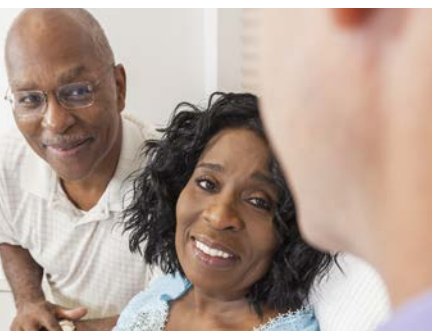




SPINE SURGERY GUIDEBOOK





A PATIENT CENTERED ORGANIZATION

The University of Illinois Hospital and Clinics is a patient centered organization. Providing safe, high-quality and cost-effective care for our patients is our foremost responsibility. The care of our patients and their families will always be at the heart of our mission.

OUR MISSION

In collaboration with our academic partners, our mission is to advance healthcare to improve the health of our patients and communities, promote health equity and develop the next generations of healthcare leaders.

UI Health Spine Surgery

A PATIENT'S GUIDEBOOK

Thank you for choosing UI Health for your surgery. As a leader in patient care, research, and education, we want to make a positive difference in people's lives.

We hope to provide the best experience before, during, and after your surgery. We developed this guidebook to help you know what to expect. Being ready for surgery, understanding your care, and planning ahead for discharge are important for the best results and recovery. Please contact your doctor or nurse if you have any additional questions.

Please bring this guidebook to all your appointments and to the hospital on the day of your surgery.

Thank you for choosing UI Health!

Primary team:

- Surgeon
- Nurse Practitioner or Physician Assistant
- Nurses and nursing assistants

Additional team members who may assist:

- Social worker
- Case manager
- Dietician
- Pharmacist
- Speech Therapist
- Occupational Therapist
- Physical Therapist

LOCATION & PHONE NUMBERS

UI Health Hospital

1740 W Taylor Street
Chicago, IL 60612

Neurosurgery Clinic

312.355.0510

Orthopedic Clinic

312.996.1300

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INTRODUCTION TO SPINE SURGERY

ANATOMY OF THE SPINE

Spine

The spine is made up of 33 vertebrae bones, the spinal cord and nerves, fluid, and discs (cushions between the vertebrae).

Vertebrae

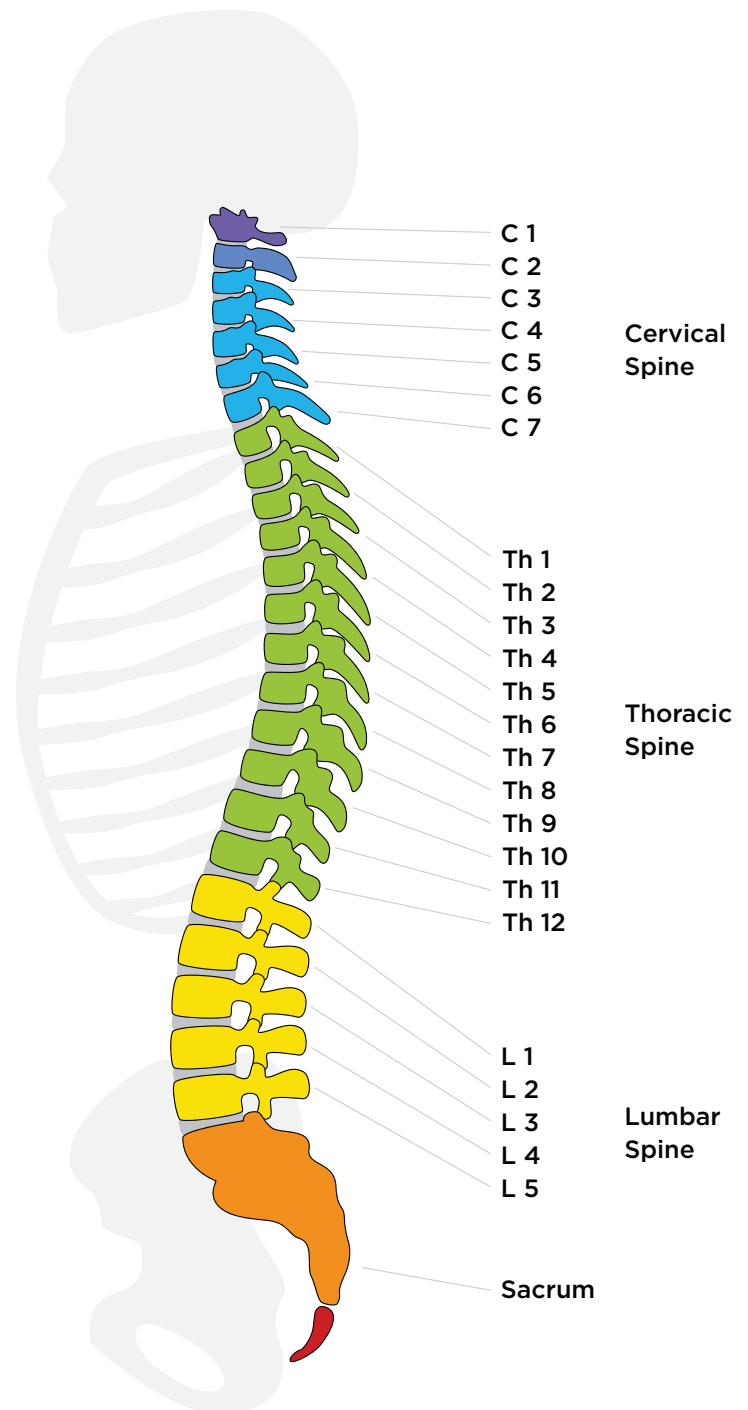
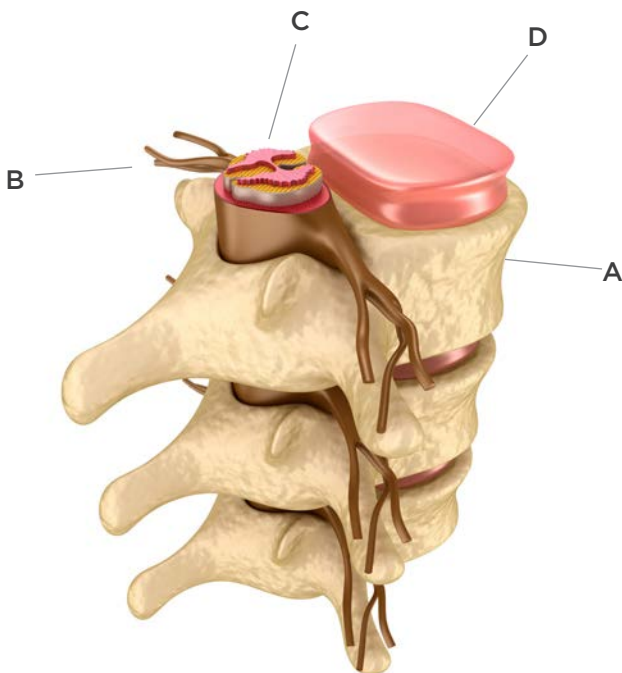
The vertebrae bones are stacked upon each other. Together they support the entire body.

Disc

Between each vertebra are discs that act as a cushion. They protect the vertebra and allow motion.

Structure of the spine

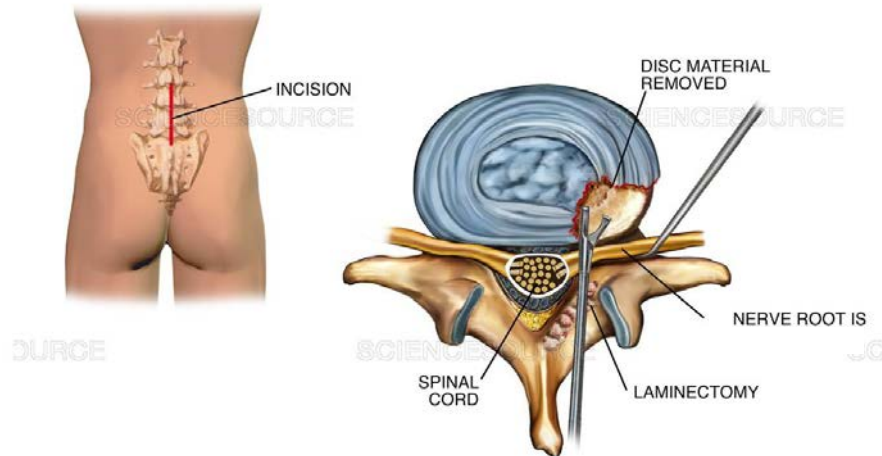
- A. Vertebrae bones
- B. Spinal nerve
- C. Spinal cord
- D. Disk



TYPES OF SPINAL SURGERY

Laminectomy

This surgery removes part of a vertebra bone to open up space for the nerve roots or spinal cord. This decreases pressure on the nerves to reduce symptoms such as numbness, tingling, weakness, and/or pain. Typical length of surgery is 2-3 hours.

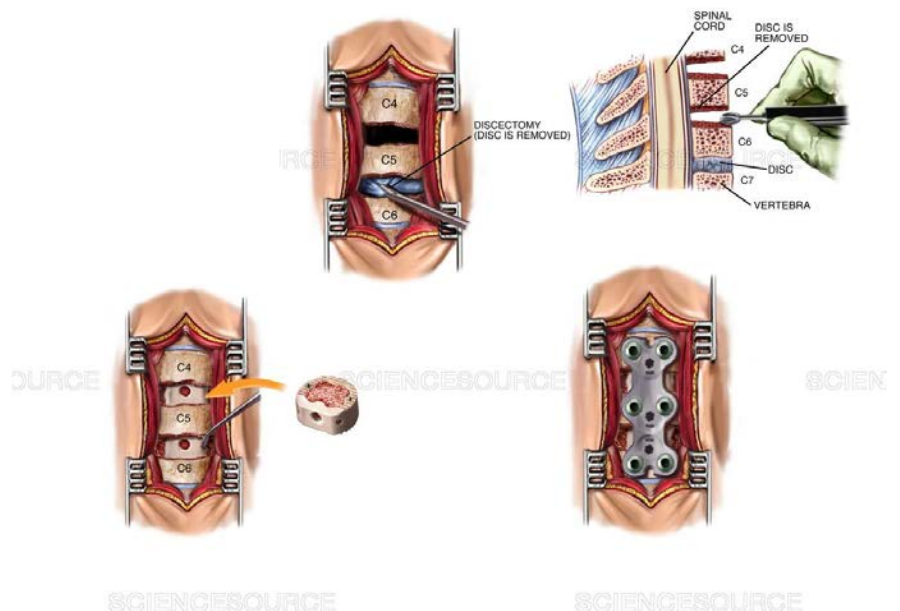


Discectomy and Fusion

A discectomy removes some or all of the disc. After removing the disc the surgeon will fill that space with a graft or spacer.

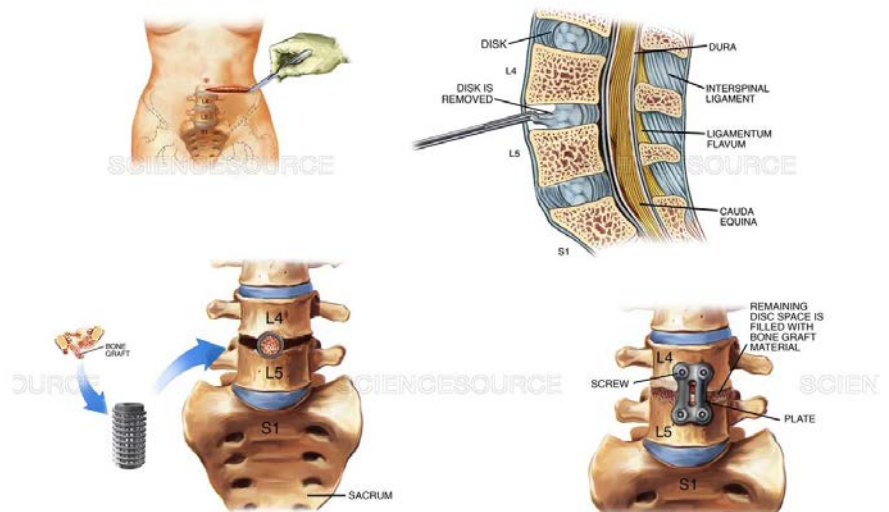
The discectomy is combined with spinal fusion. The spacer is held in place with a small metal plate that is screwed into two or more vertebrae. Over time, the vertebrae grow together and become fused together into one bone. Complete recovery after fusion may take 4 to 6 months.

Fusion of the neck (cervical spine) can be done from the front or back. The surgeries are called Anterior (front) or Posterior (back) cervical discectomy and fusion.



Fixation

In some cases, metal plates, rods, and screws are used to keep the bones together and improve the chance that the bones will fuse together.



FREQUENTLY ASKED QUESTIONS

What are the major risks of spine surgery?

- **Paralysis:** Anytime the surgeon is operating near the spinal cord there is a risk of weakness, paralysis or nerve damage. These situations may be permanent or temporary.
- **Spinal Fluid Leak:** This may occur during your surgical procedure. It may result in headaches, drainage, an extended hospital stay and possibly another surgery to repair the leak.

What are the major complications of spine surgery?

- **Blood Clots:** Your surgeon will prescribe blood thinners to help prevent blood clots. While in the hospital, wear compression devices on your legs to help circulate blood. Movement is one of the best ways to prevent blood clots too.
- **Infections:** You will be instructed to take use special wipes before surgery to help prevent infections. It is important to keep your incision clean and dry after surgery to avoid infections. Regular hand washing is also necessary to prevent infections.

Should I exercise before surgery?

Yes. Beginning an exercise program before surgery can help speed your recovery, as long as you stay within the limits of pain and follow your provider's orders. Choose low impact activities, such as walking on a path or in a pool, stationary bike, or yoga.

Will I need blood?

Blood loss is a part of surgery. If you have a low blood count after surgery, a transfusion may be recommended.

How long will I be in bed after surgery?

You will moving within hours of your surgery. Evidence shows moving right away after surgery is best for preventing blood clots, keeping strength up, speeding up recovery, and ultimately reducing pain. Our staff will assist you if you need help at first to get moving after your surgery to make sure you are safe.

Will this surgery take away my pain?

The purpose of this surgery is to prevent your condition from getting worse. It may improve your pain. You may also continue to have some pain even after surgery.

Will I have pain after surgery?

Yes. It is common after a major surgery to have pain at the point of incision. This pain will lessen over the first several days, and the team will do its best to provide pain relief through medication, position, and movement.

How will I get home from hospital?

Typically patients arrange their own transportation with family or friends. If you are unsure if you will have a ride home, please inform the nurse who schedules your surgery and a social worker can help explore options.

Will I need help at home?

Yes. When you return home, you may need extra support or help from family or friends to do activities around the house, such as cooking or cleaning. **It is critical that you know who will be able to help you when you get home from the hospital.**

What if I don't have anyone to help or I am responsible for taking care of someone else?

Please inform the nurse who schedules your surgery if this is your situation. They will contact a social worker who will work with you to explore options to try to find a solution.

Will I need physical therapy?

Most patients need outpatient physical therapy after spine surgery, but not all do. If outpatient physical therapy is part of your plan, it should start soon after your surgery.

How long until I can return to work or drive?

Your provider will decide when it is safe for you to return back to work and driving. Always check with your provider before returning to these activities.

When can I have sexual intercourse?

Sex is permitted at any time as long as the position does not cause pain or strain your lower back.

Are there any permanent restrictions following surgery?

No. For the next 2 weeks avoid lifting, pushing or pulling objects more than 10 pounds and any high impact exercise like jumping or running. Avoid activities that cause significant increases in pain.

Please note that each person responds differently to surgery. In general, those who are healthy, do not smoke, and follow their doctor's instructions have better outcomes following surgery.

DEFINITIONS

Osteoarthritis:

A wear-and-tear condition that destroys the cartilage cushion between bones. Damage to cartilage can happen after injury, repetitive movement, because of obesity, or for no reason. Cartilage damage can result in painful bone-on-bone contact, and swelling and loss of motion.

Bulging Discs and Degenerative Disc Disease:

Over time as we age, the discs can become worn out or get thinner. This can bring the bones closer or push the discs out of place. That can put pressure on the spinal cord or nerves. This can cause pain, numbness, or weakness that travels down your back to your legs and feet.

Herniated (Ruptured) Disc:

A herniated disc occurs when a disc ruptures and pushes against the spinal nerves. The pressure on the nerve may cause pain, numbness, tingling, and weakness.

Spinal Instability:

A condition where the vertebrae or spinal bones are sliding back and forth on top of each other. This movement is not normal and can cause pain, numbness, and weakness.

Spinal Stenosis:

Narrowing in the opening of the spinal canal, often caused by bulging of the disc and/or enlargement of the bond. This is common with age, and may cause pressure on the nerves, swelling, pain, numbness, or weakness.

Spondylolisthesis:

A condition in which one or more of the spinal bones has slipped forward into an abnormal position. It can be present at birth or happen later in life. This can inflame the nerves and cause pain.

PRE & POST SURGERY

10 DAYS BEFORE SURGERY

Stop medications that increase bleeding

Ten days prior to surgery, stop taking any blood thinners, such as Aspirin, Plavix, or Coumadin. The surgeon's office will tell you exactly when to stop. If you are taking a blood thinner for a medical issue you will need special instructions for stopping the medication from the doctor that prescribed it.

Prepare your home for return from the hospital

- Clean the house and plan ahead with usual household chores.
- Arrange for a ride home from the hospital.
- Arrange for someone to be available to help care for loved ones and pets who depend on you to care for them.
- Find someone who will be available to help with small chores or errands.
- Place clean sheets and pillowcases anywhere that will be in contact with your incision, like your bed, pillows, or chairs. For example, placing a clean pillow case on the neck rest of a recliner if it will touch your incision. Rotate clean linens often while your incision is healing.

HOSPITAL RECOVERY

Immediately after surgery

- You will be taken from the operating room to a recovery room.
- The care team will provide updates to your family or contact person.
- The recovery room nurse will check on you frequently.
- You will be transferred to your hospital room.
- On the day of surgery, nursing staff will assist you getting out of bed regularly as part of your Post-Surgery Mobility Plan Surgery Mobility Plan.

It is important to prevent blood clots after surgery:

- You will have a compression device that gently squeezes your legs to increase blood flow.



Movement will help with this too.

Your care team has 3 M's to help you prevent blood clots. They are each very important.

M - Medication. You will likely have medications to reduce your risk.

M - Movement. Activity is critical for safe recovery after surgery.

M - Machine. You will have a compression device that gently squeezes your legs to increase blood flow.

DAY OF SURGERY

Report on time to the
University of Illinois Hospital

1740 W. Taylor St., Third floor,
Room 3300 Surgery Check-In

It is important to prevent pneumonia after surgery:

- Take deep breathes, cough, and use your incentive spirometer.



It is important to prevent constipation after surgery:

- You may be given stool softener.
- High-fiber diet and drinking a lot of fluids will reduce constipation.

DAYS 1-2 AND AFTER SURGERY

What to expect

- You may have blood tests.
- Your pain medications may be adjusted.
- The staff will assist you in following your Post-Surgery Mobility Plan.
- You will be going home.
- It is expected that you will have pain after surgery and your medications will be adjusted.
- Movement after surgery is very important.

After neck surgery, follow these general rules:

- Do not sit for long periods of time. Sitting can increase the stress placed on your neck. Stand up and stretch every 30 minutes.
- Do not lift, push, or pull objects greater than 10 pounds.
- No impact exercises, such as running or jumping.

Discharge Planning

Most patients will go directly home after the hospital:

- You will receive written discharge instructions concerning medications, physical therapy, activity, and follow-up visits.
- You should call to arrange outpatient physical therapy. You should start therapy soon after your surgery date.
 - You will receive an order for this before you go home. This can be done at UI Health or any location closer to your home.
 - If you choose to come to UI Health for outpatient physical therapy, please call 312-355-4394 to schedule your evaluation.
- If you are unable to return home safely after surgery, the social worker and discharge planner will work with you and your insurance to find a place where you can continue your recovery.

HOME RECOVERY

Managing pain at home

- You will be prescribed a pain medication to use at home.
- Use pain medications only as directed, and take each dose on schedule, before pain gets severe.
- Wait about 30 minutes after taking pain medications before starting an activity, such as exercise.
- Try using hot or cold packs and extra pillows to be more comfortable.

Preventing blood clots at home

- After you leave the hospital you are still at risk of developing a blood clot.
 - You should continue walking and performing any exercises you have learned once you are home.

Restrictions and Precautions

You may be asked to wear a neck collar (brace) depending on the type of surgery you had. It should be worn at all times, even when sleeping.

Caring for your incision

- The surgical dressing or bandage can be removed 24 hours after surgery if there is no visible bleeding.
- You may take a shower 1 day after your surgery. Let soap & water run over incisional area NOT directly on it. Pat incisional area dry, do NOT rub.
- No swimming, baths or hot tubs until you have seen your provider again in the outpatient clinic. Do not soak your incision in water.

Normal healing process below.



Infected incision below.



Call your clinic if you notice any of the following.

- Significant increasing pain at your incision site
- New or worsening redness at the incision
- Excessive or New drainage or foul odor from the incision
- Fever over 101.5 degrees Fahrenheit
- Headaches that are worse with standing but improve when laying down
- Swelling, calf/thigh pain, warmth to touch, tenderness, redness in one of your arms or legs.

Neurosurgery Clinic
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