

Spinal Surgery Patient Handbook



Ocala Health
We Stand By You.



Ocala Health

Ocala Regional Medical Center
West Marion Community Hospital

Welcome to Ocala Health

Thank you for choosing Ocala Health to help restore you to a higher quality of living following your spinal surgery.

During your stay with us we hope you will notice that we try not to be what everyone envisions as a “typical” hospital. We will do our best to encourage you as we promote an attitude of wellness and place an emphasis on your health, rehabilitation and satisfaction. We feel these are important components of you getting better.

Ocala Health has developed a comprehensive course of treatment. We believe that you play a key role in ensuring a successful recovery. Our goal is to involve you in your treatment through each step of the program. This patient guide will give you the necessary information for a safe and successful surgical outcome.

Your team includes physicians, physician assistants, patient care technicians, nurses, and physical and occupational therapists specializing in spinal care. Every detail, from pre-operative teaching to post-operative exercising, will be considered and reviewed with you.

We look forward to meeting you and your family and being a positive part of your experience at Ocala Health.

Purpose of This Handbook

Preparation, education, continuity of care, and a pre-planned discharge are essential for optimum results with spinal surgery. Communication is essential to this process. This handbook is a communication and education tool for patients so you know what to expect and what to do.

Remember this is just a guide. Your physician, physician assistant, nurse or therapist may add to or change many of these recommendations. **Always use your doctor’s recommendations first** and ask questions if you are unsure of any information. Keep your handbook as a reference.

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General Information

Ocala Health

Ocala Health offers a dedicated neurosurgical unit located at Ocala Regional Medical Center featuring:

- Nurses, therapists and patient-care technicians who specialize in the care of neurosurgery patients.
- Private rooms.
- Emphasis on encouraging independent activities.
- Physical and occupational therapists to educate about how assistive devices are used, as well as body mechanics and BLTs (Bending, Lifting, Twisting) and energy conservation techniques, during activities of daily living, work and leisure.
- Education for family and friends who wish to participate as “coaches” in the recovery process.
- A Clinical Coordinator (RN) who coordinates all pre-operative and in-house education.
- A Clinical Coordinator (RN) who collaborates with all team members to ensure your stay is comfortable and rewarding.

Exercise Your Right

Put your health care decisions in writing.

It is the policy of Ocala Health System to place patient’s wishes and individual considerations at the forefront of its care and to respect and uphold those wishes.

What are advance medical directives?

Advance directives are a means of communicating to all caregivers the patient’s wishes regarding healthcare. If a patient has a living will or has appointed a healthcare agent and is no longer able to express his or her wishes to the physician, family or hospital staff, Ocala Health System is committed to honoring the wishes of the patient, as they are documented, at the time the patient was able to make that determination.

There are different types of advance directives.

Living wills are written instructions that explain your wishes for healthcare if you have a terminal condition or an irreversible coma and are unable to communicate.

Appointment of a healthcare surrogate (sometimes called a medical power of attorney) is a document that lets you name a person (your agent) to make medical decisions for you, if you become unable to do so.

Healthcare instructions are your specific choices regarding use of life-sustaining equipment, hydration, nutrition and use of pain medications.

On admission to the hospital, you will be asked if you have an advance directive. If you do, please bring copies of the documents to the hospital with you, so they can become a part of your medical record. Advance directives are not a requirement for hospital admission.

Anesthesia and You

The physicians of the Ocala Health Anesthesia Department are looking forward to serving you during your upcoming neurosurgery.

Your anesthesiologist will see you before surgery. He will review your medical history and perform a brief physical examination. The anesthesiologist will discuss your options for anesthesia during your surgery.

We would like to take this opportunity to familiarize you with the types of anesthesia available. Keep in mind that your anesthesiologist, based on your history, physical exam, type of surgery and other factors, may suggest one particular anesthesia technique.

The technique that most patients are familiar with is general anesthesia. With this type, the patient is unconscious during the procedure and the anesthesiologist may use a variety of drugs. Your anesthesiologist and surgeon will be available to explain in more detail the type of pain control that is best suited for you.

Pre-Operative Check List

Preparing for Surgery: What to Do

Stop Medications that Increase Bleeding – Before surgery stop all anti-inflammatory medications per your surgeon, such as Motrin, Naproxen, Vitamin E and all herbal medications. These medications may cause increased bleeding. If you are on Coumadin or Plavix, you will need special instructions for stopping these medications. Your doctor will inform you when to stop taking these medications.

Pre-Admission Visit to Hospital – During the week prior to surgery, your doctor's office will have provided you with an appointment at the hospital for "pre-admission." This process takes approximately 1–2 hours. During this time, the lab work, electrocardiogram and chest x-ray (if necessary) are completed. You will be given an identification wristband to wear until after surgery. This wristband is required to match you accurately to your respective blood donation or blood donor.

Day Before Surgery – Hospital personnel will inform you of what time to arrive at the hospital. You will be asked to come to the hospital 1 1/2–2 hours before the scheduled surgery to give the nursing staff sufficient time to prepare you and answer questions. It is important that you arrive on time to the hospital because sometimes the surgical time is moved up at the last minute and your surgery could begin earlier. If you are late, it may create a significant problem with starting your surgery on time. In some cases, tardiness could result in moving your surgery to a later time.

Night Before Surgery – Try to finish your solid food by 7 p.m. unless otherwise instructed by your surgeon. You may have clear liquids only from 7 pm to midnight. **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT**, unless you have been specifically instructed by your physician or anesthesiologist to take a specific medication. **ALSO, DO NOT USE TOBACCO PRODUCTS, EAT CANDY OR CHEW GUM.**

Shower Twice Prior to Surgery! – Take a shower the night before and the morning of surgery using the special soap provided during your pre-admission visit. If you did not receive this soap, then any anti-bacterial soap will be fine.

Directions:

1. Use the special soap on a wash cloth.
2. Wash all areas of your body except face and vaginal area with the special soap.
3. Wash the area where you are going to have surgery thoroughly.
4. Rinse as usual. Dress as usual.

Your surgeon recommends bathing twice and using special soap to reduce the amount of germs on your skin prior to surgery. You should put on clean pajamas and clean linen on your bed.

Prepare Your Home for Your Return from the Hospital

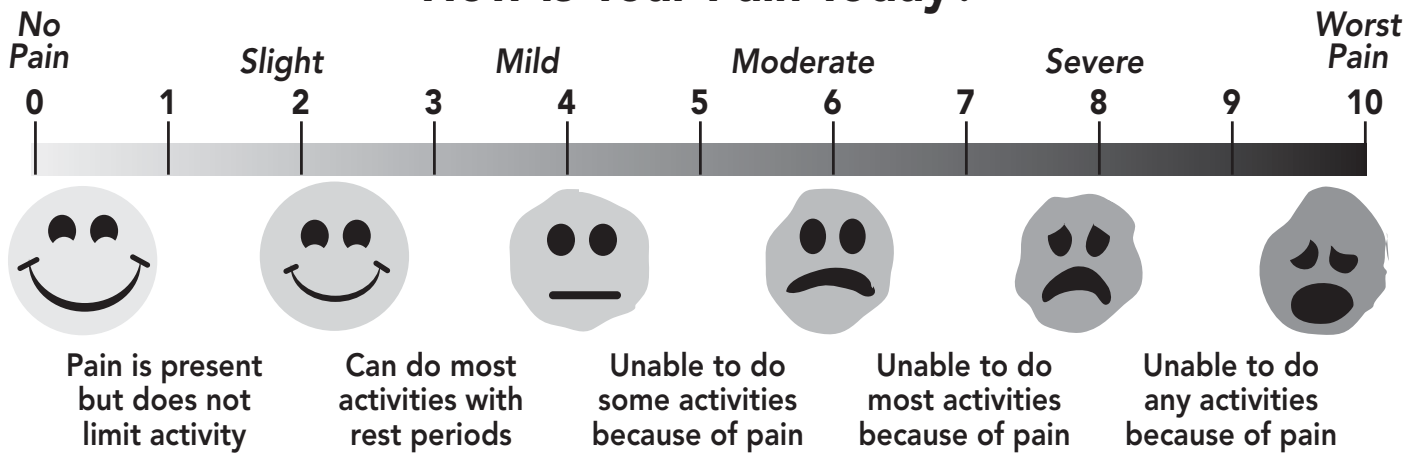
Have your house ready for your arrival back home: clean; do the laundry and put it away; put clean linens on the bed; prepare meals and freeze them in single serving containers; cut the grass, tend to the garden and other yard work; pick up throw rugs and tack down loose carpeting; remove electrical cords and other obstructions from walkways; install nightlights in bathrooms, bedrooms and hallways; arrange to have someone collect your mail and take care of pets or loved-ones, if necessary.

What to bring to the hospital

- List of medications: include drug name, dose and amount to take, and how many times a day you take them.
- Robe.
- Shoes with non-skid soles – tennis shoes or flat shoes with rubber or crepe soles.
- Personal hygiene items (toothbrush, powder, deodorant, razor, lip balm, lotion, etc.) Shaving equipment for men.
- Comfortable loose fitting clothing (tops, shorts, sweats) for group therapy.
- Copy of your advance directive, if you have one.

Please leave all valuables at home!!!

How is Your Pain Today?



Pre-Operative Back or Neck Exercises and Goals

Activity Guidelines

Exercises Before Surgery

It is important to be as fit as possible before undergoing back or neck surgery. This will make your recovery much faster. Shown below are exercises you should start doing now and continue until your surgery. You should be able to do them in 15–20 minutes, and it is recommended that you do all of them twice a day. It is not harmful for you to do more. Consider this as a minimum amount of exercise prior to your surgery. If your surgeon has provided you with exercises, please use those as well.

Also, remember that you need to strengthen your entire body. It is very important for you to strengthen your arms. You will be relying on your arms to help you get in and out of bed and chairs, walk, and to do your exercises post-operatively.

Stop any exercise that is too painful.



Quad Sets

Lie on back, slowly tighten muscles on front of thigh and press knee into mat.



Gluteal Squeezes

Squeeze buttock muscles as tightly as possible, count to 10 (don't hold breath).



Marching

Take relaxed, alternating steps.

Hospital Care

Day of Surgery

- Follow instructions given to you at pre-registration.
- Remain NPO (no food, no water) as instructed.
- Arrive at the hospital at the designated time and go to Registration.
- Then, you will be escorted to the pre-operative area.

In the Pre-Operative area, preparation for surgery will include:

- An IV line will be started in your forearm to replace fluids during your surgery.
- Sticky patches, called electrodes, will be placed on your upper chest to monitor your heart rhythm and function.
- As you are transported into the operating room, you may notice bright lights and lots of equipment.

In the Operating Room:

The anesthesia team will be right there with you monitoring your vital signs and administering the anesthesia he/she discussed with you. If under general anesthesia, the anesthesiologist will monitor your breathing by inserting an endotracheal tube into your throat. At this time, a urinary catheter may also be inserted for accurate measuring of urine output.

Highly trained nurses will be by your side to maintain sterile procedures and to provide for your care.

After the surgery, you will go to the Post Anesthesia Care Unit (also known as the Recovery Room), where the nurse will monitor you closely as you are awakening. You will then be transferred to your room. Once you are in your room, you may be assisted out of bed.

First Day After Surgery

During your first day of recovery, you will take pain medication as needed. You will also have your dressings or bandages changed, lab tests done, and intravenous (IV) fluids and/or your draining tub removed. You will also participate in:

- Dressing and bathing activities
- Physical and occupational therapy (if ordered by your physician)
- Turning, ambulating, and deep breathing using your incentive spirometer
- Planning your next level of care, your discharge location, and any equipment needs with your nursing staff or case manager

Second Day After Surgery

Depending on your surgery and your recovery progression, your surgeon will determine if additional days are required in the hospital. During your second day in the hospital, you will:

- Take your pain medication as needed
- Continue to work with physical and/or occupational therapy
- Continue to deep breathe and use your incentive spirometer (lung exercises)
- Continue to discuss discharge planning

Discharge Day

You will be discharged from the hospital when you are able to:

- Eat and drink to prevent dehydration
- Effectively manage any pain
- Increase your mobility (walking and exercising)
- Empty your bladder without any problems

Going Home

Someone responsible needs to drive you home. You will receive written discharge instructions concerning medications, physical therapy, activity, etc. The case manager will arrange for equipment and home health services as ordered by your doctor.

Rehab Facility

If you are going to a rehab facility following your surgery, the case manager will work with you to arrange the transportation and transfer to the facility of your choice.

Case Management Services

Case managers are nurses or social workers whose role is to provide you and your family members with the information necessary to make informed decisions about your health care and, more specifically, your post-hospital needs.

Some of the services that may be provided by case managers include:

- Discharge planning assistance (which includes rehabilitation placement, nursing home placement, home healthcare referrals, community resource referrals and medical equipment referrals).
- Social services assistance.
- Assistance with insurance questions or coordination of benefits.
- Assistance with advance directives or living wills.
- Referrals to our financial counselors.
- Any questions or concerns you may have about the coordination of your care before, during or after your hospital stay.

Inpatient Rehab or Skilled Nursing Facility (SNF):

If you or your family member needs placement in a skilled nursing facility, you will be assisted by your case manager.

Important information about placement:

Medicare will pay for skilled nursing home placement under certain conditions. You must have a qualifying three-day hospital stay and need skilled care such as:

1. Physical therapy
2. Wound care
3. Newly diagnosed diabetic
4. Newly placed gastric tube

Medicare pays 100% for the first 20 days if skilled care is needed, received, and the patient is actively participating with care. Medicare proceeds to cover 80% for day 21 through day 100. Some secondary insurances will pay for the other 20% for a few days more. Managed Medicare Insurances (depending on their policies) may have different co-pays and deductibles.

The daily 20% co-insurance charge may be paid by:

1. Many secondary insurances (some nursing home facilities do not bill co-insurance, so patient will pay and be reimbursed by the insurance).
2. Private payment by patient.
3. Medicaid for those qualifying financially.

Medicare does not pay for custodial care. Care is considered custodial if a patient does not need or no longer requires skilled care, or is not able to make continued progress in the therapy program. The patient must then pay for nursing home care privately or qualify and apply for Medicaid.

Medicare HMO/PPO replacement policies do not follow the same conditions as Medicare for skilled care in a nursing home. The individual company will need to be contacted to determine your nursing home benefits.

You will be requested to select more than one facility. Your first choice may be full on day of discharge; therefore, it will be necessary to refer to your second or third choice. It is much easier to place you in a rehab facility you have toured, to ensure your needs and expectations will be met. Each of your doctors may have a preferred facility they would like you to use; however, you have the right to request any facility. If you have insurance, we recommend you know the name of the facilities that are "In-Network" for your insurance, so you will be assured that the facility we are obtaining for you will be at the least possible cost to you.

(continues)

(Case Management Services continues)

Transportation cost to the SNF is your responsibility; however, at this time, some SNFs are paying for the transport by non-emergent medical transport vans from our facility to their facility. Medicare and most insurance companies do not pay for transport. Medicaid will pay for stretcher transport under certain conditions. Transport arrangements are made the day of hospital discharge by the case manager. If the SNF does not cover the transportation cost then fees are due at time of transport. Arrangements can be made to be billed later; however, this usually includes an extra fee.

You will be requested to sign a "Bill of Rights" or a "Choice Letter" to release your information to the rehabilitation facilities of your choice.

Discharge Planning Interview:

The day after your surgery, a case manager will interview you to determine your discharge plan to a skilled nursing facility or referral to a home healthcare agency. Once you authorize the release of your medical information, insurance information, and Social Security number to the home healthcare agency or SNFs you prefer, referrals will be generated and services arranged on your behalf.

If you would like to use a home healthcare agency that you have used in the past, please provide the name of the agency to your case manager.

There will be equipment ordered by your physician that the case manager will arrange to have delivered to the hospital or your home as appropriate. Your insurance will cover most to all of the cost, if ordered, after your surgery. If you have discharge planning needs that are identified by the nursing staff, your physician, physical therapy, or any member of the healthcare team, they will notify your case manager.

If you have additional questions, please contact case management at 401-1391.

Post-Operative Care

Post-Operative Care

Caring For Yourself at Home

When you go home, there are a variety of things you need to know for your safety, your speedy recovery and your comfort.

Control Your Discomfort

- Take your pain medicine at least 30 minutes before physical therapy.
- Use ice for pain control, but do not use more than 20 minutes at a time each hour. You can use it before and after your exercise program. Use "ice man" or a bag of frozen peas wrapped in a kitchen towel. Mark the bag of peas and return them to the freezer (to be used as an ice pack later).

Body Changes

- Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return. You may loosen your brace to eat.
- You may have difficulty sleeping. This is normal.
- Your energy level will be decreased for the first month.
- **Pain medication contains narcotics, which promote constipation. Use stool softeners or laxatives such as milk of magnesia, if necessary. Drink plenty of fluids.**

Things to Keep in Mind

- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or that have non-skid backs.
- Be aware of all floor hazards such as pets, small objects or uneven surfaces.
- Provide good lighting throughout your house. Install nightlights in the bathrooms, bedrooms and hallways.
- Shower with mild soap and do not put any creams on your incision – keep it clean and dry.
- Keep extension cords and telephone cords out of pathways. **DO NOT** run wires under rugs, this is a fire hazard.
- **DO NOT** wear open-toed slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with arms. It makes it easier to get up.
- Rise slowly from either a sitting or lying position in order not to get light-headed.
- **DO NOT** lift objects greater than 5-10 lbs. for the first month, and then only with your surgeon's permission
- Stop and think. Use good judgment.

What to Do for Exercise

- Short, frequent walks
- Exercise (provided in booklet)
- Until cleared by doctor

Your Pre-Admission Testing

What to Expect

Your physician has requested that you have a pre-admission testing visit. This visit usually occurs 3–5 days prior to your surgery. You may have tests done during this visit which may include blood and/or urine collection, EKG, and X-Ray. You can expect to be present at this appointment for 1½–2 hours. The goal of this appointment is to reduce delays or cancellations on the day of surgery.

A registered nurse may call you prior to your pre-admission testing visit to obtain a medical, surgical and medication history. This will make your pre-admission testing visit shorter. During this call, the nurse will provide you with day of surgery instructions and expectations. If a nurse does not call you prior to your testing appointment, this procedure will be completed during your visit.

What to Bring

- ✓ Any paperwork or orders from your physician.
- ✓ Insurance card(s) and photo ID.
- ✓ A list of surgeries and/or hospitalizations, and any recent testing.
- ✓ All medications that you take, including over-the-counter and herbal medicines.

Your Pre-Admission Testing Appointment is Scheduled:

_____/_____/_____ at _____ a.m. p.m.

Ocala Regional Medical Center (see map on pg. 9)



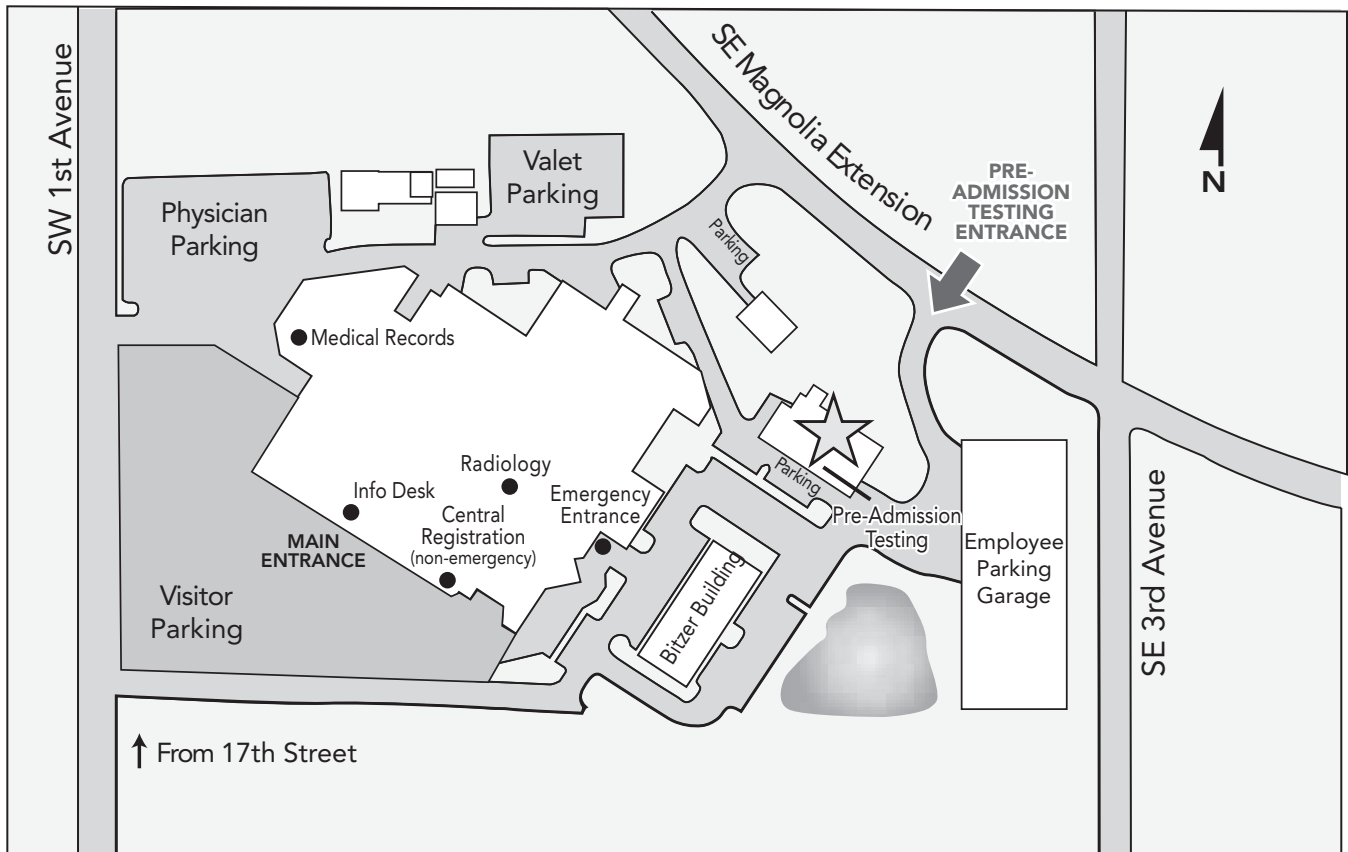
Ocala Health

Ocala Regional Medical Center

PRE-ADMISSION CENTER

The Pre-Admission Center ★ is located to the rear of the Ocala Regional Medical Center Campus (next to the Bitzer Building).

Please enter from Magnolia Extension and park in designated spots adjacent to Pre-Admission Center.



Patients can complete pre-admission registration, laboratory testing, radiological testing, and nurse teaching in one location.

Hours: 8 a.m. – 4 p.m.

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