



Pre-Op Class Presentation: Neurosurgery at GBMC

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Updated 1/24/2025

What is a **QR code**?

QR stands for quick response code.



- You will see these bar codes in your educational material, it is used to provide easy access to online information through a digital camera on a smartphone or tablet.
- Open the built-in camera app. Point the camera at the QR code. Tap the banner that appears on your smartphone or tablet.
- Use this to connect to GBMC web pages: Videos, Class Presentation pdf, Pre-op CHG Wash, Anesthesia Home Medication Guide, and other important information.

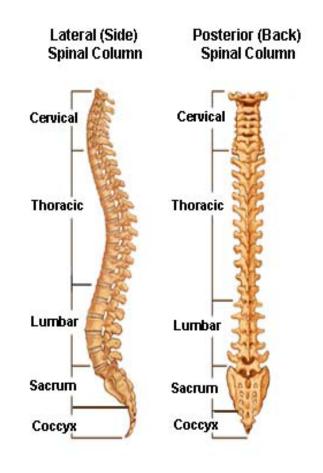




The Spine Anatomy

Divided into 3 sections

- ➤Cervical spine-7 vertebrae
- ➢Thoracic spine-12 vertebrae
- ≻Lumbar spine-5 vertebrae

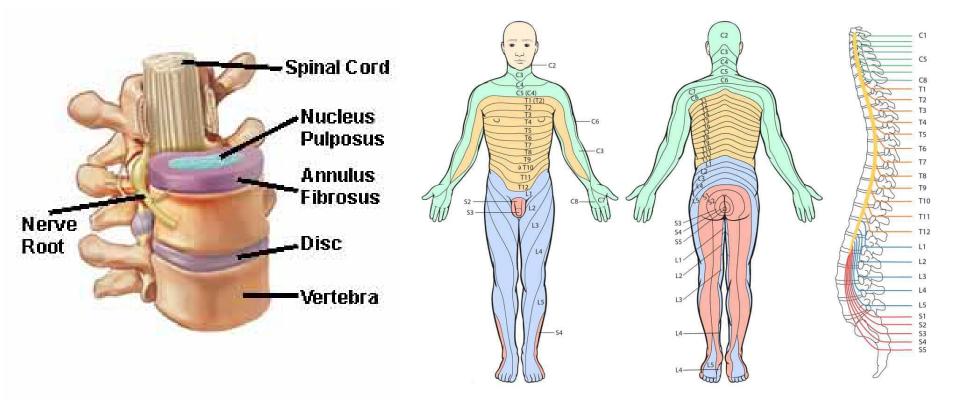


Anatomy of the Spine Video



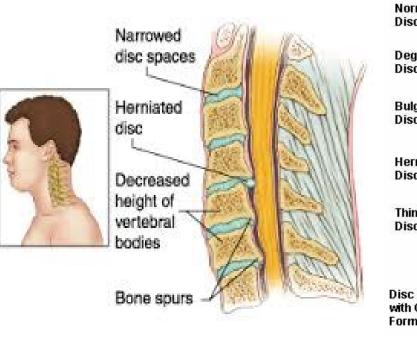


Spine Anatomy

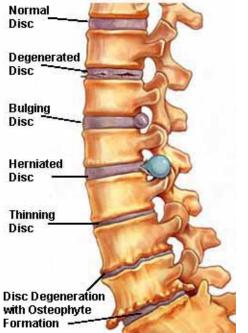




Causes of Spinal Pain: Disc Problems, Bone Spurs, Vertebral Slipping



Examples of Disc Problems









"To every patient, every time, we will provide the care <u>that we would want for our own loved ones.</u>" Herniated Disk Video

Spinal Stenosis Video

GBMC



Video Resources from AAOS: OrthoInfo

Spinal Instrumentation Video:



Herniated Disk Video



Spinal Stenosis Video



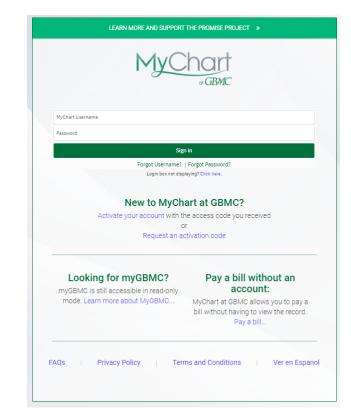
Spinal Fusion Video:





Sign-up for GBMC MyChart

- MyChart will send reminders for your pre-op appointments and appointments while you are in the hospital.
- MyChart gives you access to your test results, allows you to communicate with your providers, pay your bill, and helps you to coordinate your healthcare needs.
- On the day of admission: MyChart will convert to MyChart Bedside, it is your portal for engaging with your care while admitted to the hospital. Empower yourself and your family with access to your care team, clinical data, and health education.





Time Sensitive Tasks to Complete Before Your Surgery

➤ Nasal swab for MRSA/MSSA

- **Golden window** for completion is within10-30 days prior to surgery.
 - Kaiser Permanente patients are to have their pre-op MRSA collected at the Kaiser PEEC Center.
 - Non-Kaiser Permanente patients (GBMC Ortho, GBMC Neurosurgery, Ortho Maryland)
 - Testing at GBMC Diagnostic Testing Center
 - > Monday-Friday 8am-4pm, no holidays
 - Result valid for 60-days
- Preop CHG Wash Kit with directions
 - Begin 3 nights before surgery
- Pre-op Questionnaires
- Pre-op Physical (with bloodwork)



GBMC HEALTHCARE

NON-Kaiser Permanente patients only

Diagnostic Center and Laboratory Medicine at GBMC

GBMC Main Hospital 6701 N. Charles St./ Suite 3100/ Towson, MD 21204 MSSA/MRSA preop testing: Monday-Friday 8am-4pm ONLY, no holidays

GBMC Diagnostic Center

Suite #3100 (across from Einstein Bakery)

- Parking at Iris Parking (closest)
 - For those entering from Iris Park at Pavilion East entrance, proceed down the hallway and turn right once you reach Einstein Bagels. The center will be the next office on your left.



Parking at Lily Park (near ER/ED)

 Upon entering GBMC Lobby E walk straight down the hall until you reach the main concierge desk, turn left down the first hallway. The center is located before Einstein Bagels.









Getting Fitted For A Back Brace

- Patient of Dr. Rami or Dr. Dolitsky
 - If you received a prescription for a lumbar back brace or a posterior cervical collar for a multi-level fusion surgery
 - > Must get fitted for your brace prior to surgery
 - The medical supply company will reach out to you to arrange a fitting date and time (*Bring brace with you* when you come in for surgery)
 - If you are an OrthoMD patient, Dr. Dolitsky, you will be fitted by your surgeon's office. (*Bring brace with you* when you come in for surgery)



Preoperative Testing & Plan of Care for Discharge

- All pre-op testing and diagnostic tests MUST be completed 10-30 days from surgery date:
 - MSSA/MRSA nasal swab at the Diagnostic Testing center
 - Blood work, urinalysis, x-rays, etc
 - Kaiser Permanente patients are to have their pre-op MRSA collected at the Kaiser PEEC Center

Results and Surgical Clearance statements from your doctors will need to be available to GBMC *no later than 3-days* before surgery.

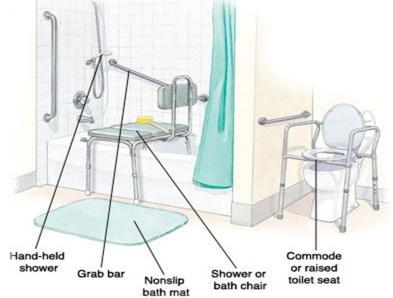
- Need Surgical Clearance from:
 - ➢Primary Care Physician
 - Specialist, only if applicable
- Designating your
 family/friends support
 person(s). Prepare your
 home environment.



Home Set-up

Before coming to the hospital

- Prepare meals ahead of time or arrange to have family/friends there to help
- Make frequently used items in the kitchen accessible for use
- Clean and clear home of clutter
 - Remove rugs out of bathroom and kitchen
- Make sure all equipment that you may already have is easily accessible, clean and in safe working order
 - Borrow from friends or family or community loan closets







Preparing for Surgery: Health Condition Checklist How to Prevent Infection and Complications



>Control your blood sugar before, during and after your surgery.

Exercising and healthy weight loss.

You must STOP smoking (including cigars, e-cigarettes and vaping) 2 weeks before surgery and at least 2 weeks after surgery

Keep pets and animals away from the incision site after surgery.

Applying fresh linens to bed before surgery. No pets are to sleep in bed or on the sofa with you until cleared by your surgeon.





Preparing for Surgery: Health Condition Checklist How to Prevent Infection and Complications

- Advised no dental work within the 2-weeks prior to surgery and/or the first 3-months after surgery.
- Frequent UTI's, notify your primary team & surgeon.
- > Making sure skin is healthy and clean.
- Recommend no gel/dip/shellac polish on fingernails.
 - Artificial nails such as acrylics: must be unpolished, a light natural/nude polish is acceptable (can be removed with acetone).
 - Best to have only clear, clean nails.
- ➤ Good nutrition with adequate calories and protein.
- Stay hydrated
- ≻Sleep Hygiene

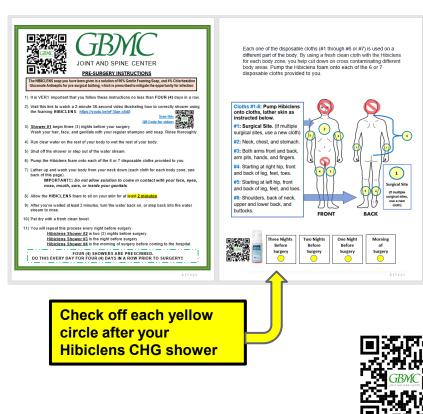
Resources:

- https://orthoinfo.aaos.org/en/treatment/surgery-and-smoking/
- Preparing for Surgery: Health Condition Checklist Ortholnfo AAOS
- <u>https://orthoinfo.aaos.org/en/treatment/preventing-infection-after-joint-replacement-surgery-video/</u>



Pre-surgery Hibiclens CHG Showers

Preventing Surgical Site Infection: Pre-Op Skin Preparation



- Hibiclens Shower #1 begin three (3) nights before your surgery
- Hibiclens Shower #2 is two (2) nights before surgery.
- Hibiclens Shower #3 is the night before surgery.
- Hibiclens Shower #4 is the morning of surgery before coming to the hospital.
- Hibiclens CHG Shower Video Please note GBMC J&S Center requires patients to complete 4 showers at home before surgery



4 Days of Pre-surgery CHG Showers



https://youtu.be/eF3tae-c6d8

Hibiclens Shower Video Please note GBMC J&S Center requires patients to complete 4-showers at home before surgery

- Pre-Surgical Scrub: 4% Chlorhexidine gluconate (CHG).
- > Four (4) Total CHG Showers at home.
- Begin three (3) nights before surgery, the 4th shower is the last application on the morning of surgery before coming to the hospital.
- Apply the CHG foam (two pumps) onto your 6 or 7 disposable cloths, lather the solution onto skin.
 Leave on skin for 2-5 minutes.
- Then rinse with shower water. Pat dry with a fresh clean towel.
- Avoid contact with your eyes, ears, mouth, and genitals.
- Do NOT shave or use hair removal lotions, deodorant, perfume, lotion, creams, or oils on your body.



What if I do not have anyone to help wash my back?







Review Your Home Medications Before Surgery

DO NOT STOP ALL MEDICATIONS.

Medications that need to be held before surgery will be reinstated after surgery.

Joint Center Patient Guidebook:

- > *Current Medication List* at the beginning of the book.
 - > Write the name of the Medication/Supplement/Vitamin.
 - The dosage, frequency (how many time you take it in a 24-hour day), and why you take the medication.
- > Read the *Anesthesia Guidelines for Home Medications*** section.

> Bring your Guidebook to ALL your Preop Appointments

- With your Provider you MUST review and discuss current medications, supplements, or vitamins you are taking.
- > Show them the Anesthesia Guidelines for Home Medications section.
- > Write down which medications to **stop** and **when to stop**.
- > Use the *Medication Chart* at the beginning of the book.
 - This chart will help you keep track of when to stop your daily or weekly medication(s), vitamin-E, supplements.



Current Medication List

Bring completed form to you primary care team and on the day of surgery

Refer to Pre-op Home Medication Guidelines (Anesthesia Home Medication Guidelines) for instructions regarding when to stop taking certain medication(s) prior to surgery.

Name:

Da	te	of	Bir	th:
~~		~		

Name of Medication	Dose	Frequency	Used for	Last Dose
1			0000101	
2				
3				
4				
				<u> </u>
	-			<u> </u>
				<u> </u>
·				<u> </u>
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17				
18				
19				

List all medication allergies, including Latex and IV contrast dye:

	Date:	_/_/_	_/_/_	_/_/_	_/_/_			_/_/_			_/_/_	_/_/_	_//	
	Medications to stop on:	Stop 14-days before surgery date	Stop 10-days before surgery date	Stop 9-days before surgery date	Stop 8-days before surgery date	Stop 7-days before surgery date	Stop 6-days before surgery date	Stop 5-days before surgery date	Stop 4-days before surgery date		Stop 2-days before surgery date	Stop 1-day before surgery date	Stop Morning of Surgery	Date and Time of the last dose taken:
	NSAIDs					x								
	Non-Steriodal Inflammatory Drugs					<u>^</u>								
suc														
dicatio														
dy Me														
Daily/Weekly Medications														
Daily														
• 2														
As reeded Medications														
Me														
Important Reminders for Tre-op Clearance: *Please refer to the pre-op packet from your surgeon's office/surgical scheduler * <u>30-days prior to surgery date</u> : Vistory and Physical , Cardiac Clearance, Pulmonary Clearance * <u>30-60 days prior to surgery date</u> : your primary care team may order the following items for you to complete. EKG, Echocardiagram, labwork (BMP, CMP, CBC w/platelets, ALC, PT/INR, PTT, Serum Hzg, Urinalysis w/Micro (only if symptometic for UTI) <u>10-30 days before surgery date</u> : MSSA/MRSA swab collected at GBMC's Diagnostic Center							lower back) fusion, Thoracic fusion, or a Itilevel (>2) Cervical (neck) Fusion. Begin		Begin antibacterial				Notes:	
					please arran	Rami or Dr. Igud ge to be fitted br	ace or hard colla	r before your	CHG skin prep 1st CHG					
					surgery with	Pavillion We	st, suite 705.	are located in the shower: 2nd CHG 3rd CHG 44 5. Shower: showe			4th CHG shower:			
					Call Synergy 443-681-8971. If you are a Dr. Dolitsky patient having a fusion surgery you will			3 nights before	2 nights before	3 nights before	morning of surgery			
						be fitted for a br at an OrthoMD		r	surgery	surgery	surgery	Surgery		
					***You mus	t bring this brace surge	with you on the	day of your						
ter:														

Located in Your J&S Center Neurosurgical Packet





Current Home Medications

- Can continue until day of surgery
- It is OK to take the morning of surgery with a sip of water at home:
 - **BETA BLOCKER** and/or **CALCIUM CHANEL BLOCKER** (DO NOT STOP TAKING)
 - Tylenol (acetaminophen)
 - > Oxycodone, Tramadol, Dilaudid, Neurontin, Flexeril and Skelaxin
 - Celebrex is the only NSAID that is OK
 - > Non-MAIO Anti-depressants, Anti-anxiety medications, Psychiatric medications
 - Anti-Seizure medications
 - Parkinson's medications
 - Asthma Inhalers/medications
 - Thyroid medications
 - Steroids: oral or inhaled
 - Cholesterol Medication-Statins: Zocor, Lipitor, Pravastatin
 - Birth Control Pills
 - Eye Drops



Current Medications

10 Days before surgery

- Stop anti-inflammatory drugs such as: Celebrex, Nabumetone, Ketolorac, Mobic (Meloxicam), Excedrin, Ibuprofen (Advil, Motrin), Naproxen (Aleve), and Robaxin
 - It is important to stop as they cause excessive bleeding during your surgery and recovery period.
 - Patients taking any prescribed blood thinners such as ASPIRIN or ASPIRIN products like; PLAVIX, TICLID, PRADAXA, ELIQUIS COUMADIN or WARFARIN should consult their prescribing physician or cardiologist in regard to stopping medication prior to surgery.



Current Medications

7 Days before surgery:

Stop Certain vitamins such as Vitamin E and Glucosamine

Stop All herbal products: fish oil, ginko biloba, ginseng, kava, dong quai, garlic, ma huang, St. john's wart and nonvitamin supplements. (These medications may cause excessive bleeding!)

Stop Diet medications





Current Medications

3 days before surgery

Stop topical medications

Stop Viagra, Levitra & Cialis







Current Diabetic Medications

4 days before surgery

- Stop SGLT-2 Inhibitor medications: Steglatro
- 3 days before surgery
 - Stop SGLT-2 Inhibitor medications: Jardiance, Invokana, Farxiga, and
- Wearable continuous blood glucose monitoring systems: please notify your surgeon and/ or anesthesiologist as soon as possible. GBMC nursing staff will monitor your blood glucose per hospital policy.
- If you have a wearable insulin pump system, please notify your surgeon and/or anesthesiologist as soon as possible.





Patient's taking a GLP-1 Agonist medication**

24 hours before surgery

Semaglutide (**Ozempic**, *Rybelsus*), dulaglutide (**Trulicity**), exenatide (**Bydureon**

BCise, **Byetta**), liraglutide (**Victoza**, Saxenda), lixisenatide (**Adlyxin**), etc.

- Diabetic medication, or
- **Off label use for weight loss
- STRICT PRE-op Diet Restrictions to be followed, failure to do so may cancel your surgery.
- CLEAR LIQUID DIET** starting 24 hours before your surgery time
 - Clear Liquids for 24h before surgery**
 - Coffee and tea without milk or non-dairy creamer (sweetener is ok)
 - Clear, nonfat broths
 - Fruit & vegetable juices that are strained & pulp free
 - Sodas & Sports drinks
 - Pulp-free popsicles
 - Jell-O

12 Midnight before surgery: Nothing by mouth





Pre-op Diet Instructions for patients NOT taking a GLP-1 medication

The Night Before Surgery:

- NO heavy meals** past 8 pm
 - You can snack up until midnight**
- NO eating past midnight**
 - NO mint, hard candies, and gum**
- If you do not have diabetes, GERD, obesity, or gastroparesis (a slow-moving gut):
 - You CAN drink clear liquids (a max total of 16 ounces) up to 2 hours before your surgery

> Patients who have the following, must STOP liquids 6 hours before surgery:

- Diabetes**
- Gastroesophageal Reflux Disease (GERD)
- BMI >39 (morbidly obese)
- Gastroparesis (Delayed gastric emptying)





Morning of Surgery

Blood Pressure Medication

- **Stop** ACE Inhibitors:
 - Examples: Lisinopril, Vasotec
- **Stop** Angiotensin Receptor Blockers:
 - Examples: Cozaar, Iosartan, Benicar, Candesartan, Atacand, Valsartan

You must review your medications with your cardiologist or primary care provider.

Use your guidebook to discuss which medications you should STOP or which medications you are allowed to take the with a sip of water the morning of your surgery.





Morning of Surgery...Continued...

Take your Beta blocker and/or Calcium Chanel blocker

- These two medications helps to treat abnormally rapid heart rhythms and other cardiac conditions.
- Take the with a sip of water at home before leaving the house the morning of your surgery.
- Discuss with your primary care or cardiologist if they want you to take your diuretics the morning of your surgery
 - >Examples: HCTZ, Lasix





Morning of Surgery...continued.

Heartburn vs. ulcer medicine

- Acid blockers should be taken with a sip of water at home before leaving for the hospital; helps to reduce the risk of aspiration pneumonia.
 - Examples: Zantac, Pepcid, Axid, Prilosec, Pantoprazole, Reglan
- Antacids should NOT be taken they contain particulate material that may damage the lungs if aspirated
 - Examples: Maalox, Tums, Carafate

No CBD/THC products on the day of your surgery.





What to Bring to the Hospital

- Your ID card and Insurance card/Medicare card
- Advance directive
- List of home medications (leave actual medications at home)
- Preop CHG wash form
- Bring in glasses, contact lenses, hearing aids, and dentures
- Regular clothing
 - Loose fitting shorts or pants; elastic waist is easiest, under garments
 - Walking shoes with good ankle support (no open heel shoes). Do not buy new shoes - bring something comfortable
- Back brace (For multi-level spinal fusions, your surgeon will order and have you fitted for one before your surgery date)
- Shoe inserts or splints that you normally use
- CPAP machine** (if you have sleep apnea)







Arriving to the Hospital on the Day of Surgery



- Arrive at the hospital at least
 2 hours before your surgery time.
- > Park in Lily Garage.
- Take elevator to the main floor to enter Lobby E.
- Lobby E is on the 3rd floor of main hospital.





Directions to the General Operating Room (GOR)

➢Once inside, Lobby E, walk down the corridor, you will pass a sitting area on the LEFT.



Continue until you reach elevator E.

➤Take Elevator E on the left to the 4th floor



When you exit the elevator walk straight forward to the GOR registration desk.







The Pre-operative/Intra-op Areas

In Pre-Op

- > You will be given a hospital gown to change into
- > You will be given in this pre-op area:
 - CHG wipes to clean your skin a 5th time
 - Nozin Nasal Sanitizer to begin your antimicrobial intranasal coverage
- > Meet your surgical team: surgeon, nurse, anesthesiologist, tech
- Admission database will be completed
- Vital signs, IV will be started; IV fluids and antibiotic(s)
- > 1 visitor is allowed in the pre-op area







Pre-op Infection Prevention



Do you have an orange fruit oil allergy?

***You will receive the Nozin at GBMC



Intended Use: Nozin[®] Nasal Sanitizer[®] is a topical antiseptic used to decrease bacteria on the nasal vestibule skin. Active Ingredient: Alcohol 62%.

Precautions: Use ONLY with sleeve on ampule. Do not extend ampule into nose beyond swab tip. Refer to Instructions for Use (IFU) for complete product information. ©2017-2020 Global Ulfe Technologies Corp. AL rights ceserved, Made in USA



After Surgery

PACU I (postanesthesia care unit)

- > You will wake up and probably feel sleepy
- > Your vital signs will be assessed every 15 minutes
- > Cardiac and oxygen monitors will be in place
- Pain medications are available as needed
- Your anesthetist will evaluate your progress, once you have met the criteria for the next phase: vital signs are stable, pain is managed, and the room you will be transferred to is clean:
 - > GBMC's pre-approved *Same-Day Discharge patients* will be *begin the PACU II phase*
 - GBMC's hospital admit patient will be transferred to Unit 58

Same-Day Discharge patients

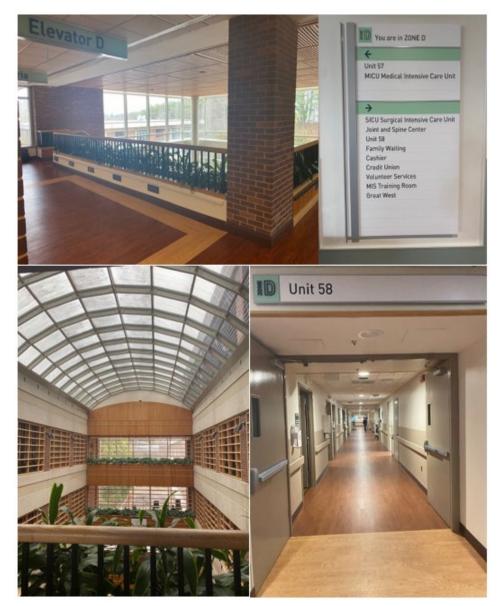
PACU II phase for discharge home:

- Meet your Registered Nurse (RN)
- You will be given your Nozin 12 mL bottle kit; your nurse will teach you how to apply and when to apply the Nozin. Your first dose will be given at this time.
- Goals for Discharge: You will need to urinate, be medically stable (vital signs within normal limits, pain managed), and be given the final clearance for home by your surgeon/provider.
 - Your Home Discharge Instructions (AVS) and post-op supplies will be provided to you and support person by your discharge nurse.



Hospital Admission: in-patient admit

- Once your vital signs are stable and pain is managed. Your anesthetist will clear you for transfer from the PACU to Unit 58.
- Unit 58 is located on the 5th floor of Zone D (Labor & Delivery entrance)





Admission to Unit 58

- Private room
- Meet your RN (Registered Nurse) and NST (Nurse Support Tech)
- Communication Board updated
- Welcome Folder and your Nozin 12 mL bottle kit will be given to you when you arrive to U58.
 - Upon arrival, the nurse will be teaching you how to give yourself a dose of Nozin from your home kit.





Post-op Infection Prevention

- First dose: after surgery upon arrival to U58
 - Same-day discharge given in PACU
- Next dose: at 9 pm, then every 12 hours
- Continue every 12 hours until your 1st post-op visit or until the bottle is empty (30 days) Nózin





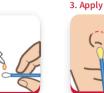


Re-saturate the swab tip by

applying two (2) drops of

solution







Nozin

Insert swab tip into RIGHT nostril. Swab eight (8) times clockwise and eight (8) times counterclockwise.

Apply Left Nostril



Repeat application steps 3 - 4 in the LEFT nostril.

> Nozin @2017-2020 Glob al Life Technologies Corp. All rights rved. Made in USA. Nozin*, Nasal Sanitizer Popswab® are trademarks of Global Life hnologies Corp. Patent Nos.: no zin.com (patent

Do you have an **orange fruit oil allergy**?

Ensure swab rotation

including the inside tip of

have nasal bleeding or irritation.

bacteria on the nasal vestibule skin.

Active Ingredient: Alcohol 62%

Do not use if you have allergy to citrus oil, or you

Precautions: Do not extend applicator into nose beyond swab tip.

Intended Use: Nozin® Nasal Sanitizer® is a topical antiseptic used to decrease

Please also refer to Instructions for Use (IFU), product package and Nozin.com.

covers all surfaces,

the nostril.





Visitor Policy: Inpatient Adult Units

Visiting hours are from 8am-9pm

4 visitors are allowed at a time, 1-visitor can stay overnight (9p-8a).
 No children under 18 may stay overnight.



Visitors under the age of 10 years are now permitted to visit inpatient areas.

> They must remain under the supervision of a responsible adult who is not a patient.

Visitors under the age of 14 must remain under the supervision of a responsible visiting adult.
 A patient may not be the designated adult.

> Visitation guidelines will reflect our Zero Tolerance policy as it relates to disruptive behavior.

Visitors with any respiratory symptoms must wear a mask covering the nose and mouth at all times

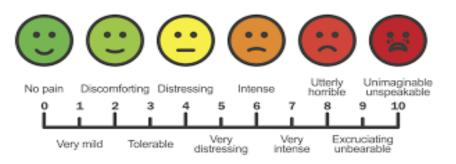


Pain Management

➢ Pain scale 0-10

- ➢ "0" means no pain
- "10" means the worst pain that you have ever had
- Remember: You should not expect your pain level to be "0" after surgery

- Pain medications are available as needed (prn), you must ask for your pain medications.
- Call your nurse when you are experiencing pain above your goal





Sequential Compression Device

- Used on your lower extremities to help circulation
- Help prevent blood clots





Lung Exercises: Before Surgery & After

Surgery

Purpose:

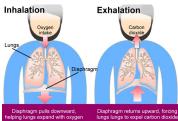
These exercises will help to optimize the functions of your lungs when breathing in and out, increasing oxygen and carbon dioxide exchange before, during, and after surgery.

Will help prevent complications such as pneumonia infection and/or collapse of lungs. Improves wound healing.

- Before surgery: At least 30 times throughout the day, starting in the morning.
- After surgery: 10 times an hour when awake.

Deep Breathing & Coughing

- 1. Sit upright.
- 2. Take a few slow breaths, then take a slow, deep breath in through your nose.
- 3. Hold your breath for 2-5 seconds.
- 4. Gently and Slowly breathe out through your mouth making an "O" shape.
- 5. Repeat 10-15 times.



Incentive Spirometer

- 1. Exhale.
- 2. Place mouth on mouthpiece.
- 3. <u>Take a slow</u>, **deep breath in** and hold for 5-10 seconds.



4. Exhale.

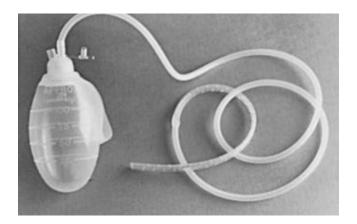


How to Properly Use an Incentive Spirometer



Surgical Drains

- A surgical drain is a tube used to collect blood or other fluids from a wound
- If you need a drain, it will be placed by your surgeon during your surgery





Jackson Pratt (JP Drain)

Hemovac





Cervical Collar

- For patients having cervical surgery:
 - Your surgeon may order a soft collar or a hard collar depending on the type of surgery
 - Patients are usually ordered a soft collar for comfort and maintaining spine precaution



Soft Collar





Philadelphia

Aspen





Lumbar Brace

- For patients having a lumbar fusion
 - > Your surgeon may order a brace to wear when you are out of bed
 - You need to be fitted for your brace prior to surgery
 - Call Synergy Orthopedics: 443-681-8971
 - Bring your brace to the hospital



LSO





TLSO



Insurance only covers for one back brace - **Do not give or throw away your brace!**



Abdominal Binders



- These are supplied by GBMC on your day of surgery
- Lumbar fusions: worn while in bed for comfort
- Lumbar Laminectomy and Microdiscectomy: worn for comfort



Fall Prevention Risk

- Red non-skid socks will be placed on you, signaling that you are at a high risk for experiencing a fall
- Do NOT get up without the help staff assisting you.
- ➤Use walker
- ➤Use your call bell







SPINAL PRECAUTIONS





Spinal Precautions Video



Spinal Precautions Video

Greater Baltimore Center for Rehabilitation Medicine Acute Care Physical & Occupational Therapy

Spinal Precautions

Log rolling to a seated position in the bed. Log rolling will maintain spinal precautions to decrease pain and discomfort.



Bend your knees while lying flat on your back.



Roll to your side while keeping your shoulders and hips aligned and without twisting your back.



When moving from a seated to a lying-down position, replicate this process in reverse. Push up with your arms to slowly raise your body as you lower your legs to the floor.

<u>No Bridging</u>

To prevent undue stress or strain on your spine, do not lift your hips off the bed while lying down.



Spinal Precautions Video: https://vimeo.com/85639951 1/d507073358?share=copy



What to Expect in the Hospital

Post-op day 1

- If you have a urinary catheter, it will be discontinued
- You will be evaluated by physical therapy (PT) and occupational therapy (OT)
- You will have one individual therapy session every day starting the morning after your surgery

Post-op days 2 & 3

- More therapy walking in halls and going to the gym to practice getting in and out of the tub/shower, in and out of the car, and going up and down stairs
- > The drain may be removed before you are discharged.



Rehabilitation: PT versus OT

Physical Therapy – helps you with functional mobility

- Walking
- Getting in/out of bed
- Transfers into/out of a chair
- Going up/down steps
- Doing your exercise program

Occupational Therapy – helps you with functional activities of daily living (ADL)

- Getting dressed and bathed
- Getting in/out of tub/shower
- Using the toilet
- Car transfers
- Getting items out of refrigerator/cabinets
- How to use adaptive equipment if needed





Possible Medical Equipment Needs

Raised toilet seats, bedside commodes, and toilet seat frames





Raised Toilet Seat



Toilet Safety Frame

Bedside Commode



Tub/Shower Chair

Bedside commode

- Can be used next to your bed
- Can be used as a shower chair
- for your walk-in shower
- Can raise the height of your toilet

Tub Seat/Shower Chair

- Decreases the risk of falls in the shower or tub
- Allows you to safely sit while showering if you have pain, dizziness, or get tired easily

Shower doors on bathtubs may need to be removed





Possible Medical Equipment Needs





Case Management

The Case Manager on Unit 58 will visit you the day after your surgery to continue working on your discharge planning needs

- Home with Out-Patient Therapy
- Home with Home Physical Therapy
- Skilled Nursing Facility (SNF)
- Equipment for home
- Offering resources



Medical Orders for Life-Sustaining Treatment (MOLST)

MOLST

- Portable medical order form covering options for cardiopulmonary resuscitation and other life-sustaining treatments
 - Does not expire
 - Medical orders are based on a patient's wishes about medical treatments
 - > The advance practitioner or surgeon will have the paperwork.
- Are not Advance Directives
- All patients that are transferred to another facility will require a MOLST form prior to EMS transport



Discharge Day (from Unit 58)

Neurosurgical team and physical therapist will need to clear you for discharge or transfer.

Occupation Therapy will teach you how to get in and out of the car maintaining your spinal precautions.

> You will need to know your spinal precautions.



Average Length of Hospital Stay

- Microdiscectomy, laminectomy, etc: Same-day discharge home from the PACU
- Cervical Fusion: Anterior approach (from the front), 23 hour stay on U58
- Cervical Fusion: Posterior approach (from the back), 2 days on U58
- Lumbar Fusion: 2-3 nights stay on U58

YOU WILL NEED SOMEONE TO DRIVE YOU HOME WHEN YOU ARE RELEASED FOLLOWING SURGERY!



General Post-Op Care

- Allow approximately 6 weeks for lumbar surgery and 4 weeks for cervical surgery for healing.
- > Surgical dressing and incision care follow instructions in your AVS.
- > Walking is the only exercise encouraged.
- ➢ No lifting anything over 8-10 lbs.
- Minimize the use of stair and cars.
- No driving until you are seen for your 6-week post-op visit, unless otherwise instructed.
- Use your Nozin nasal sanitizer twice a day, every 12 hours.
- Daily CHG showers (*no soaking in the bath*)
- You will be sent home with prescriptions for pain medication. If you need a refill, call the office 3 days in advance. Prescriptions will not be addressed on weekends or after hours.
- The Maryland Department of Health & Mental Hygiene, you will be prescribed an opioid antidote called Naloxone (Narcan) in the event of an overdose.





Notify Your Nurse/Surgeon

- If weakness, numbness, or pain worsens
- If you have trouble swallowing, swelling/mass, increase hoarseness to your voice
- > A temperature above 100.5

Notify the office immediately for any drainage, redness, tenderness, swelling.





Wound Care

Keep wound clean and dry.

Your surgical dressing should be removed before discharge and redressed with gauze and tape by the surgical PA/NP. Follow your AVS (discharge instructions)

- If you have steri-strips, they will fall off on their own.
- You may take a shower, if your incision is not draining.
 - Do not scrub the incision.
 - > Dry area completely after showering. NO tub bathing for at least 4 weeks after surgery.
- Do not use lotions or moisturizes on your incision.
- Do not manipulate (pick or probe) your incision in any way.
- Schedule your post-op visit 7-14 days after surgery for a wound check for suture/staple removal





Wound Care

A simple visual check for infection should be all that is needed each day

Change dressing per your surgeon's instructions.

> Keep incision out of direct sunlight.

Do not actively clean your incision unless you are specifically instructed to do so.





Wound Care

- Lumbar Incision (lower back) & Abdomen Incision: Clear dressing will stay in place for 48h. During this 48h, you may only shower if dressing is intact. After 48h, you can get your incision wet, but pat dry and place a new, clean, dry dressing of gauze & tape. Change daily until wound check; you may require another person's help.
- **Cervical Incision (back of neck):** Clear dressing will stay in place for 48h. After 48h, you can shower and get your incision wet, but pat dry and place a new, clean, dry dressing of gauze & tape. Change daily until wound check ; *you may require another person's help.*
- Cervical Incision (front of neck): Clear dressing will stay in place for 48h, then can be removed and incision open to air. Steri-strips will be under dressing and can get wet, but pat dry.



Preventing Surgical Site Infection

- > Use Hibiclens Foam CHG with daily showers.
- Use each day for 5 days, for any concerns check with your surgeon if you need to use this past this point
- Nozin: Continue every 12 hours until your 1st post-op visit or until the bottle is empty (30 days, twice a day)







What Should My Incision Look Like? Minimal redness, no drainage and no swelling.







Anterior Cervical Fusion Posterior Cervical Fusion Lumbar Surgery



What Should My Incision NOT Look Like?

Swelling, spreading redness, warm, and tender.







What Should My Incision Not Look Like?

Do not let your waist band rub across your incision!







Call Your Surgeon If You Have Drainage







Discharge Day Checklist Guide - Spine

- I have reviewed my discharge instructions with the nurse
- L know who is my support person/help at home

Post-op Physical Therapy/Occupational Therapy Agency: ______

- Phone # ______
- If I haven't heard from the Physical Therapy Agency 3-days after discharge or have any issues with scheduling, I will call my surgeon's office as soon as possible
- Do I have my prescription(s)?
 - > Medication(s) MUST be picked up the day of discharge
 - > GBMC Walgreens can deliver your medications to your room, accepts cash or credit cards
- Do I know the reason for and side effects of my prescriptions?

I have my...

- Walker and/or cane (if you do not have one, insurance approval is needed)
- Dressing material: gauze and Tegaderm/tape (if needed)
- 5 Bottles CHG Solution and Disposable Wipes
- Nozine Nasal Sanitizere 12-mL bottle and starter cotton swabs
- Back brace or cervical collar (if ordered)
- Belongings that I brought into the hospital
- □ I will call my surgeon's office with any signs of infection such as, redness,
 - swelling, tenderness, or puss-like drainage
- Please contact your surgeon's office with any questions at (______)



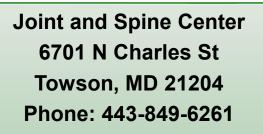








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