Thank you for choosing the Palmetto Health-USC Spine Center for your spine surgery.

This guidebook is an education and communication tool to assist you in obtaining optimal results with your spine surgery. We developed the guide to be a resource for answering questions for you and your family before, during and after your spine surgery. Depending on the individual patient, some guidelines described here may vary. In your preparation, care and recovery, you are the most important member of our entire Spine Center team.

Your success is very important to us. We strive to make your experience extraordinary. Please let us know if there is anything we can do to improve your care. We look forward to serving you.

Again, thank you for choosing Palmetto Health-USC Spine Center.

A list of important phone numbers can be found on the back of this book.
PATIENT INFORMATION

This guide belongs to: ____________________________________________________________

I am scheduled for surgery on this date: ________________________________________________

Arrival time: _______________________________ Surgery time: _______________________________

Final pre-op appointment: __________________________________________________________________

Please bring all medications to this appointment if requested to do so—including over-the-counter medications and vitamins in their original bottles.

Post-op appointment: ___________________________________________________________________

EMERGENCY INSTRUCTIONS

If you experience chest pain, shortness of breath or other medical emergencies: call 911 or go directly to the nearest emergency room.

All other non-emergency situations, contact your physician’s office. If you are a patient of the Spine Center, please dial 803-90SPINE for assistance.

If an emergency occurs, please call the designated office. If you call after normal business hours, the phone system will instruct you to leave an emergency message. Your phone call will be returned. Please leave your phone line open until your call has been returned. If you cannot reach the office and you need immediate attention go directly to the emergency room or call 911. In order to provide prompt medical attention on a 24-hour basis to our patients, the surgeons rotate night call during the week and on the weekends. Coverage is provided for emergency concerns ONLY.

WHEN TO CALL YOUR SURGEON

If you have any of these symptoms:

- Fever of 101.5 degrees (°F) or more for two consecutive readings
- Swelling, redness, drainage or bleeding from the wound
- Nausea, vomiting or chills
- Numbness, weakness or tingling in your arms or legs that was not there before surgery
- Worsening constipation
- A fever and abdominal (belly) pain with constipation
- Problems urinating or controlling bowel movements
- Pain not controlled by prescribed pain medicine

BRING THIS BOOK WITH YOU

- Every office visit
- Your pre-op appointment
- The hospital the day of surgery
- All therapy visits after surgery

A caring, compassionate patient experience.

“My quality of life has drastically improved and I am able to go to craft shows now and travel with my husband again.”

– Linda Vandiver
Your care team

Palmetto Health-USC Spine Center is the only back pain specialty center in the area. Our state-of-the-art technology and approach to care can help get you back to your active lifestyle. Your care team’s main goal is to provide quality care. A highly trained team of anesthesiologists, nurses, case managers, nurse practitioners, physical therapists and social workers will support you and help meet your care needs. The following team members may be involved in your care, and you may always reach out to them with questions:

**Neurosurgeon or orthopedic surgeon**
- Performs surgery and directs your care
- Oversees your follow-up appointment at the office
- May consult other health care professionals (e.g., physician assistant, nurse practitioner or consulting doctors) to help in your care

**Physician assistant or nurse practitioner**
- Highly trained providers who work closely with your surgeon to guide your care
- Assists with surgery
- Evaluates you at your office visits and follow-up appointments

**Nursing staff** (including hospital nurses, the nursing navigator, case managers, nurse practitioners, nurse educators and social workers)
- Coordinate and provide patient care in the hospital
- Share information about your condition to the care team
- Help you plan for your discharge
- Is available to answer your questions during your hospital stay

**Physical therapist**
- Evaluates your physical capabilities
- Instructs and assists you with a walking program
- Provides instructions for home activity
- Identifies possible home needs

**Social worker/case manager**
- Identifies possible home needs
- Makes arrangements for continued care after discharge
- Makes arrangements for home health care and equipment
- Assists with insurance questions and financial concerns

**You, the patient, and the most important team member**
- Ask questions about anything you do not understand, we are happy to help!
- Let the care team know about any problems
- Come with an up-to-date and correct list of your home medications
- Do as much for yourself as permitted both before and after discharge from the hospital to keep you as independent as possible, and help you recover.
- Plan for help at home after surgery
Helpful terms and anatomy

**Annulus**: Tough outer lining of the vertebral disc. The annulus contains nerve fibers that can cause pain when injured or irritated.

**Bone Graft or Bone Graft Substitute**: Material used to form a bridge between two vertebrae in the spine to obtain a fusion. Autograft is when the patient’s own bone is used. Allograft-bone is obtained from a cadaver. Synthetic Material is a grafting substance with properties similar to bone composition.

**Decompression**: A surgical procedure, which relieves pressure on the spinal cord or nerve roots. The pressure may result from fracture fragments, disc fragments, tumors or infections.

**Disc**: Soft cushions located between each vertebra. Discs act as shock absorbers for all the vertebrae in your spine.

**Discectomy**: Removal of all or a portion of the intervertebral disc.

**Drain**: Some patients will have a drain (Jackson-Pratt or JP Drain) placed during surgery if the surgeon anticipates excessive drainage. A drain is a closed suction medical device that is commonly used as a post-operative drain for collecting bodily fluids from surgical sites. The purpose of a drain is to prevent fluid buildup which may disrupt the healing process.

**Foramen**: An opening between vertebrae—the spinal nerves exit through the foramina and branch out to other parts of the body.

**Fusion**: Stabilization of two or more vertebrae to correct instability. Fusion can be performed with bone grafts and metal components.

**Herniated Disc**: This can also be referred to as a ruptured disc or a slipped disc. It is when the disc bulges, and causes the nucleus to move closer to the edge of the annulus.

**Incentive Spirometer**: An incentive spirometer is a medical device used to help patients improve the functioning of their lungs. It is provided to patients who have had any surgery that might jeopardize respiratory function or other surgery involving extended time under anesthesia and prolonged in-bed recovery. It minimizes the chance of fluid build-up in the lungs.

**Intravenous Catheter**: Also known as a peripheral venous catheter, it is a catheter (small, flexible tube) placed into a peripheral vein in order to administer medication or fluids. Upon insertion, the line can be used to draw blood.

**Lamina**: Part of the vertebrae that covers the spinal cord and nerves in the back of your spine.

**Laminectomy**: Removal of the lamina allowing the surgeon to approach the spinal cord.

**Laminotomy**: Formation of a hole in the lamina to allow for removal of a disc or tumor.

**Nucleus**: Fluid and jelly-like center of the vertebral disc.

**Urinary Catheter**: Also called a Foley, it is a latex, polyurethane or silicone tube inserted into a patient’s bladder via the urethra. Catheterization allows the patient’s urine to drain freely from the bladder for collection, and can also be used to inject liquids for treatment.

**Scoliosis**: Abnormal lateral curvature of the vertebral column, depending on etiology, there may be one curve, or a primary and secondary compensatory curve.

**Sequential Device**: Sequential Compression Device (SCD) is a method of deep vein thrombosis prevention (DVT). DVT is when there is a blood clot in the deep veins in the body. SCDs improve blood flow in the legs. SCDs are shaped like “sleeves” that wrap around the legs and inflate with air one at a time. This imitates walking and helps prevent blood clots.

**Spinal Stenosis**: Narrowing of the vertebral canal, nerve root canals or intervertebral foramina, causing irritation of the nearby nerves. This may be congenital or due to spinal degeneration.

Segments of the spine

- **Cervical**
- **Thoracic**
- **Lumbar**
- **Sacrum**
- **Coccyx**
About spine surgery

Surgical approach
There are several variations of surgical procedures available and each is based on surgeon preference and technique. Your surgical procedure is determined by your diagnosis and condition. Not all patients or conditions can be treated with a minimally invasive approach. Each surgical case is individualized and outcomes may be different.

Anterior approach: The surgeon accesses the spine from the front of the body (through the abdomen for a Lumbar approach and the neck for a cervical approach).

Posterior approach: The surgeon accesses the spine from the back of the body. An incision is made into the back or the back of the neck to reveal the spine.

Lateral approach: The pathway to the spine is made through the side of the body.

Open spine surgery
An incision is made to access the spine. Bone or tissue is then removed. Implants or bone grafts may be needed to ensure stabilization.
- Also referred to as “traditional spine surgery.”
- Patients are admitted to the hospital for recovery.
- Allows optimal visualization of the bones and surrounding tissue.
- Beneficial for patients that need a previous spinal procedure redone.

Minimally invasive surgery
Surgeons use specialized instruments through incisions in the skin to access the spine.
- Also referred to as “less invasive spine surgery.”
- Patients often have these procedures performed through outpatient surgery and discharge home the same day. Individuals who may require further observation may be admitted to the hospital for a brief stay.
- Allows optimal visualization of the exact spot causing the issue.

Complications
Dysphagia or difficulty with swallowing is common after cervical surgery. The esophagus lies directly in front of the spine and needs to be mobilized and retracted during surgery. There may also be post-surgical swelling. This can often cause difficulty swallowing or sore throat post-operatively. The dysphagia usually resolves within days, but there is a risk it can last weeks to months.

Symptoms:
- Sore throat
- Hoarseness
- Choking when eating
- Gagging
- Coughing
- Sensation something is stuck in the back of the throat

Treatment:
- Consuming liquid meals or soft foods (broth, yogurt, gelatin, mashed potatoes)
- Cold or warm food items (popsicle, ice cream, warm tea, soup)
- Throat lozenges or throat numbing spray
- Maintain an upright position to eat meals
- Speech therapy and throat exercises

Cervical radiculopathy is a clinical term used to describe pain and neurological symptoms resulting from a condition that irritates nerves in the cervical region of the spine. This can be caused by nerve compression or inflammation.

Symptoms:
- Arm, shoulder or hand pain
- Weakness
- Tingling
- Numbness
- Burning

Treatment:
- Imaging as needed to evaluate
- Rest or activity modification
- Ice or heat therapy
- Pain medication or injections
- Physical therapy

Pulmonary embolism
Symptoms:
- Chest pain
- Confusion/restlessness
- Anxiety
- Trouble breathing
- Tachycardia
- Cough with bloody sputum

Deep vein thrombosis
Physical signs and symptoms:
- Asymmetry
- Slight unilateral edema
- Enlargement of superficial veins
- Tenderness or intermittent pain
- Dull ache that worsens with walking
- Calf warm to the touch

Precautions
Cervical surgery
- No sleeping on stomach. Head of bed elevated greater than 45 degrees for three days post-surgery.
- No BLT: Do not BEND forward at the neck, LIFT anything greater than 5 lbs, or TWIST your neck.
- Avoid extensive neck motions
- If issued a brace, wear brace as instructed.

Length of hospital stay
Your length of stay in the hospital may vary related to procedure type and individual response. Expected length of stay is approximately 0-2 days.
Pre-operative checklist

1. **Pre-register**
   After your surgery is scheduled with the office, please contact 803-296-5160 to pre-register. It is important to have the following information available to assist with pre-registration.
   - Full name
   - Date of birth
   - Address and phone number
   - Surgery date
   - Surgeon’s name

2. **Update health history/schedule pre-operative appointment**
   Please contact the pre-operative nurse at the hospital where you are scheduled for surgery to update your health history and schedule your pre-operative appointment. If you reach a voicemail, please leave a detailed message and a nurse will return your call.
   - Palmetto Health Richland: 803-434-4992
   - Palmetto Health Baptist: 803-296-5419
   - Palmetto Health Baptist Parkridge: 803-907-1632

3. **Medical and anesthesia clearance**
   Please make an appointment with your medical doctor/internist/family practice physician for your pre-operative medical evaluation. To prevent unexpected cancellation of your surgery, you should have the following completed before your pre-operative appointment at the hospital.
   - Copy of a recent medical evaluation including:
     - Lab results
     - Chest X-ray (dated within one year of surgery date): required if pulmonary issues and/or smoking history
     - EKG (dated within six months of surgery date)
     - Written note of medical evaluation or clearance
     - Any additional reports or tests your surgeon may order
   Please bring copies of ALL pre-operative medical evaluations, labs, EKGs and clearance forms with you to your scheduled pre-operative appointment.

4. **Choose a coach**
   We encourage all patients to select a support person to be their coach. This person will assist you during your hospitalization and recovery. We suggest you choose someone who is very supportive, but also ensures you are following your surgeon’s orders.
Pre-operative form

Please have results of all items checked below faxed to our office one week prior to pre-operative appointment.

Date

RE: Patient

Photo ID #   Date of Birth

ICD-10: Z01.812  Description: Pre-procedural laboratory examination

The following MUST be dated within 90 days of surgery date

- CBC
- CMP
- PREalbumin
- HgbA1C
- Nasal MRSA Screen by PCR
- ESR
- CRP
- Other

- Chest X-ray - Report Only: Dated within one year of Surgery Date
  Required if pulmonary issues and/or smoking history
- EKG (12 Lead) - Tracing dated within six months of surgery date
- Other:
- Other:

Medications to discontinue before surgery

Seven days before surgery stop all medications that may increase bleeding.

Medications that contain aspirin and anti-inflammatories should be discontinued. These include; Aspirin, Goody's BC Powder, Mobic, Motrin, Naproxen, Ultracet, Ultram, etc.

If you are taking Aggrenox, Coumadin, Jantoven, Lovenox, Plavix or Warfarin, you will need special instructions on stopping these medications. Your surgeon will provide you with specific instructions related to these medications.

Vitamins, supplements and herbal medications also should be stopped until further notice from your surgeon.

Your surgeon will instruct you when to resume taking blood thinner medications, vitamins, supplements and herbal medication post-surgery.

Rescheduling/cancellation of surgery

Situations can arise that require rescheduling or cancellation of your surgery. Your date of surgery can be changed at any time for various reasons. Some reasons this would occur include:

- Abnormal pre-operative labs, EKG, or X-ray. Surgery will be postponed until the health conditions are addressed and you are cleared for surgery.
- An illness develops. (NOTIFY OFFICE IMMEDIATELY) If you develop a cold, dental abscess, respiratory infection, sore throat, skin abscess, skin infection, viral infection, urinary tract infection or other illness, please contact your surgeon's office immediately. The surgeon will determine if your surgery needs to be rescheduled or if it's safe to proceed.
- Development of a new health condition. If a new diagnosis occurs after you have met with your surgeon to discuss your procedure and before your designated surgery date, please contact the office.
- Insurance denial. We cannot proceed with your surgery if your insurance company does not approve your surgery. If this occurs, you will be notified by your surgeon's office prior to your date of surgery.
- Surgical emergencies. Your surgeon may be needed to perform emergency surgery. This could require your date to be changed. If this occurs, you will be notified and a new date will be designated for your surgery.
Quit smoking

If you are a smoker it is very important that you quit. Smokers are at higher risk for complications with their lungs during and after surgery. Also, it can prevent a bone graft from fusing appropriately in fusion procedures. Listed below are FREE resources to help you quit.

Palmetto Health
Palmetto Health, in conjunction with the Cancer Health Initiative, offers free comprehensive adult smoking cessation programs to residents of Lexington, Richland and Fairfield counties.

This program includes:
• Motivational counseling
• Medical consultation
• Free (or reduced cost) one-month supply of medication
• Six sessions within three weeks

There is an 89 percent success rate after the three-week program and 50 percent of participants are still not smoking two years later. All services are free, regardless of income. For more information or to register, call CareCall at 803-296-2273.

SC DHEC
For those who reside outside of Lexington, Richland or Fairfield counties, the SC Department of Health and Environmental Control (SC DHEC) also offers a smoking cessation program called QUIT FOR KEEPS. Call 1-800-QUIT-NOW (1-800-784-8669).

You will speak to a trained tobacco treatment specialist who will assist you in quitting.
• Any SC resident can call.
• Hours are 8 a.m.-3 a.m., seven days a week.
• Services feature phone and internet counseling support.
• Callers receive a personalized Quit Plan with their own Quit Coach.
• If you do not have health insurance you may be eligible to receive free nicotine gum or patches as part of the Quitline services
Get your home in shape

Prepare your home for your return after surgery. Simple modifications to the interior of your house can improve your mobility and convenience and also reduce the risk of a fall. Changes in furniture arrangement, lighting and housekeeping will help tremendously during your recovery. We strongly encourage you to have a safety network of friends and family check on you daily by phone or in person.

Flooring
- Remove rugs that are not stable or could create a trip hazard.
- Clear clutter from the floor to provide a clear path wide enough for a walker or other mobility device.
- Make sure electrical cords are hidden and not in an area that can cause you to trip or fall.
- Prepare temporary living space on the ground floor if possible to avoid stairs during early stages of recovery.

Kitchen
- Store food, dishes and cooking equipment at easy-to-reach waist level.
- Prepare extra meals prior to surgery and freeze them for easier meal preparation when you come home.
- Sit to prepare meals after surgery.

Bathroom
- Install grab bars on the bathroom walls of the shower or tub if needed.
- Use a sturdy plastic seat in the bathtub/shower to avoid standing and increasing the fall risk while bathing.
- Use a bedside commode with armrests placed over the toilet to raise the height of the toilet and to provide push up support.
- Use a long-handled sponge and attach a handheld shower head to make bathing easier.

Bedroom
- Place a lamp and flashlight within reach of your bed.
- Install night lights along the route between the bathroom and the bedroom.
- Sleep in a bed that is high enough to get into and out of easily.
- Have a telephone within reach of your bed.

Other arrangements to consider
- Arrange for someone to care for your pets.
- Make sure you have plenty of clean, comfortable clothes to wear when you get home.
- Arrange for someone to collect your newspaper and mail.

Planning ahead for your homecoming can make for a smooth transition from the hospital to home. You can take steps prior to your surgery to ensure a successful recovery.

The night before and day of surgery

Remember
- Nothing to eat or drink after midnight
- Use your antibacterial soap to clean skin
- With a sip of water, take only the medications which you were instructed to take—If you are unsure of which ones you were to take, do not take any of them and bring them with you in their original bottles

Do NOT
- Shave
- Apply creams and lotions to your neck or back the day before or the day of surgery
- Chew gum or eat candy
- Bring unattended children
- Apply perfume, colognes or scented products
- Wear nail polish or make up
- Bring excess luggage
- Wear jewelry or piercings

What to bring to the hospital
- Your patient guide – it is a great reference. There are pages in the back for notes and questions or concerns for your doctor
- Medication and allergy list.
- Copy of your ID and insurance cards
- Loose fitting pajamas or comfortable clothing that is easy to put on and take off
- Flat, supportive, no-slip shoes (no flip flops). If you require special shoes or braces, bring them with you.
- Personal hygiene items (hair brush, tooth brush, deodorant, etc.)
- Specialty equipment such as CPAP/BIPAP
- Glasses
- Dentures
- Brace, if ordered by your surgeon
- Please leave valuable items and large amounts of money at home
What to expect during your hospital stay

Day of surgery
Plan to arrive at the appropriate hospital campus in plenty of time to avoid being rushed and stressed.

Park in the designated campus parking area and enter the hospital, making your way to the patient registration area. (This is the same place you attended your pre-operative appointment.)

Palmetto Health Richland
Park on P3 (main level) of outpatient parking garage. Enter glass doors labeled Outpatient Surgery.

Palmetto Health Baptist
Park in garage at 1501 Sumter St. Take the third floor crosswalk to the main hospital. Registration is on the left.

Palmetto Health Baptist Parkridge
Park in the main parking area in front of the building. Enter through the glass doors on the right and go to the reception desk.

Pre-operative area
In the pre-operative area, you will be prepared for surgery. This will include:
• Completing the identification process and applying your armband.
• Starting your Intravenous Catheter (IV).
• Changing into a hospital gown.
• Performing a full skin assessment to check for open areas to the skin.
• Reviewing medication and health history.
• Applying antithrombotic leg wraps (SCDs).
• Giving you any pre-surgery medication your surgeon has ordered.
• Anesthesia and/or CRNA will meet with you.

During surgery
• You may or may not have a urinary catheter placed to collect urine. This is typically removed the following morning.
• Prophylactic antibiotic is administered to prevent infection.
• A wound drain may be placed if your surgeon anticipates a lot of swelling or drainage production.
• Surgery time will vary based on your individual procedure.

Recovery/Post Anesthesia Care Unit (PACU)
• After your surgery you will be wheeled to recovery/PACU.
• You will wake up from anesthesia on your own.
• IV fluids will continue to run until you are tolerating things orally. This is a good time to begin drinking liquids, as your mucus membranes will be very dry.
• During this time you may have a brief family visit from your loved one.

If you are going home the same day of your surgery, you will discharge from the recovery area. If you are planning to be admitted to the hospital for a brief time of recovery, you will then be wheeled to the appropriate unit for care.
Arrival to the unit
- An admission nurse will meet with you to discuss your past medical history, home medications and give you instructions for your stay.
- They will perform another full skin assessment to look for open areas of skin and discoloration.
- IV fluids will continue to run until you are tolerating things orally.
- Incentive spirometer will be given to you with instruction.
- Physical Therapy: Up within 2-4 hours post-surgery (within reason).
- Clear liquid diet for the first meal post-operatively.
- Sequential Compression Devices (SCDs): on while in bed or sleeping, assists with clot prevention.
- Pain medication will be administered, but you must ask for it.

Managing your discomfort
You will experience pain after surgery. Your pain will be more of an incisional type of pain and soreness. Your surgeon will order a breakthrough oral pain medication that is typically given every 4-6 hours. It is important to keep your pain under control so that you can participate in the rehabilitation process.
- Try to take your pain medication approximately 30 minutes prior to working with therapy.
- Take something for pain even if it’s just ordered Tylenol.
- If you are sensitive to pain medication, request just one pain tablet instead of two.
- Communicate with your nurse if your pain medication is not effective.
After neck surgery

Below are general instructions for self-care at home after your surgery. Your doctor may give you different instructions to meet your specific care needs. It is important to first follow your physician’s instructions and then reference this book for further home care. Your first office visit after surgery will be in two to four weeks (earlier if you require staple removal). Call and schedule your appointment in advance and feel free to ask any questions you have.

Pain control
To help us minimize your pain after surgery you will be asked to rate the intensity of your pain based on the pain management scale (0 is no pain, 10 is excruciating pain). A score between 2-3 is an attainable goal for most patients knowing that after surgery 0 is not usually attainable.

Help us help you manage your pain by
• Letting us know how you feel
• Use the 1-10 scale

Taking pain medicine at home. You will be given a prescription for pain medicine. If your medicine does not seem to control your pain, call your physician. Constipation may be a result of taking your pain medicine.

Precautions with pain medicines
• Do not operate heavy machinery, drive or do tasks that require you to be attentive until you know how you are going to react to this medicine.
• Do not drink alcohol or take other medicines that might cause drowsiness.
• Your pain medicine will help to relieve pain and discomfort. The medicine may also make you drowsy or dizzy and you may not think clearly.
• If you think you have taken too much of this medicine, get emergency help right away. Sit or lie down if you become disoriented.

Constipation
• Follow the recommendations in your discharge orders about over-the-counter stool softeners.
• Drink six-eight ounce cups of water every day and eat a high fiber diet.
• Schedule a regular bowel movement at the same time every day. This may be as soon as you wake up in the morning, or before you go to bed at night. Even if you do not have a bowel movement make sure to sit on the toilet for at least 10 minutes.

Activity
• Sitting longer than one hour may cause discomfort.
• Do not drive or return to work until your doctor gives you permission. Always wear a seat belt.
• You will tire more easily for 1-2 months after your surgery so make sure to rest often.
• Avoid low chairs or seats and change your positions frequently when sitting.
• Do not bend, lift more than 5 pounds or twist (BLT).
• Climb stairs slowly and carefully.
• Do not pick up children or grandchildren; sit, then have them climb into your lap instead.

Physical and occupational therapy
Physical and/or occupational therapy may be ordered by your physician or physician’s assistant on your first postoperative day. Therapy will take place at the bedside. Take your pain medication before therapy to allow for easier and better participation. Your therapist will show you how to get in and out of bed using the “log roll” technique described below and you will be taught how to walk with an assistive device (walker, crutches or cane) if necessary.

An occupational therapist may instruct you how to perform daily activities such as washing, bathing and dressing without twisting or bending over. It may involve the use of special assistive devices.

Getting out of bed without injuring yourself
Log rolling
Your nurse will help you practice this technique until you are able to do it independently. The following directions explain the log roll technique to position your body to get out of bed. These directions are for rolling to the right side. If you need to roll to the left side, reverse the procedure.

• Until you are able to log roll independently, always ask for assistance from the nursing staff.
• Avoid twisting and arching your back.
• Take a deep breath prior to moving and exhale as you start to turn.
• Contract your abdomen muscles to keep your body stiff and straight.
• Bend your right hip and knee, keeping your foot flat on the bed.
• Position your left arm across your chest to prevent trunk rotation.
• Push with your bent hip and knee and roll as a unit with your trunk, hips and knees, together.

Side-lying to sitting
• After log rolling to position your body to exit the bed, you are lying on your side facing the edge of the bed.
• Make sure you are close to the edge of the bed, but not in danger of falling off.
• Push up off the bed using your arms. You should raise your trunk, shoulders and head and lower your feet over the side of the bed.
• To avoid twisting your back and neck do not lower your feet before raising your head.
• Let gravity assist lowering your legs while you come to a sitting position.
Medications
Always verify with your surgeon about taking any over-the-counter medications.

If your prescribed pain medication contains acetaminophen (the main ingredient in Tylenol) then avoid taking additional acetaminophen.

If you had a fusion procedure, please do not take over-the-counter anti-inflammatory medications for at least one month after your surgery. This includes; Advil, Aleve, Motrin, Ibuprofen, Naprosyn, and Naproxen. This medication may interfere with bone healing.

Incision care
• Always wash your hands before starting incision care.
• Keep incision open to air unless otherwise told by your physician; there is no need for gauze dressings unless you are oozing drainage.
• Do not soak your incision in water. No swimming, baths or other water submersion.
• Do not apply any creams, oils, perfumed soap or powder to the incision.
• See your personalized discharge instructions for further wound care.

Wound dressing
• Dressings may vary with surgeon and procedure. See your hospital discharge instructions for specifics.
  - Aquacel
  - Dermabond (skin glue)
  - Gauze with surgical tape

Infection prevention
• Perform hand washing frequently.
• Avoid interacting with individuals that are sick.
• Keep wound clean and dry.
• Avoid pets in your sleeping quarters.
• Perform personal hygiene on a daily basis.

Bathing
• Avoid bending over.
• Use a brush with a long handle to wash areas you can’t reach without bending.
• A shower is preferred to a bathtub. Use a shower seat if you need to sit while showering.
• Do not hold onto parts of the shower/bath that are not intended for support (curtain bar, soap dish, shower head).

Dressing
• Avoid bending over.
• Sit to dress.
• Lift your knees up to tie shoes, put on socks, etc.
Palmetto Health Baptist

Palmetto Health Baptist
Taylor at Marion St.
Columbia, SC 29220

Parking
Park in the garage at 1501 Sumter St. Take the third floor crosswalk to the hospital. The registration desk is on the left.

Palmetto Health Baptist Parkridge

Palmetto Health Baptist Parkridge
400 Palmetto Health Pkwy.
Columbia, SC 29212

Parking
Park in front of the main building. Enter through glass doors on the right and a Care Guide will assist you to the reception desk.
Home Health resources

Your physician may prescribe Home Health services to provide you with continuity of care in the home setting. The company you choose will provide nursing and physical therapy services. We suggest that you contact your private insurance company to check for preferred providers. However, if Medicare is your primary insurer, all home health companies accept Medicare and you don't need to contact Medicare.

The following companies are available in Richland and Lexington counties:

- Palmetto Health HomeCare* ........................................ 803-296-3100
- Amedysis Home Health ............................................. 803-356-2253
- CarePro Home Health ............................................. 803-758-4000
- SC DHEC ............................................................. 803-276-5818
- Gentiva Home Health Care ........................................ 803-791-3704
- National Healthcare Homecare ................................. 803-939-0266
- Tri-County Home Health Care ................................... 803-561-7680

*This home health agency is affiliated with Palmetto Health.

There are home health companies in all counties. We will be happy to provide you with a list of companies in your county. Please be prepared to let your social worker or nurse case manager know which company you would like to use at the end of your hospital stay.

Know that your nurse case manager and social worker will make every effort to secure placement in your company of choice. If you have no preference, we can assign one for you.

Discharge plans and expectations

When a patient is ready to discharge home from the hospital it is important that certain expectations have been met. Our expectations include:

- Mobilizing independently or at a level required for your discharge destination
- Adequately healing wound without complications
- Tolerating your diet
- Controlling pain with oral analgesia (pain relief)
- Swallowing without difficulty
- Passing gas

Follow-up appointment

- Call your physician’s office for a return appointment if one has not been scheduled previously
- Do not hesitate to call your physician if any problems or questions arise before your appointment
Patient discharge checklist

- I have my prescriptions.
- I understand what my medications are and how to use them safely.
- I understand when I should notify my doctor.
- I know when to see the doctor for a follow-up appointment.
- I know when I can shower.
- I know the arrangements for my home equipment and physical therapy.
- I know how to care for my incision and dressing.
- I know my home exercises and activities.
- I know my spine precautions.

Frequently asked questions

When will my stitches be removed? Stitches may be placed under the skin, which will dissolve and typically do not have to be removed.

When may I shower? Your surgeon will answer this for you.

When may I drive? You need to discuss this with your surgeon, as each patient is different. However, you may not drive as long as you are taking pain medication.

When is it safe for me to have sex? Discuss this with your surgeon as your healing progresses.

Resources

The following resources were referenced in the compilation of this booklet:

- Beebe Medical Center Spine Center Booklet
- Hartford Hospital Spine Center Booklet
- Hoag Newport Beach Hospital Spine Booklet
- Mayfield Clinic: http://www.mayfieldclinic.com
- Mount Carmel Spine Center Booklet
- Ohio Health Spine Center Booklet
- Orthospine: http://www.orthospine.com
- Spine Health: http://www.spine-health.com
- Self Regional Healthcare Spine Center Booklet