after surgery.

M – Move to improve: Most patients will be assisted out of bed to walk the day of surgery. Early and frequent mobility helps to prevent post-op complications such as blood clots and pneumonia.

GOAL: We want you to return to a healthy state after surgery.

See page 35 for additional information regarding ERAS.

Do Not eat any solid foods after midnight the night before your surgery. You may brush your teeth the morning of surgery. If your surgeon orders clear liquids after midnight, follow the grid on page 12.

What is Allowed the Night Before Surgery?

You are not allowed to eat after midnight, but you may have clear liquids. Clear liquids are liquids you can see through. See the charts below for what liquids are allowed and which are not.

Allowed

THESE CLEAR LIQUID ITEMS ARE ALLOWED:

- Water
- Gatorade (no red/orange)
- Lemonade or Kool-aid (no red/orange)
- Sodas, tea, coffee (**no** cream or milk)
- Gelatin-without fruit (**no** red/orange)
- Popsicles-without fruit or cream (**no** red/orange)
- Italian ices (no red/orange)
- Juices without pulp (apple, white or grape)
- Clear broth (beef or chicken)
- Salt, pepper, and sugar

Not Allowed

THESE ITEMS ARE NOT ALLOWED:

- Milk or cream
- Milkshakes
- Tomato, orange or grapefruit juices
- Cream soups or any soup other than broth
- Oatmeal
- Grits
- Cream of Wheat
- Red or orange liquids
- Mints, candy or chewing gum

Do Not shave the area of your surgery. If your surgeon requests the area to be shaved, this will be done at the hospital the morning of your surgery.

Remove all jewelry, body piercings, nail polish and contact lenses before coming to the hospital.

CPAP/BIPAP – You are strongly encouraged to leave your CPAP/BIPAP at home. We will provide you with a CPAP/BIPAP machine while you are at the hospital. You may bring your mask from home. Please know your CPAP settings.



Pack a bag for your hospital stay. Do not bring any valuables with you to the hospital.

What to Bring to the Hospital

- A list of all medications, including the dosage and how often you take each one.
If your home medication list was obtained at the time of your pre-admission testing visit, your pre-op nurse will only need to be aware of any changes in your home medications and the last date and time any medications were taken.
- Your healthcare power of attorney papers and/or living will if you have verified that they are not in your hospital medical record.
- Care partner to help you.
- Loose-fitting clothes or sweat suit if you do not wish to wear a hospital gown during your stay.
- A pair of walking shoes or sneakers with non-skid soles.
- Any braces or orthotics that you currently use.
- Eyeglasses, dentures, hearing aids and their cases.
- Personal care items.
- Books, magazines or other reading materials.
- If you have a walker, please have your care partner bring it to your room before discharge so the physical therapist can make sure it is safe and fits you appropriately.
- This booklet.

DAY OF SURGERY

Holding Room

- You will change into your surgical gown and be attached to a warmer.
- Your medical history will be reviewed.
- A physical exam will be completed.
- An intravenous line (IV) will be started for administration of medication before, during and after surgery.
- Your blood sugar will be checked regardless of being diabetic or not.
- You will be trained about how to use the incentive spirometer (a device that measures how deeply you can breathe in).
- One family member at a time can wait with you while you wait for surgery (unless visitation restrictions are currently being observed.)
- Family members can wait in the second floor waiting room during your surgery.
- You will have an interview with anesthesia staff who will explain the anesthesia procedures and any associated risks involved.
- Your surgeon will review the procedure with you and mark the site of the surgery.

Anesthesia Options for Spine Surgery

Your anesthesiologist will meet with you and discuss your individual anesthetic plan on the day of surgery.

There are several anesthetic techniques available for surgery, including:

Peripheral Nerve Block – An anesthetic medicine is injected near a specific nerve or group of nerves to block pain from an area of the limb. This is used to decrease the surgical pain after you wake up from surgery.

General Anesthesia – General anesthesia is when you receive a combination of IV and inhaled medication which will render you unconscious until the medication is stopped. Since this medication affects the entire body, a breathing tube must be placed while you are unconscious to keep you safe. Other IV medications may also be given to treat side effects of anesthesia

medicine (such as low blood pressure or nausea). General anesthetic medications do not prevent pain, so IV medications are also used for pain control.

Operating Room

You will be taken from the holding room to the operating room (OR) on a stretcher and transferred onto the operating table. Your surgery will likely take one to three hours.

Your surgeon may use neuromonitoring during your procedure, which may decrease the chance of nerve damage during your surgery. If you have questions about this, please discuss with your surgeon's office coordinator.

Recovery Room

After your surgery, you will be taken to the recovery room. Nursing staff will closely monitor your vital signs, wound dressings and your pain level as you wake up. You will stay in the recovery room for one to three hours. Once you are medically stable, you will be brought to your private room on the orthopedic unit where your family and friends will be reunited with you (unless visitation restrictions are currently being observed).

If you qualify for same-day surgery, you will be discharged the same day your surgery takes place. The staff will ensure you are able to walk and urinate prior to going home.

ACUTE CARE STAY

Once you are tolerating fluids by mouth, your IV fluids will be discontinued. Your IV line will remain in place during your stay to allow your nurse to give you antibiotics and pain medicine if needed and as directed by your surgeon.

Your **vital signs** will be checked routinely throughout your stay.

A **pulse oximeter** will be placed on your finger to measure your oxygen level. You may need supplemental oxygen on the unit after surgery, especially on the day of surgery.

You will receive an **incentive spirometer** after surgery. This is a tool used to encourage deep breathing and using it will help lower your risk



of pneumonia. It is strongly recommended you use your incentive spirometer 10 times every hour while awake.

Even if you have not been told you have diabetes your **blood sugar** will be checked before, during and after

surgery. Having surgery puts stress on your body, and stress can affect your blood sugar level. Blood sugar that is too high or too low can cause serious problems. Keeping your blood sugar under control before, during and after surgery will reduce the risk of infection and will help you heal better.

Circulation

Movement and mobilization soon after surgery will help prevent blood clots and other potential complications.

If ordered by your surgeon, **compression stockings** may be placed on your legs and feet to reduce swelling. If this is the case, you will need to continue wearing your compression stockings for some time after surgery. Ask about this at your follow-up appointment.

Sequential Compression Devices (SCDs) are sleeves placed on your feet or legs after surgery that inflate and deflate in a rhythm to assist with circulation.

Pain Management

After surgery you should expect to have some postoperative pain. Our goal is to control the pain at a level that allows you to rest and participate in your physical therapy.

We will frequently ask you to rate your pain using a pain scale of 0 to 10. Zero is no pain and 10 is the worst pain imaginable. We will provide pain medication on an as-needed basis. Typically, IV pain meds are only used shortly after surgery. You will transition to oral pain medications to control pain when you are able to tolerate fluids and food by mouth. If you receive your prescription prior to surgery, please fill it prior to your day of surgery.

Changing positions, moving and placing ice packs on the affected area after surgery will help to relieve pain and reduce swelling.

Hourly Rounds

During your hospital stay, you will have around-the-clock nursing care. The orthopedic nursing care team will round regularly to ensure all of your needs are met.

- Every hour: 6 a.m. to 10 p.m.
- Every two hours: 10 p.m. to 6 a.m.

If we notice you are asleep during rounds, we will do our best to not wake you unless a medical order requires it (such as checking vital signs or giving medications). You will have a call light within easy reach to ask for assistance at any time. For your safety, you will also use this call light to request assistance every time you need to get up.

Care Boards

To keep you informed and engaged in your care, the hospital uses care boards in each patient room. These dry erase boards list important information about your care team and treatment plan, such as staff names, contact information, therapy plans and pain management details.

Toileting

Your safety is our highest priority. We ask that you have a staff member assist you every time you need to get out of bed, especially to go to the bathroom.

If you have a urinary catheter placed into your bladder during surgery, it will be removed in the recovery room. However, if you had lumbar surgery, your Foley catheter will not be removed until the next day. Once it is removed you will need assistance to use the bedside commode or bathroom. Please call the nursing staff for assistance every time.

You will be given stool softeners and encouraged to drink plenty of water after surgery to help avoid getting constipated. Constipation often occurs after surgery due to taking pain medicine and experiencing decreased activity. Eating

more fruits, vegetables and fiber will help prevent constipation. If you have not had a bowel movement in two days, inform your surgeon. He may need to prescribe a laxative. Oral laxatives work best if taken during early constipation. If constipation continues, you may require a suppository or enema.

Preventing Infection

Eating a healthy diet, staying hydrated and getting adequate rest are important to keep your immune system working well and aid in your recovery. Additionally, think about:

- **Hand Hygiene** – This is extremely important to prevent infection. Everyone – including doctors, nurses and YOU – should wash their hands before touching or caring for your incision.
- **Dental Hygiene** – It is important to maintain good dental hygiene pre- and post-surgery to reduce risk of infection.
- **Dressing Changes** – Will be performed by medical or nursing staff as instructed by your surgeon.
- Avoid picking, scratching or pulling at your incision.
- Avoid oils, lotions or creams on or around your incision unless directed to by your surgeon.



Discharge Planning

A case manager will discuss your discharge plans and assist with acquiring any equipment needed for your home. They will also coordinate home health if ordered by your surgeon. Our goal is to help you return to normal living as quickly as possible after surgery. Your case manager, surgeon and medical team will work together to place you in the best environment to meet your recovery needs.

Sleep and Rest

It is very important for you to get adequate rest to aid in your recovery. We will try to coordinate your care to allow for rest, while also monitoring your safe recovery from surgery.

Therapy and Mobility

GENERAL MOBILITY RECOMMENDATIONS

Your safety is our number one priority. Your healthcare team will communicate regarding how much activity you can do and when you can begin. The nurse, patient care associate, physical therapist and occupational therapist will all work together with you to ensure you are as active as possible during your hospital stay.

Your body starts to lose strength after only one day in bed. The more active you are after surgery, the stronger you will be and the quicker you will recover.

- Expect to be sitting up in your chair for all meals, and as much as tolerated between meals. Let your body be your guide to what is appropriate for you.
- Use your call light to ask for assistance every time you get in or out of bed.
- As soon as recommended by your team, call for assistance to walk to the bathroom instead of using a bedpan or bedside commode.



PHYSICAL THERAPY

Active participation in physical therapy is one of the most important aspects of your successful recovery. Physical therapy is the key to getting your strength, your range of motion and your mobility back. The goal of physical therapy in the hospital is to help you return home as quickly and safely as possible.

After your surgery, the physical therapist will perform an evaluation that will include:

- A discussion of your home environment and your prior level of functioning.
- An assessment of your current strength, range of motion and general mobility.
- Instructions on any precautions, weight-bearing restrictions, proper use of equipment, exercises and safety.

You will work with physical therapy daily for the first two days after surgery. If you are still in the hospital on the third day after surgery, the frequency of your physical therapy may be adjusted according to your needs.

Physical therapy will work with you on:

- Strengthening exercises.
- Practicing getting in and out of bed.
- Practicing standing up and sitting down.
- Practicing walking with a walker or other device.
- Practicing stairs.
- Logrolling technique.
- Education on lifting restrictions.
- Education on spinal precautions.
- Education on proper use of brace if indicated.
- Education on changing positions slowly to prevent a drop in blood pressure.

Physical therapy will also work with you and the case manager to ensure you have the appropriate mobility equipment for returning home safely.

Keep in mind a couple of points:

Physical Therapy Can Be Uncomfortable –

A good rule of thumb is to ask for pain medicine with your meals. That will usually be good timing for when your physical therapist arrives to work with you.

Physical Therapy is Hard Work – Each day the physical therapist will ask you to do a little more on your own, and the therapist will do a little less. Our goal is to help you get back on your feet, independent and back to doing the things you want to do.

OUTPATIENT PHYSICAL THERAPY

Depending on your type of surgery, you may begin outpatient therapy when your surgeon decides you are ready. These appointments play a very important role in your recovery. During your first visit, your physical therapist will likely adjust your current exercises and teach you what you should, and should not, be doing at this point in your spine surgery journey.

OCCUPATIONAL THERAPY

Your surgeon may also request an occupational therapy evaluation. During your evaluation, the occupational therapist will ask questions to determine:

- Your pre-surgery level of independence in daily activities such as bathing and dressing.
- Your home setting and the layout of your home.
- Any equipment that you already have at home.
- What help is available to you at home.
- Any safety concerns.

The evaluation will include an assessment of your strength, balance, mobility, vision, sensation and safety awareness. They will also provide education on proper use of brace if indicated.

The primary goal of occupational therapy is to teach you how to perform your daily activities in a safe way while protecting your spine.

This may include learning to use new equipment that will help you regain your independence. If needed, you and your therapist will decide on the right equipment to best help you with your daily activities.

Recommendations will be made to ensure you are discharged from the hospital to a safe and supportive home setting.

After Discharge

PAIN MANAGEMENT

You will continue to have pain after leaving the hospital, even while you are taking oral pain

medication. Your team will work with you to help manage your pain so you can perform your daily activities, therapy and exercises.

Pain Journal

Monitoring your pain with the aid of a pain journal can be a useful way to help you determine what causes your pain and what methods improve your pain. It will also help track how often you are taking any pain medications. We have provided a pain journal for you on page 23 of this guide.

Pain Goals

To successfully manage pain, set a pain goal you feel is an acceptable level each day. This number may change based on how many days it has been since surgery and what you are doing on that day. Use your pain journal to check where your pain level has been and make changes as needed to help you meet your goals.

ANTI-INFLAMMATORY DRUGS

Do not take anti-inflammatory drugs until your doctor says it is OK. This includes:

- Aspirin
- Aleve
- Feldene
- Advil
- Bufferin
- Naprosyn
- Motrin
- Dolobid

Pain Medication Guidelines

Take pain medication as prescribed by your surgeon. If your pain is not controlled with your current prescription, call your surgeon and discuss alternative options. If you have to be prescribed additional narcotics, you will have to go to your surgeon's office to pick up the prescription.

Try to take your pain medication at least 45 minutes before any PT appointments (home health or outpatient) or your exercise sessions at home.

MANAGING YOUR STRESS AND PAIN

The following techniques are excellent ways to help your body counteract the stress and pain that can be associated with surgery.

DIAPHRAGMATIC BREATHING

- Close your eyes and place one hand on your belly, below your belly button.
- When you breathe your hand should rise and as you exhale, your hand should fall.
- Breathe in through your nose and out through your mouth.

VISUALIZATION

Using your imagination to visualize and concentrate on something that makes you happy can trigger the release of chemicals in your body that block pain signals and reduce stress.

- Find a private calm space and make yourself comfortable.
- Take a few slow and deep breaths to center your attention and calm yourself.
- Close your eyes and imagine yourself in a beautiful location, where everything is wonderful. Some people visualize a beach, a mountain or holding a puppy.
- Imagine yourself becoming calm and relaxed.
- Focus on the different sensory attributes present in your scene to make it more vivid in your mind. For instance, if you are imagining the beach, spend some time vividly imagining the warmth of the sun on your skin, the smell of the ocean, seaweed and salt spray, and the sound of the waves, wind and seagulls. The more you can invoke your senses, the more vivid the entire image will become.
- Remain within your scene, touring its various sensory aspects for five to ten minutes or until you feel relaxed.
- While relaxed, assure yourself that you can return to this place whenever you want or need to relax.

AROMATHERAPY

Scientific studies show that aromatherapy may help soothe your body and relieve pain. Aromatherapy is often done with essential oils, used in bath water or diffused into the air. If you want to start using essential oils, be sure to do your research first. It is important to be aware of the unique benefits and risks associated with each type of oil, and always do a patch test before applying essential oils to your body.

- **Lavender Oil** – Lavender is prized for its ability to calm and relax. It also relieves pain and inflammation.
- **Lemon Oil** – Diluted lemon oil works quickly to reduce inflammation and swelling.

RELAXATION RESPONSE

- Pick a focus word, short phrase or prayer.
- Sit or lie quietly in a comfortable position and close your eyes.
- As you breathe (diaphragmatic), say your focus word silently to yourself as you exhale. Assume a passive attitude. When other thoughts come to mind simply say to yourself, "oh well" and return to your repetition.
- Continue for 10 to 20 minutes.

BODY SCAN

- Close your eyes, and sit or lie quietly in a comfortable position.
- Start by focusing on your breathing, and then focus on your muscles, noticing any tension in them and letting that tension go.
- You may want to visualize a soothing, healing light enveloping each body part.
- Relax your muscles, progressing from your feet to your calves, thighs, abdomen, lower and upper back, shoulders, arms, neck, head and face.

Difficulty Swallowing

If you had cervical surgery, you may have trouble swallowing after your surgery. Be prepared to alter your diet textures after surgery. Tougher, more textured foods may cause increased pain or be difficult to swallow. Plan for smoother foods such as soups, pudding, applesauce, ice cream, smoothies, etc. You will gradually advance to a regular diet as tolerated, but start with soft foods, such as cooked vegetables or chopped meats with gravy. If you are unable to eat or drink safely, please notify your surgeon.

Ice

Ice helps to reduce swelling, inflammation and pain. You can apply ice for 15 to 20 minutes and repeat every hour if needed. It is especially good to use it after your PT or exercise sessions.

BLOOD THINNERS

To help prevent a blood clot (DVT or PE) from forming, it is important to stay active, drink lots of fluids and wear your compression stockings. You will also be prescribed a medication to help keep your blood thinner than normal. Take your blood thinner as prescribed by your surgeon to minimize your risk of getting a blood clot.

CONSTIPATION

Constipation often occurs after surgery due to pain medications and decreased activity. You will be prescribed stool softeners and encouraged to drink plenty of water after your surgery. If you have not had a bowel movement in two days, inform your surgeon. He may need to prescribe a laxative. Oral laxatives work best if taken during early constipation. If constipation continues for several days, you may require a suppository or an enema.

DISCHARGE MEDICATIONS

When you leave the hospital, you may receive prescriptions for new medications that will be used for a short time during your recovery. Your nurse will review the medication and dosing schedule with you before you leave the hospital. If you have questions after discharge, you may ask your pharmacist or surgeon's office for information.

USE OF EQUIPMENT

You will need to continue using any equipment recommended by your surgeon, PT and OT until your surgeon tells you to stop. This could include a walker or a brace.

INCISION CARE AND PREVENTING INFECTION

- Hand hygiene is extremely important to prevent infection. You and your care partner should wash your hands before touching or caring for your incision.
- Keep your incision clean and dry.
- Watch for redness, drainage, warmth or significant swelling or any change in your incision, including any opening of the incision. If you notice any of these, call your surgeon's office the same day.
- Change the dressings or bandages as instructed by your surgeon. You should be given this information as part of your hospital discharge paperwork.
- Avoid picking, scratching or pulling at your incision.
- Avoid oils, lotions or creams on or around your incision unless directed to use them by your surgeon.
- If your incision has staples, they will be removed at your follow-up appointment with your surgeon or during a home nurse visit.
- If Steri-Strips were applied to the incision, do not try to remove them; let them fall off by themselves.
- Bathe per your surgeon's instructions. Showering is preferable. Swimming and soaking in a bathtub or hot tub will generally not be allowed until the incision is completely healed.
- Notify your surgeon if your temperature is greater than 100.4°F or if you have increasing pain or swelling at the surgery site.
- Wear, use and sleep in freshly laundered clothing and linens. This includes clean clothes, clean sheets, and clean washcloths and towels.
- Try to avoid letting other people or pets come in contact with your incision or dressing to prevent exposure to germs. Pet saliva, dander, hair and feces can transmit infection and should be avoided. Remember to wash your hands after any contact with your pet.

- Continue eating a healthy diet, staying hydrated and getting adequate rest. All of these things are important to keep your immune system working well and aid in your recovery.
- Consider starting a multivitamin if you haven't already. Extra vitamins and minerals (with the approval of your surgeon) can boost immune function and recovery.

COMPRESSION STOCKINGS

If your surgeon gave you compression stockings in the hospital, you will need to continue wearing them for some time after your surgery. Ask about this at your follow-up appointment.

COPING WITH STRESS

Remember that surgery can be stressful. It is also stressful to be unable to do what you used to do before surgery. Enlist the help of family and friends to help you accomplish things. Relaxation and breathing techniques, like those found on page 18, can be helpful as well. Try doing things you enjoy, like reading or crossword puzzles. If you find you need



professional help to cope with your stress, talk with your surgeon. Remember to set realistic goals and celebrate each small accomplishment.

TRANSPORTATION

You will need your care partner to help you with transportation until your surgeon allows you to drive yourself. Ask your surgeon about this at your follow-up visit.

INTIMACY

Sexual activities may be resumed when cleared by your surgeon and you feel comfortable. Your incision, muscles and ligaments need some time to heal properly.

SLEEPING

You may sleep on your back or your side. Do not sleep on your stomach. If sleeping on your back, place a pillow under your knees, and if sleeping on your side, place a pillow between your legs to support the spine.

DRIVING OR RIDING IN A CAR

To get in a car, **(A)** start with your back to the car facing outward. Sit down in the car facing outward like you would sit in a chair **(B)**. Slowly, one leg at a time, bring your legs into the car **(C)**, and then rotate your trunk towards the front of the car **(D)**.



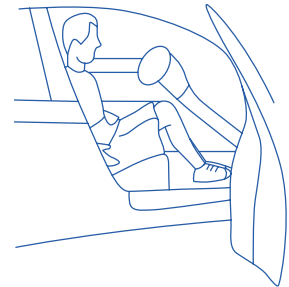
(A) To get in a car, start with your back to the car facing outward.



(B) Sit down in the car seat facing outward like you would sit in a chair.



(C) Slowly, one leg at a time, bring your legs into the car.



(D) Rotate your trunk toward the front of the car.

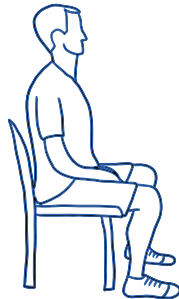
A rolled towel behind your lumbar spine (lower back) may help maintain good sitting posture in the car. If you are traveling for an extended period, stop and get out every 30 minutes. Changing positions will reduce stress on your back.

SITTING

Balanced sitting is important to healing, whether it is at home, in the car or at work. Be sure to sit only in places that have good support for your lower back. If a chair does not have the support you need, use a small pillow or rolled towel between your lower back and the chair. Make sure both feet are supported on the floor or on a footrest. Try not to sit in low furniture; you do not want your knees higher than your hips.



Incorrect



Correct

Walking

You are advised to start a walking program as soon as you leave the hospital. To start, you should try to walk a minimum of 20 minutes per day.

Walking – First Week

You should start right away by trying to walk a minimum of 20 minutes each day. However:

- If you were only able to walk 15 minutes continuously before surgery, you should start by walking four times a day for five minutes each time.
- If you could walk for an hour at a time before your surgery, you might be able to walk for the whole 20 minutes without feeling sore.

- A good rule of thumb is to start at one-third of your pre-surgery walking time and do several sessions throughout the day to get in your 20 minutes. It is OK to start slow and increase your walking time gradually.
- You should walk at a comfortable pace where it is easy to talk and you are not limping.

Walking – Second Week and Beyond

- It is recommended to increase your walking time by one to 10 minutes every week, depending upon where you start.
- On a day that you are not increasing your walking time, you can work on increasing your walking speed.
- By the end of the first six weeks you should be at half of your pre-surgery walking distance/time and possibly more if you were not able to walk much before surgery.

Follow the Rules

It is important to note that even if you feel like you can walk forever without pain, you should only increase your time up to 10 minutes a week. This method allows you to know how your body is handling the activity before increasing your time again.

This plan has been created to help your body accommodate the demands of walking without getting sore or causing an increase in your symptoms from simply overdoing it. In the same respect, this plan can help motivate and reassure you if you are nervous about increasing your activity level.

Walking Log

Record the walking data in the walking log every day. In the notes section, write down any symptoms you have (include time and location of symptoms). Also include the intensity of the symptoms and how long it took for them to get better. Bring your walking log with you when you visit your orthopaedic spine surgeon.



Walking Log

Date	Time	Speed	Distance	Notes

Pain Journal

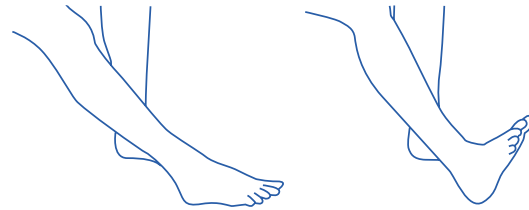
Date	Time	Pain Score (0-10)	Activity at Time of Pain	Method Used to Control Pain (Medication, Ice, Etc.)	Pain Score After 1 Hour (0-10)

Spine Surgery Exercises – Before and After Surgery

1 Seated Ankle Pumps

- Sit upright with one leg straight forward.
- Slowly pump your ankle, bending your foot up toward your body, then pointing your toes away from your body.
- Return to start position and repeat.

Note: Make sure to move your foot in a straight line and keep the rest of your leg relaxed.

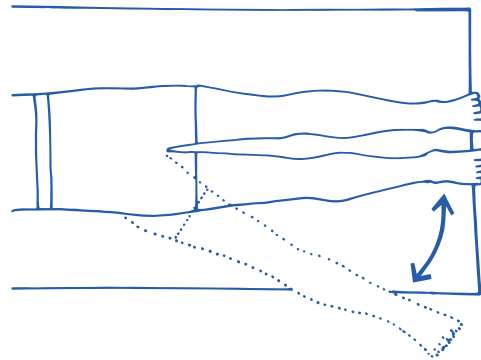


Perform
20 repetitions **10X/DAY**

2 Supine Hip Abduction

- Lie on your back on a firm surface with your legs straight.
- Move one leg out to the side as far as you can without bending at your side.
- Return to start position and repeat.

Note: Make sure to keep your back on the ground and do not move your upper body.

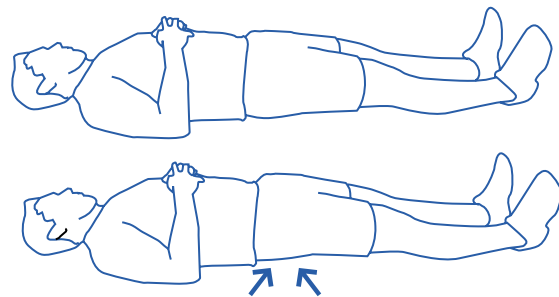


Perform
10 repetitions **2X/DAY**

3 Supine Gluteal Sets

- Lie on your back with your hands resting comfortably.
- Tighten buttock muscles, then release.
- Repeat.

Note: Make sure not to arch your low back during the exercise or hold your breath as you tighten your muscles.



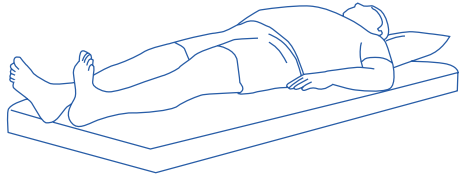
Perform
10 repetitions **2X/DAY**

Spine Surgery Exercises – Before and After Surgery

4 Supine Quadricep Sets

- Lie on your back on a bed or flat surface with your legs straight.
- Tighten the muscles in the thigh of your surgical leg as you straighten your knee; hold and then relax.
- Repeat.

Note: Make sure to keep your toes pointing toward the ceiling during the exercise. Try to flatten the back of your knee toward the bed.

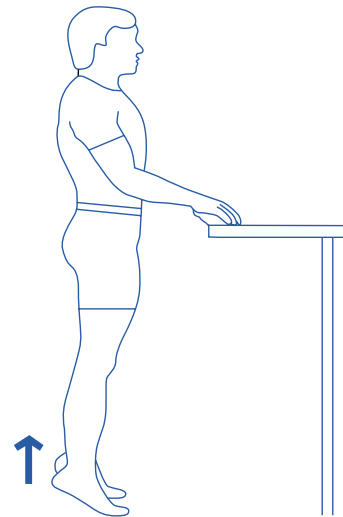


Perform
10 repetitions **2X/DAY**

5 Heel Rises with Counter Support

- Stand upright with your hands resting on a counter in front of you.
- Slowly raise your heels off the ground, hold briefly, then lower them back down.
- Repeat.

Note: Maintain upright posture and use the counter to help you balance as needed. Do not let your ankles rotate inward or outward.

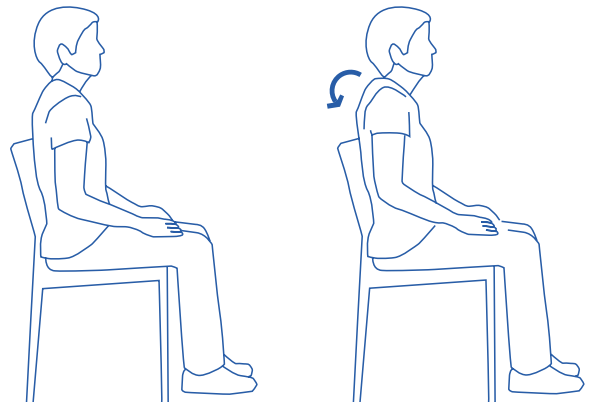


Perform
10 repetitions **2X/DAY**

6 Seated Shoulder Rolls

- Sit upright with your hands resting in your lap.
- Move your shoulders forward, then upward, backward and down.
- Repeat, continuing to move your shoulders in a circular motion.

Note: Make sure to keep your back straight.



Perform
10 repetitions **2X/DAY**

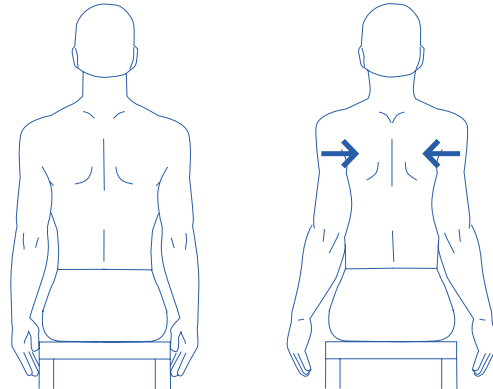
Spine Surgery Exercises – Before and After Surgery

7 Seated Scapular Retraction

- Sit in upright position.
- Gently squeeze your shoulder blades together and then relax.
- Repeat.

Note: Make sure to maintain good posture.

Perform
10 repetitions **2X/DAY**

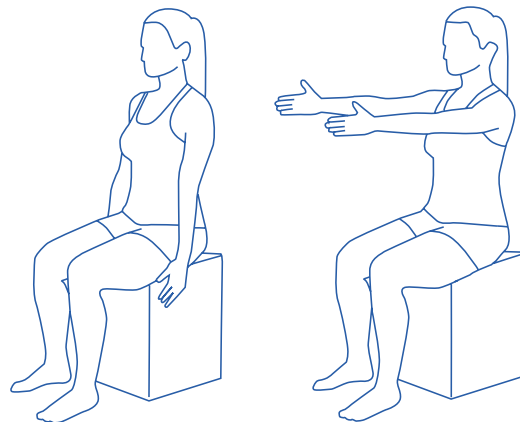


8 Seated Shoulder Flexion

- Sit in upright position.
- Slowly raise both arms in front of your body, with your elbows straight and thumbs facing up.
- Repeat.

Note: Make sure not to raise your arms above shoulder height, and try not to arch your back or shrug your shoulders.

Perform
10 repetitions **2X/DAY**

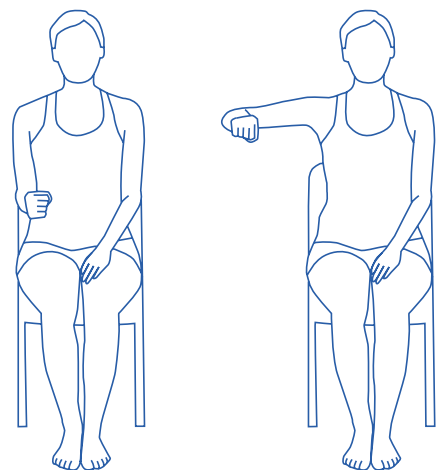


9 Seated Shoulder Abduction with Bent Elbow

- Sit upright with your elbow bent at your side.
- Lift your arm out to your side, keeping your elbow bent. Lower your arm back to the starting position.
- Repeat.

Note: Make sure not to shrug your shoulder or let your arm rotate.

Perform
10 repetitions **2X/DAY**



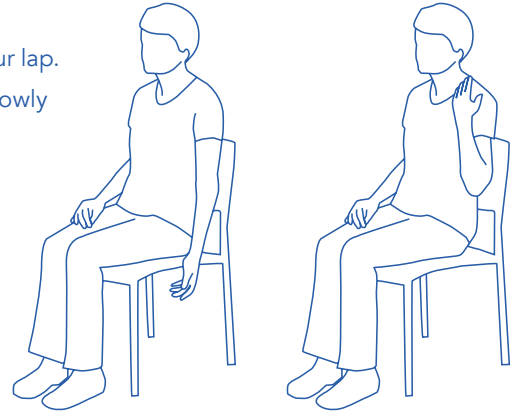
Spine Surgery Exercises – Before and After Surgery

10 Seated Elbow Flexion Extension

- Sit upright with one arm at your side and the other arm resting in your lap.
- Bend your elbow, bringing your hand toward your shoulder, then slowly return to the starting position.
- Repeat.

Note: Make sure to only move through a pain-free range of motion.

Perform
10 repetitions **10X/DAY**



Weekly Exercise Logs

WEEK 1 (Date: _____)

Pre-surgery Post-surgery

- 1 Seated Ankle Pumps
- 2 Hip Abduction – Supine
- 3 Supine Gluteal Sets
- 4 Supine Quadricep Sets
- 5 Heel Rises
- 6 Seated Shoulder Rolls
- 7 Seated Scapular Retraction
- 8 Seated Shoulder Flexion
- 9 Seated Shoulder Abduction
- 10 Seated Elbow Flexion

	DAY 1		DAY 2		DAY 3		DAY 4		DAY 5		DAY 6	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

WEEK 2 (Date: _____)

Pre-surgery Post-surgery

- 1 Seated Ankle Pumps
- 2 Hip Abduction – Supine
- 3 Supine Gluteal Sets
- 4 Supine Quadricep Sets
- 5 Heel Rises
- 6 Seated Shoulder Rolls
- 7 Seated Scapular Retraction
- 8 Seated Shoulder Flexion
- 9 Seated Shoulder Abduction
- 10 Seated Elbow Flexion

	DAY 1		DAY 2		DAY 3		DAY 4		DAY 5		DAY 6	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

WEEK 3 (Date: _____)

Pre-surgery Post-surgery

- 1 Seated Ankle Pumps
- 2 Hip Abduction – Supine
- 3 Supine Gluteal Sets
- 4 Supine Quadricep Sets
- 5 Heel Rises
- 6 Seated Shoulder Rolls
- 7 Seated Scapular Retraction
- 8 Seated Shoulder Flexion
- 9 Seated Shoulder Abduction
- 10 Seated Elbow Flexion

	DAY 1		DAY 2		DAY 3		DAY 4		DAY 5		DAY 6	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Weekly Exercise Logs

		DAY 1		DAY 2		DAY 3		DAY 4		DAY 5		DAY 6	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
WEEK 4	(Date: _____)	<input type="checkbox"/> Pre-surgery <input type="checkbox"/> Post-surgery											
1	Seated Ankle Pumps												
2	Hip Abduction – Supine												
3	Supine Gluteal Sets												
4	Supine Quadricep Sets												
5	Heel Rises												
6	Seated Shoulder Rolls												
7	Seated Scapular Retraction												
8	Seated Shoulder Flexion												
9	Seated Shoulder Abduction												
10	Seated Elbow Flexion												
WEEK 5	(Date: _____)	<input type="checkbox"/> Pre-surgery <input type="checkbox"/> Post-surgery											
1	Seated Ankle Pumps												
2	Hip Abduction – Supine												
3	Supine Gluteal Sets												
4	Supine Quadricep Sets												
5	Heel Rises												
6	Seated Shoulder Rolls												
7	Seated Scapular Retraction												
8	Seated Shoulder Flexion												
9	Seated Shoulder Abduction												
10	Seated Elbow Flexion												
WEEK 6	(Date: _____)	<input type="checkbox"/> Pre-surgery <input type="checkbox"/> Post-surgery											
1	Seated Ankle Pumps												
2	Hip Abduction – Supine												
3	Supine Gluteal Sets												
4	Supine Quadricep Sets												
5	Heel Rises												
6	Seated Shoulder Rolls												
7	Seated Scapular Retraction												
8	Seated Shoulder Flexion												
9	Seated Shoulder Abduction												
10	Seated Elbow Flexion												

Weekly Exercise Logs

WEEK 7 (Date: _____)

Pre-surgery Post-surgery

	DAY 1		DAY 2		DAY 3		DAY 4		DAY 5		DAY 6	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1 Seated Ankle Pumps												
2 Hip Abduction – Supine												
3 Supine Gluteal Sets												
4 Supine Quadricep Sets												
5 Heel Rises												
6 Seated Shoulder Rolls												
7 Seated Scapular Retraction												
8 Seated Shoulder Flexion												
9 Seated Shoulder Abduction												
10 Seated Elbow Flexion												

WEEK 8 (Date: _____)

Pre-surgery Post-surgery

	DAY 1		DAY 2		DAY 3		DAY 4		DAY 5		DAY 6	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1 Seated Ankle Pumps												
2 Hip Abduction – Supine												
3 Supine Gluteal Sets												
4 Supine Quadricep Sets												
5 Heel Rises												
6 Seated Shoulder Rolls												
7 Seated Scapular Retraction												
8 Seated Shoulder Flexion												
9 Seated Shoulder Abduction												
10 Seated Elbow Flexion												

WEEK 9 (Date: _____)

Pre-surgery Post-surgery

	DAY 1		DAY 2		DAY 3		DAY 4		DAY 5		DAY 6	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1 Seated Ankle Pumps												
2 Hip Abduction – Supine												
3 Supine Gluteal Sets												
4 Supine Quadricep Sets												
5 Heel Rises												
6 Seated Shoulder Rolls												
7 Seated Scapular Retraction												
8 Seated Shoulder Flexion												
9 Seated Shoulder Abduction												
10 Seated Elbow Flexion												

Weekly Exercise Logs

	DAY 1		DAY 2		DAY 3		DAY 4		DAY 5		DAY 6	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
WEEK 10 (Date: _____)												
<input type="checkbox"/> Pre-surgery <input type="checkbox"/> Post-surgery												
1 Seated Ankle Pumps												
2 Hip Abduction – Supine												
3 Supine Gluteal Sets												
4 Supine Quadricep Sets												
5 Heel Rises												
6 Seated Shoulder Rolls												
7 Seated Scapular Retraction												
8 Seated Shoulder Flexion												
9 Seated Shoulder Abduction												
10 Seated Elbow Flexion												
WEEK 11 (Date: _____)												
<input type="checkbox"/> Pre-surgery <input type="checkbox"/> Post-surgery												
1 Seated Ankle Pumps												
2 Hip Abduction – Supine												
3 Supine Gluteal Sets												
4 Supine Quadricep Sets												
5 Heel Rises												
6 Seated Shoulder Rolls												
7 Seated Scapular Retraction												
8 Seated Shoulder Flexion												
9 Seated Shoulder Abduction												
10 Seated Elbow Flexion												
WEEK 12 (Date: _____)												
<input type="checkbox"/> Pre-surgery <input type="checkbox"/> Post-surgery												
1 Seated Ankle Pumps												
2 Hip Abduction – Supine												
3 Supine Gluteal Sets												
4 Supine Quadricep Sets												
5 Heel Rises												
6 Seated Shoulder Rolls												
7 Seated Scapular Retraction												
8 Seated Shoulder Flexion												
9 Seated Shoulder Abduction												
10 Seated Elbow Flexion												

Weekly Exercise Logs

WEEK 13 (Date: _____)

Pre-surgery Post-surgery

	DAY 1		DAY 2		DAY 3		DAY 4		DAY 5		DAY 6	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1 Seated Ankle Pumps												
2 Hip Abduction – Supine												
3 Supine Gluteal Sets												
4 Supine Quadricep Sets												
5 Heel Rises												
6 Seated Shoulder Rolls												
7 Seated Scapular Retraction												
8 Seated Shoulder Flexion												
9 Seated Shoulder Abduction												
10 Seated Elbow Flexion												

WEEK 14 (Date: _____)

Pre-surgery Post-surgery

	DAY 1		DAY 2		DAY 3		DAY 4		DAY 5		DAY 6	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1 Seated Ankle Pumps												
2 Hip Abduction – Supine												
3 Supine Gluteal Sets												
4 Supine Quadricep Sets												
5 Heel Rises												
6 Seated Shoulder Rolls												
7 Seated Scapular Retraction												
8 Seated Shoulder Flexion												
9 Seated Shoulder Abduction												
10 Seated Elbow Flexion												

WEEK 15 (Date: _____)

Pre-surgery Post-surgery

	DAY 1		DAY 2		DAY 3		DAY 4		DAY 5		DAY 6	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1 Seated Ankle Pumps												
2 Hip Abduction – Supine												
3 Supine Gluteal Sets												
4 Supine Quadricep Sets												
5 Heel Rises												
6 Seated Shoulder Rolls												
7 Seated Scapular Retraction												
8 Seated Shoulder Flexion												
9 Seated Shoulder Abduction												
10 Seated Elbow Flexion												

Weekly Exercise Logs

		DAY 1		DAY 2		DAY 3		DAY 4		DAY 5		DAY 6	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
WEEK 16 (Date: _____)													
<input type="checkbox"/> Pre-surgery <input type="checkbox"/> Post-surgery													
1 Seated Ankle Pumps													
2 Hip Abduction – Supine													
3 Supine Gluteal Sets													
4 Supine Quadricep Sets													
5 Heel Rises													
6 Seated Shoulder Rolls													
7 Seated Scapular Retraction													
8 Seated Shoulder Flexion													
9 Seated Shoulder Abduction													
10 Seated Elbow Flexion													
WEEK 17 (Date: _____)													
<input type="checkbox"/> Pre-surgery <input type="checkbox"/> Post-surgery													
1 Seated Ankle Pumps													
2 Hip Abduction – Supine													
3 Supine Gluteal Sets													
4 Supine Quadricep Sets													
5 Heel Rises													
6 Seated Shoulder Rolls													
7 Seated Scapular Retraction													
8 Seated Shoulder Flexion													
9 Seated Shoulder Abduction													
10 Seated Elbow Flexion													
WEEK 18 (Date: _____)													
<input type="checkbox"/> Pre-surgery <input type="checkbox"/> Post-surgery													
1 Seated Ankle Pumps													
2 Hip Abduction – Supine													
3 Supine Gluteal Sets													
4 Supine Quadricep Sets													
5 Heel Rises													
6 Seated Shoulder Rolls													
7 Seated Scapular Retraction													
8 Seated Shoulder Flexion													
9 Seated Shoulder Abduction													
10 Seated Elbow Flexion													

Weekly Exercise Logs

WEEK 19 (Date: _____)

Pre-surgery Post-surgery

	DAY 1		DAY 2		DAY 3		DAY 4		DAY 5		DAY 6	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1 Seated Ankle Pumps												
2 Hip Abduction – Supine												
3 Supine Gluteal Sets												
4 Supine Quadricep Sets												
5 Heel Rises												
6 Seated Shoulder Rolls												
7 Seated Scapular Retraction												
8 Seated Shoulder Flexion												
9 Seated Shoulder Abduction												
10 Seated Elbow Flexion												

WEEK 20 (Date: _____)

Pre-surgery Post-surgery

	DAY 1		DAY 2		DAY 3		DAY 4		DAY 5		DAY 6	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1 Seated Ankle Pumps												
2 Hip Abduction – Supine												
3 Supine Gluteal Sets												
4 Supine Quadricep Sets												
5 Heel Rises												
6 Seated Shoulder Rolls												
7 Seated Scapular Retraction												
8 Seated Shoulder Flexion												
9 Seated Shoulder Abduction												
10 Seated Elbow Flexion												

WEEK 21 (Date: _____)

Pre-surgery Post-surgery

	DAY 1		DAY 2		DAY 3		DAY 4		DAY 5		DAY 6	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1 Seated Ankle Pumps												
2 Hip Abduction – Supine												
3 Supine Gluteal Sets												
4 Supine Quadricep Sets												
5 Heel Rises												
6 Seated Shoulder Rolls												
7 Seated Scapular Retraction												
8 Seated Shoulder Flexion												
9 Seated Shoulder Abduction												
10 Seated Elbow Flexion												

ERAS: DREAM to a Complete Recovery

When recovering at home, remember to **D-R-E-A-M**: Drink, Reduce your stress and chance of infection, Eat, use alternate Anti-pain and nausea methods, and Move.

D	R	E	A	M
Drink	Reduce Stress and Infection	Eat	Anti-pain and nausea	Move
Continue to drink fluids to stay hydrated and prevent constipation.	Do not let pets in your bed or get near your incision(s). Keep your incision(s) clean.	No dieting! Your body needs healthy calories and protein to give you strength and energy to heal properly and give you strength.	Use alternate ways to deal with pain, stiffness, and soreness: <ul style="list-style-type: none"> • Cold packs • Meditation • Music Continue Tylenol around the clock (if approved by your doctor.)	When you are at home, move often to prevent constipation, stiffness, and complications such as blood clots or pneumonia.
Drink protein shakes to help with immunity, strength, and healing.	Use clean sheets.	Eat fruits, vegetables, and protein for building immunity, strength, and promote healing.	Limit narcotic use to prevent constipation and other side effects. Narcotics can be addictive and habit forming.	Practice the lung exercises at home to prevent pneumonia.
	Wash your hands often.	Eat foods rich in fiber to prevent constipation.	Use cold pack after physical therapy sessions.	Continue working with physical therapy.
	Brush your teeth and gums after meals and at bedtime.	Chew gum to help bowels return to normal.	Try over-the-counter medications during the day and narcotics at night (if needed.)	



Pelham
Medical Center

A Division of Spartanburg Regional Healthcare System

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