

My spine surgery journey



Ascension
Saint Thomas

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Important information

Surgeon

Phone number

Primary care doctor

Phone number

Care transition nurse

Phone number

Pharmacy

Phone number

Allergies

My hospital

Ascension Saint Thomas Hospital Midtown

Surgery and Critical Care Tower

300 21st Ave. N.

Nashville, TN 37203

t 615-284-5555

Ascension Saint Thomas Hospital West

4220 Harding Pike

Nashville, TN 37205

t 615-222-2111

Ascension Saint Thomas Rutherford

1700 Medical Center Parkway

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The “three things” — medical preparation for surgery

Your surgeon may ask you to obtain any of these “three things” to further assess your health before your surgery:

1. Pre-admission testing (PAT) at the Pre-Op Medicine Clinic (POMC)

- All patients are required to undergo pre-admission testing before surgery.
- Pre-admission testing may include blood work, urine testing, EKG and other additional testing that the doctor and anesthesiologist may need to perform your surgery.
- A brief medical exam may be performed to assess your overall health prior to surgery.
- Bring your home medications in their original containers, including over-the-counter medications and herbal supplements.
- These appointments will take several hours or may require more than one visit. Please eat prior to coming unless otherwise instructed or bring a snack.
- You will be advised of which medications you should stop taking prior to surgery, and any medications you may take the morning of surgery.
- You will be asked to sign several forms for permission to treat you during your hospital stay and to provide billing information.
- You will receive information about a Living Will and Durable Power of Attorney. If you already have these documents, please bring a copy with you.

2. Medical clearance

- If issues are identified in your preadmission testing, you may be required to see other specialists to clear you for surgery.
- You may be asked to provide information about you from your medical doctor to better assist in that care. This may include EKGs, blood work, cardiac stress test, pulmonary function test, etc.
- The need for these clearances may delay the final scheduled surgery date, but they are important for your health and safety during surgery.

3. Dental clearance

- A silent or unknown infection in your mouth could travel through your bloodstream and cause an infection at your surgery site.
- If you have not seen a dentist in the last 12 months, your doctor may request that you make an appointment for a dental exam.
- We may also request dental information regarding the status of your teeth and gums.

Preparing for your hospital stay and recovery

There are some arrangements that need to be made prior to surgery to ensure an easier recovery afterward.

Work

- At the time you schedule your surgery, your doctor will advise you on how much time to take off from work.
- The exact length of time will be determined by your doctor at a post-surgical appointment. At that time, your doctor will consider your recovery rate; the type of work you perform; and your physical limitations upon your return to work.

Your surgery coach

- We encourage you to have one designated caregiver to be your coach who will be with you during your hospital stay.
- You will have a private room with accommodations for one additional adult family member to spend the night.
- Your coach will participate in your care by walking with you in the halls once it is safe to do so, helping you remember and follow instructions from your doctor, and making other arrangements when necessary.

Positive approach to planning your spinal surgery

- Preparing mentally for surgery is important for you, your family, and/or your support person (coach).
- It is important to remember that the pain and activity limitations after surgery will be different than what you are experiencing now. Each patient recovers differently. Depending on your condition, your recovery and exercise plan will be tailored to meet your needs.
- Your recovery will begin in the hospital and be continued after discharge. It is important for you to make a commitment to follow your doctor's instructions and exercise plan after surgery to gain the most benefit from your surgery.
- If you or your family need support coping with surgery and recovery — either physically or emotionally — please talk with the staff.

Infection prevention

Your ability to fight infection may be weakened after surgery, which is normal. Any step you can take to prevent infection is a step in the right direction. Both in the hospital and at home, performing proper hand hygiene is essential.

- Wash your hands both before and after eating.
- Wash your hands after using the restroom.
- Wash your hands after petting your animal.
- Make sure to have anyone touching your wound or changing the dressing wash their hands first.
- The surgical area/dressing should be kept clean and dry at all times.

Transportation

- You will need to find someone to drive you home from the hospital and to your follow-up appointments.
- You will also need someone to pick up your groceries, medicines and other essentials until your doctor clears you to drive on your own.

Packing for your hospital stay

What should I bring?

- This book!
- Personal hygiene items (toothbrush, toothpaste, deodorant, lip balm, etc.)
- Eyeglasses or contact lenses with case
- Loose-fitting shorts/pants and T-shirts
- Shoes that are closed-toe, rubber-soled and have a back strap
- Dentures, hearing aids, prostheses
- Your brace (if provided by your surgeon beforehand)
- Your driver's license and insurance/Medicare card
- Bring a current list of your medications and their dosages, including over-the-counter medications and herbal supplements, to update at admitting.
- If you are being treated for sleep apnea, bring your CPAP fitted mask, with tubing and pressure settings. If you do not know the pressure readings/settings, call the prescriber's office where you purchased the machine or the sleep study center to obtain the pressure readings/settings.
- An adult caregiver (coach) should be with you in the hospital to be part of your care team, when possible.
- You may bring your cellphone, tablet and charging cords.

What should I leave at home?

- Cigarettes and all tobacco products, including vape pens
- Jewelry
- Large sums of money
- Keys
- As pleasant as we want your stay with us to be, you won't need to bring much in the way of luggage.

The night before surgery

- Eat a light supper the night before your surgery. Avoid spicy or fatty foods.
- **Follow the instructions given to you at your POMC appointment about when to stop eating and drinking prior to surgery.**
- Check your bag to ensure you have everything needed.
- Follow any bathing instructions provided at your PAT appointment.
- Make sure you take a shower the night before and morning of surgery. You may be given or asked to use a special soap. Do not apply lotion after your morning-of-surgery shower.
- After your shower the night before your surgery, sleep on clean sheets in your bed.
- Have clean clothes ready to wear to hospital.
- Remove nail polish and artificial nails.
- If you have long hair, please braid or secure your hair. Please remove any fake hair before surgery. Hairbands without metal clasps may be worn.

Preparing your home for your postoperative recovery

After your surgery, you may have some limitations in your ability to move around your house. To make your recovery at home as safe as possible, please consult the suggestions below.

General tips

- Rearrange your most frequently used items to a convenient level, somewhere between your waist and shoulder.
- Place a phone within easy reach wherever you are.
- Make sure that you have good lighting, and that the light switch is within easy reach.
- Use a cushion to raise the seat in a low chair. This will make it easier to get out of the chair.
- Remember after surgery you may not be able to lift. Taking care of pets and/or small children and household duties may be difficult. Plan ahead for others to help you.

“Fall-proof” your home

- Remove all throw rugs.
- Imagine using a walker and check for “trouble spots” that could cause you to fall, such as small objects, cords or stools.

Kitchen

- Move most frequently used items to the counter so you can reach them without bending or climbing (food, skillet, utensils, dishwashing items).
- Freeze meals or schedule to have friends bring you meals for a few days after your surgery.
- You may find it helpful to stock up on prepared foods such as canned, boxed or frozen foods.
- Check to see if a local grocery store will deliver orders to you.

Bedroom

- Be aware that the height of your bed may make it hard for you to get in and out.
- Check the height of your mattress by standing next to your bed to see where the mattress measures against your body. In the hospital we can raise and lower the bed to practice with you on how to get in and out of it safely.

Bathroom

- Put non-skid material in the bathtub or shower.
- Purchase a tub transfer bench or shower stool if you have a tub shower.
- You should use an elevated toilet seat.

Equipment you might need during your recovery

- Your surgeon may suggest equipment that will help you during your recovery, which may include:
 - Sock aids
 - Rolling walker
 - Long-handled shoehorn
 - Elevated toilet seat
 - Reacher(s)/grabber(s)
 - Shower chair
 - Bottom Buddy
- Ask any questions you might have about obtaining equipment.
- Some insurance plans may cover some or all of the cost of this equipment with your doctor’s authorization.

The day of surgery

Before leaving your home

Take any medicines as directed by your doctor the morning of surgery with a small sip of water. Do not apply make-up, lotion, false eyelashes, cologne/perfume before coming to the hospital

Arrival at Ascension Saint Thomas Hospital Midtown

You are scheduled for surgery in the Surgery & Critical Care Tower. Please enter the hospital from the 21st Avenue entrance. Follow the driveway into the area designated Spine Entrance where you will be met by a valet to park your car. As you enter the building you will see a centrally located information desk where you will stop to be checked in and receive further instructions. Please see the map given to you at your preoperative clinic appointment.

Arrival at Ascension Saint Thomas Rutherford

At the main entrance to the hospital you will find free parking. A courtesy shuttle driver can provide shuttle service to and from the main entrance 8 a.m.-4 p.m. Monday through Friday. Upon entering the hospital, you will proceed straight to the large circular desk for check-in.

Arrival at Ascension Saint Thomas Hospital West

The Seton Garage toward the rear of the hospital offers free parking. You will take the elevators to Level D (Purple level), which is the crosswalk to the hospital. Following the main hallway you will arrive at Admissions on your left.

Admitting process

Your family should check in with the waiting room receptionist for information regarding updates. During your surgery, your family will be free to visit our cafeteria or other designated areas. All facilities are accessible to persons with disabilities.

Preparing for surgery

In preparation for your surgery, you will be seen by several people who are a part of your surgical and anesthesia teams. You will change into a gown, and your nurse will take your belongings to your family. Your nurse will perform an assessment, and an IV will be started to draw blood and start lab work.

In the operating room, you will be greeted by your operating team and may be asked to move onto the surgical bed. Additional monitors for anesthesia will be placed, and you will be asked to breathe oxygen through a mask. The anesthetic medicines will be given through your IV, and surgery will begin shortly after you go to sleep. Some of the medicine may feel “icy hot” as it initially goes into your body. We will do our best to make this process relaxing and free of pain, but unfortunately it is not safe to put you completely to sleep before getting to the operating room. The average surgery time is 1-3 hours. However, your surgery may take less or more time depending on your specific procedure.

Anesthesia information

Your surgery will be performed under general anesthesia, where you are completely asleep. A breathing tube is placed in your airway, and anesthetic gases are used to keep you asleep during your surgery. You will be awakened at the end of the case and the breathing tube removed, usually before you are completely awake.

Common side effects after anesthesia include: muscle aches, nausea, sore throat and drowsiness.

After your surgery

- After you wake up from surgery, you will be taken to the PACU (Post-Anesthesia Care Unit). Nurses who are specially trained to care for patients while they are recovering from anesthesia will monitor your post-operative condition.
- In the PACU, the nurse will tell you where you are and that your surgery is over. It is common for you to be disoriented as you wake up. You may experience some blurred vision, dry mouth, chills or nausea from the anesthesia. You may also have a sore throat from a tube that was placed in your throat during surgery.
- You will experience some pain after your surgery. We will do all we can to control your pain. Your nurse will be checking on you frequently to assess your condition. However, be sure to tell your nurse if you are having pain or nausea. If so, medication is available to make you feel more comfortable.
- As you wake up, you will be aware of the nurse checking your bandage and your blood pressure. You will be attached to a heart monitor and an oxygen level monitor. It is normal to hear these monitors “beep.” You may also receive oxygen through a clear plastic tube in your nose.
- Depending on the type of anesthesia you were given and your reaction to it, the length of your stay in the PACU could vary.
- While visitation is restricted in the PACU, the nurse will keep your family updated on your progress.

Tubes and equipment

After you wake up from surgery, you may notice several tubes in various areas of your body and equipment that you will use. Here are some of them:

- **Foley catheter** — After you are put to sleep, a Foley catheter may be placed to drain your urine from your bladder. This is usually removed one or two days after your surgery while you’re still in the hospital.
- **IV (intravenous line)** — An IV will be placed in your arm during your surgery prep. Fluids and medications, such as antibiotics and pain medications, will be given through your IV line. Until you are able to eat and drink well, the fluid given through your IV line will also supply the nourishment your body needs.
- **Wound drain** — You may notice a tube coming out from your bandage. This helps to drain excess fluid from your wound. The wound drain is usually removed a few days after your surgery while you’re still in the hospital.
- **Compression stockings** — Some patients are asked to wear compression stockings. If ordered by your doctor, they should be worn as directed. They help reduce swelling and may be removed at night while sleeping.
- **Compression sleeves/foot pumps** — These devices help reduce the risk of blood clots in your lower legs.
- **Cardiac/telemetry/oxygen monitor** — You may have patches and wires on your chest monitoring your heart, as well as a probe on your finger to measure your oxygenation.

During your hospital stay

Visitors

- Your family and friends are welcome to visit with you. We believe that time with loved ones is essential to healing. We encourage a small number of visitors at one time.
- Because you are recovering from surgery, you will need to have plenty of rest and avoid stress and exposure to illness.

Support

- Hospital chaplains are available to support you during your stay.
- Ask any member of your care team to contact the chaplain on your behalf.

Diet

- The day of surgery, your diet may start with ice chips. Your diet will progress to a regular diet or a special diet, as tolerated. You will get IV fluids until you are eating and drinking fluids well.
- Patients may order guest trays from the menus in their rooms for family or friends for a nominal fee. Check with your nurse.

Medication

- Your medication will be ordered for you by your doctor and provided to you by the hospital. Occasionally, because of a difference in the manufacturing company, the medication dispensed at the hospital may not look like the medication you take at home.
- You will receive medications and antibiotics to prevent infection.
- You will also receive pain medication.
- Please ask your nurse if you have any questions about your medication.

Constipation

- Narcotics may cause constipation. You are already prone to constipation because of surgery and lack of exercise.
- We do not want you straining.
- The nurses will monitor your bowel activity and work to get your bowels regulated after surgery. Contact your doctor if constipation persists.
- Please address pre-op constipation with an over-the-counter laxative or stool softener prior to the day of your surgery.

Activities/physical therapy

- While in the recovery room, your nurse will direct you to start moving your feet.
- Depending on the time of your surgery and how you are feeling, you may be walking the same day or a nurse may assist you to a chair.
- As your strength and endurance improve, you will walk more and more each day.
- Walk as normally as possible with your walker or cane if you have one.
- Your surgeon may order physical therapy to assist you with moving.
- When hospital staff approves, your coach will be able to walk with you in the hall or to the bathroom.
- At discharge, you should be able to get in and out of bed and walk on your own or with limited help from your coach.
- Throughout your hospital stay we will want you to work up to sitting for more than one hour at a time. This will usually be at meal time, and walking in the hall 3-4 times daily.

The facts about pain management

You will NOT be totally pain-free. Pain and discomfort come from many sources. Illness, injury and surgery are the three most common sources of pain. The amount and intensity of pain that a person feels differs from one person to another. No two people are alike.

How will my pain be controlled once I get to my room?

During and immediately following your surgery, you will receive pain medication by injections through your IV, or by mouth. As you continue to recover from your surgery, you will be switched to pain pills.

Comfort level

Our goal is to make you as comfortable as possible. However, some degree of pain is unavoidable. It is important to tell your nurse when your pain worsens. Don't wait until the pain is severe.

With this in mind, remember that we will try to reduce your pain without making you sleepy so that you will be able to move, breathe deeply, and help care for yourself. These activities will help prevent complications and speed your recovery.

Controlling pain

There are several types of pain including nerve and muscle spasms. We will work with you to decide which pain medication is the most appropriate for the pain you are experiencing so that you can reach your activity goals for the day.

- Only you know what your pain is like. Please tell us when you hurt or are uncomfortable. Some of your pain medications may be scheduled and others you have to request when you need it.
- Remember — the longer you wait to take pain medicine, the worse your pain will become, thus taking longer to get under control.

- Tell us if your pain medication is not working or if you don't like the way it makes you feel. There may be other pain control options we can discuss with your doctor.
- Unrelieved pain robs your energy and takes away important time you could spend with your loved ones.

Measuring your pain

You and your nurse will work every day to set up a pain management goal that is tolerable for you. Your nurse will ask you to rate your pain level throughout the day.

What else can I do to control my pain?

Other activities that help control pain include:

- Listening to relaxation music
- Changing positions
- Visiting with friends and family
- Watching TV
- Cold therapy/ice
- Prayer
- Reading a book
- Meditation

Concerns about addiction

You are taking narcotics because you hurt. As pain from surgery decreases, your need for the pain medicine will also decrease. The fears you or your family may have about addiction could:

- Prevent you from taking pain medicine
- Result in you "holding off" as much as possible between doses
- Result in taking lower doses of pain medicine when you still hurt

All of these result in needless suffering. Talk to the staff if you have concerns or fears about pain medication, a history of drug abuse, sensitivity to pain medication, or low tolerance to pain.

Facts about addiction

- Although becoming addicted to pain medication after surgery is uncommon, it can happen. If you are concerned about becoming addicted to your pain medication, talk to your doctor or nurse.
- Most people are able to reduce or stop pain medicine when the pain decreases or disappears.

Taking pain medicine at home

- You will be given a prescription for pain medication.
- Plan ahead if you are getting low on pain medication. You will need to contact your surgeon's office for refills. You may find it difficult to refill your prescriptions for pain medications during the weekends, evenings, holidays, or if you live outside of Tennessee.
- By the sixth week, most patients can take acetaminophen for occasional pain. If you're still having a lot of pain at this time, it is important to see your doctor.



Going home after spinal surgery

You will need to make arrangements for a ride at discharge. Please have the person who is picking you up arrive by 9 a.m. and let your nurse know they are here. Please make this plan before coming to the hospital for surgery. In most cases, insurance will not cover ambulance transportation to your home or another facility.

Discharge instructions

The day of discharge is a busy day. Usually, you will leave the hospital after you have bathed and eaten breakfast. You will be given the following by the nurses:

- Prescriptions for pain medicine as ordered by your doctor
- Instructions on medications to take at home
- Instructions on how to take care of yourself
- If your appointments have already been made, these will be reviewed with you. If not, information to schedule your follow-up appointment will be included in your discharge instructions.
- If you require any equipment or a service to help with care after you leave the hospital, a case manager will make those arrangements for you prior to discharge.

If there is any information that you do not understand, please ask before you leave.

Recovery

Once you are healthy enough to be discharged from the hospital, you will enter the recovery and rehabilitation phase. You should balance periods of activity with periods of rest. Do not try to overdo or push yourself to the point of exhaustion.

Care of your wound

Your wound will appear slightly red or swollen. You may feel numbness or pain around the incision. These are normal signs of healing and should gradually go away within a few weeks.

- Keep your wound clean and dry.
- Remember to always wash your hands before touching your surgical wound. If another person is helping you, please remind them to also wash their hands before touching your wound.
- Do not submerge wound in water until approved by your surgeon, including baths, pools, hot tubs, lakes, rivers, etc.
- Do not use any ointments or creams on your wound.

If you have had stitches or staples

- Keep your wound covered with a bandage until the stitches/staples are removed.
- Change your bandage every two days until the stitches/staples are removed.
- You may shower when your surgeon allows, but cover the bandage with plastic to make sure it doesn't get wet.

When to call your surgeon

- Increased wound pain, redness or swelling
- Chills or a fever of 101 degrees or higher
- Opening along the wound
- Wound drainage or foul-smelling wound
- New or worsening headache
- Your back pain worsens and does not get better with rest and pain medicine.
- Trouble controlling your bowel movements or urinating



Call your surgeon or 911 immediately if:

- You lose feeling or have a change of feeling and/or weakness in your legs, feet, arms and hands — or calf pain.
- You experience any chest pain.
- You have trouble breathing or are experiencing shortness of breath.
- You have a severe headache that will not go away.
- Notify your surgeon if you experience a fall.

Nutrition

- Nutrition plays an important role in your recovery from surgery.
- Increase the variety of foods in your diet to get the vitamins and minerals that your body needs to heal from surgery.
- Increase fluid intake if you are constipated and do not have a fluid restriction.
- Until your appetite returns, you are encouraged to drink a protein shake two times a day.

Activities at home

Spinal precautions

- Remember, **no BLT (bending, lifting or twisting)** until approved by your surgeon.
- If you were given a brace, wear as directed.
- You should be lying in bed only to sleep.
- Change your position frequently when sitting, lying or standing

Walking

- After surgery, if prescribed, use your walking aid (walker or cane) as instructed by your doctor at all times.
- Change positions slowly and avoid rushing to prevent loss of balance.
- Walk daily for increasing distances.

Sitting

- Get up, walk, and change positions whenever you're feeling stiff.
- On long car trips, stop every 60 minutes. Get out and move around. With lack of movement, you may become stiff or swollen and you are more prone to blood clots.
- Use a pillow or chair cushion on all low chairs.
- If needed, use a raised toilet seat or a bedside commode chair.

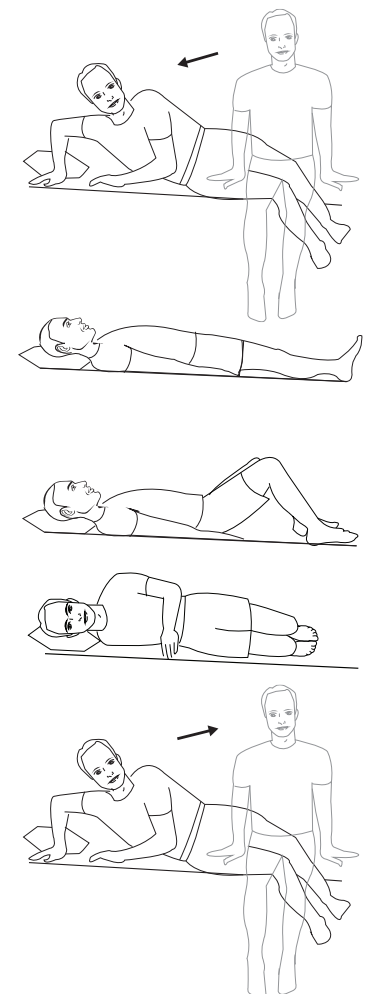
Sleeping/lying

Getting in bed:

- Start by sitting on the edge of the bed.
- Next, lower yourself down on your elbow, bring your legs onto the bed.
- Once side-lying, roll onto your back.
- When rolling be sure your knees stay bent and that you roll your whole body together as one unit. Your shoulders, pelvis and knees all roll as one.

Getting out of bed:

- Start by bending your knees and then roll onto your side.
- Reach your arms across your body to initiate the rolling.
- When rolling, be sure that you roll your whole body together as one unit (like a log).
- Your shoulders, pelvis and knees should all roll together.
- Once on your side, bring feet off of the bed and push up from elbow.
- Place a pillow between your knees to keep your spine in proper alignment when lying down or sleeping on your side.





Ascension Saint Thomas

To learn more or to
schedule an appointment,
visit [ascension.org](https://www.ascension.org)

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