

# Beebe Healthcare Spine Surgery Program



## Table of Contents

	Page
Mission Statement	3
Welcome	4
Preparing for Surgery	5
Preoperative bathing instructions	6
Spine Anatomy	7
Stress-Less Surgery	8-9
Day of surgery	10
Postoperative Nursing Care	11
Incentive Spirometer	12
Postoperative Pain Management	13
Infection Prevention	14
Physical Therapy	15
Preparing your home	16
Case Management/ Discharge planning	17
Discharge Information	18
Nutrition	19
Falls prevention	20
Pastoral Care Services	21



## **Our Mission**

Beebe Medical Center's charitable mission is to encourage healthy living, prevent illness, and restore optimal health with the people residing, working or visiting the communities we serve.

## **Our Values**

Safety  
Respect for the individual  
Patient/Customer satisfaction  
Commitment to quality  
Personal responsibility  
Financial responsibility  
Teamwork  
Integrity

## **Our Ten Customer Service Standards**

“We are caring people serving with compassion, integrity and excellence.”

Caring attitude  
Courteous behaviors  
Anticipation of needs  
Adherence to confidentiality/privacy  
Active listening and communication  
Positive professional image  
Safety and care of our environment  
Commitment to teamwork and the organization  
Service recovery  
Exceptional telephone and elevator etiquette

## Welcome to Beebe Healthcare

Thank you for choosing our facility for your back or neck surgery.

Our goal is to provide you with the best postoperative outcomes by preparing you physically, mentally, and emotionally for your surgery.

Our comprehensive, multidisciplinary team is highly skilled and has received national recognition.

You are the most important member of the health care team.

We know the better prepared you are for your surgery the easier and faster you will recover.

Please review this information and ask us any questions you may have (302-645-3104).

### General Hospital Information

#### Visiting Hours:

8am – 9pm

Two visitors at a time per patient

Do not visit if you are sick

Mornings are busy; please be patient while your loved one receives care

### Helpful Phone Numbers

Beebe Medical Center	302-645-3300	Orthopaedic Nursing Unit	302-645-3720
Same Day Surgery*	302-645-3502	Pre-op Nurse/Anesthesia	302-645-3366
Pre-op Class (Ortho Service Line)	302-645-3104	Chaplain	302-645-3759
Stress Less Surgery	302-645-3528	Case Management	302-645-3313
Patient Advocate	302-645-3547	Rehabilitation Services	302-645-3235

\*Call Same Day Surgery the day before your surgery (between 2:00pm and 4:00pm) to find out what time to report to hospital

## Preparing For Surgery

Complete this preoperative checklist:

- Attend preoperative class:  
Phone - Orthopaedic Service Line Nurse @ 645-3104 or Regina Newell @ 645-3679
- Pre-op nurse will call prior to your surgery: 645-3366
- Stop taking medications such as aspirin, ibuprofen, or blood thinners as directed by your physician.
- Obtain medical clearance/blood work/EKG as ordered
- Call the hospital (302-645-3502) 2 days before your surgery between 2:00-4:00PM for your arrival time
- Do not eat or drink anything after midnight the day before your surgery
- Bring all medications in their original containers to the hospital
- Leave all valuables such as jewelry or money at home
- Bring comfortable, loose fitting clothing. You will be getting dressed when appropriate after any applicable drains are removed.
- Bring lower back or neck brace the day of surgery if given to you by your surgeon's office.
- Follow pre-op bathing instructions on the following page
- Prepare your home and support system for going home
- If you smoke, now is the time to stop
- Notify your surgeon of any infection, fever or if any change in your medical conditions occurs

## Preoperative Bathing Instructions

You play a key role in your own health. Before surgery, it is important to reduce the number of germs on your skin. In addition to the information included in the “How to Prevent Surgical Site Infections” pamphlet, the instructions below are provided to help you carefully wash your skin before your surgery.

Use Safeguard soap and a special soap called chlorhexidine gluconate (CHG). A common name for this soap is *Hibiclens*®, but any brand of 4% CHG is ok to use. Do the preoperative bath/shower, one time a day, for **4 days** before surgery and then take your last bath/shower the day of your surgery, before coming to the hospital. If you have any questions, please call your doctor.

### **Before you bathe or shower:**

1. Read the directions and warnings on the CHG product label.
2. Do not use the product if you are allergic to CHG or other ingredients listed. Please tell your doctor.

### **When you bathe or shower:**

1. Wash your hair as usual with your regular shampoo. Rinse hair and body thoroughly to remove any shampoo residue.
2. Wash your entire body with Safeguard soap. Apply the soap directly to your skin and wash gently using a clean wash cloth. Allow the soap to remain on your skin for 1 minute before rinsing your body. \*Use a clean wash cloth each time you bathe/shower.
3. Wash your entire body from the neck down with CHG soap. Apply just enough CHG to cover the skin and wash gently using the clean wash cloth. Allow the CHG to remain on your skin for 1 minute before rinsing your body. ***Warning: Do not apply CHG to the face, mouth, ears, genitals, or open wounds.***
4. Rinse your body thoroughly with warm water.
5. Pat yourself dry with a clean, soft towel. *(Do not apply lotions, powders, or perfumes)*
6. Put on clean clothes.

### **Other information:**

1. CHG soap may be provided by your doctor. You can purchase 4% CHG soap at local pharmacies.

## **Spine Anatomy**

- Cervical Spine: The neck area of the spine. Includes 7 vertebrae C1-C7
- Thoracic Spine: The chest area of the spine. Includes 12 vertebrae T1- T12
- Lumbar Spine: The lower back. Includes 5 vertebrae L1- L5
- Sacral Spine: One vertebrae S1

## **Helpful Terms**

1. Vertebrae: Bones that make up the spine.
2. Disks: Cushions between the vertebrae, the body's shock absorbers.
3. Lamina: Part of the vertebrae that form the back of the spinal canal.
4. Laminectomy: Removal of part or all of the lamina to relieve pressure on a nerve
5. Discectomy: Removal of the portion of the disk that puts pressure on a nerve.
6. Spinal Fusion: Locks two or more vertebrae together to decrease pain. Bone graft used may be your own bone stock or bone from a bone bank. Your surgeon will choose what is best for you.
7. Instrumentation: Extra support used if necessary during a spinal fusion. May include: plates, screws, rods, or cages. Your surgeon will discuss this with you.

## Stress-Less Surgery

### **Integrative Health Complementary and Alternative Medicine 302-645-3528**

Beebe Healthcare's Integrative Health Department offers a stress-less surgery program designed to help ease tension and reduce anxiety. The program has three components:

1. A relaxing guided imagery CD with music
2. Aromatherapies for stress and nausea
3. Self- applied acupressure for post- surgical nausea

**Please call the Integrative Health office for an appointment at least one week prior to your scheduled surgery date.**

Medical literature indicates that people who prepare for surgery have less pain, fewer complications and faster recovery. This results in reduced hospitalization costs and other medical expenses.

You will be introduced to many relaxation methods, aromatherapy, as well as the use of an acupressure patch proven to reduce post-op nausea.





## Herbs and Supplements

Tell your surgeon and anesthesiologist if you are taking any over the counter herbs or supplements. Some herbs may need to be stopped prior to surgery.

*Gradually reduce and discontinue all herbs and supplements by the minimum days suggested. For further information about herbs and supplements contact Integrative health 302-645-3528 or go to:*

*<http://www.beebehealthcare.org/patient-care-services/integrative-health>*

*Then scroll down to natural medicine database and click to look up any herbal product.*

- Echinacea 8 days
- Ephedra (Ma huang) 24 hours
- Evening primrose oil 7 days
- Feverfew 7 days
- Fish oil or cod liver oil 7 days
- Flax seed oil 7 days
- Garlic (*Alium sativa*) 7 days
- Ginger 7 days
- Ginkgo biloba 36 hours
- Ginseng 7 days
- Goldenseal 7 days
- Kava Kava (*Piper methysticum*) 24 hours
- Licorice (*Glycyrrhuza glabra*) 7 days
- Saw Palmetto 7 days
- St. John's Wort (*Hypericum perforatum*) 5 days
- Vitamin E 7 days
- Valerian (*Valeriana officianalis*) 1-2 days

*Taper doses gradually week before surgery, call physician if withdrawal symptoms occur.*



## **Day of Surgery**

### ***Enter the parking garage using the West entrance***

Park on the 2<sup>nd</sup> level and go to the doors marked Same Day Surgery

GO up 3 steps and turn to the right for the registration area

If you cannot climb the 3 steps:

Park on the 1<sup>st</sup> level of the garage

Enter the hospital from the 1<sup>st</sup> floor- Main entrance

There is an elevator across from the information desk to take you to the registration area on the second floor.

*Please have you photo ID, Insurance Cards, and Lab Envelope ready to present.*

## **Same Day Surgery**

After registration you will be taken to the Same Day Surgery Area to be prepared for surgery. An armband with your name and date of birth is placed on your wrist. This will be used to verify your identity prior to any treatment or medication being given to you. After your IV is started, your family can wait in the holding area with you until you are taken back to the Operating Room. The Anesthesiologist in charge of your care will meet with you and discuss which type of anesthesia will be used. Please inform the anesthesia department of your previous anesthesia experiences. After all of your questions have been answered, a sedative is given to help you relax. You may not remember much after the medication is given. Preparation, surgery, and recovery take between 3 and 4 hours.

## **Anesthesia**

You will meet with your anesthesiologist the morning of your surgery to discuss what type of anesthesia is best for you based on your medical history.

Tell the anesthesiologist any prior anesthesia history, any anesthesia related problems, or any preferences you have regarding your anesthesia.

## **Operating Room**

You may notice the temperature in the Operating Room is cooler than other areas, but you will be kept warm with a special hot air blanket.

## **Post Anesthesia Care Unit (PACU) or Recovery Room**

You will be monitored closely in the PACU for at least an hour.

***Family is not allowed to visit in this area. You may have to wait longer than an hour if your room is not available. The surgeon will call and talk with family after surgery is completed.***

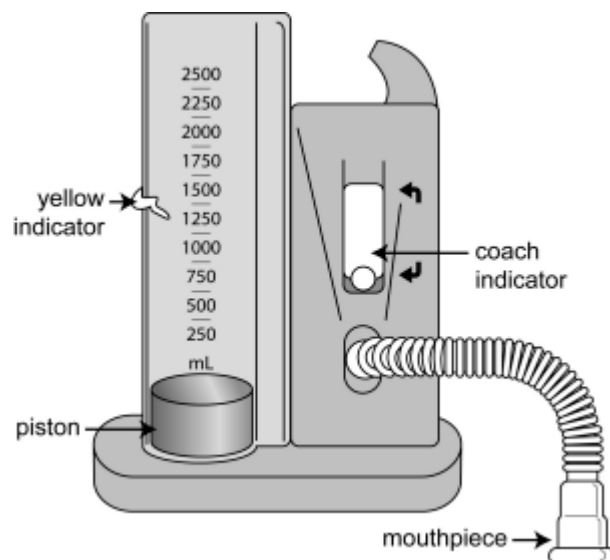
## **Postoperative Nursing Care**

- Vital signs assessed frequently on arrival to the nursing unit
- If a Foley catheter is in place, it will be removed the same day as surgery or the following day
- Nasal oxygen on and pulse oximeter to determine adequate oxygenation
- Compression device on feet or legs to promote blood flow
- Do frequent ankle pump exercises
- Incentive Spirometer to keep lungs clear
- On arrival to nursing unit, a liquid diet is started and will progress to solid food as tolerated
- See pain management section for pain control explanation
- Dressing changes per surgeon's orders
- Stool softeners ordered to prevent constipation
- Laxative, suppository, enema as needed
- Nurses report to the next shift at the bedside to include you in your plan of care.
- You may call extension 8000 from you hospital phone for any concerns or complaints related to meals, housekeeping, noise, etc.

## Using Your Incentive Spirometer

*The Incentive Spirometer helps you get back to breathing your best, and avoid complications such as pneumonia or a collapsed lung. The Incentive Spirometer (IS) will show you how well you are breathing.*

1. Sit upright, or as far upright as you can.
2. Breathe normally a few times.
3. After you exhale normally, close your lips around the mouthpiece.
4. Breathe in slowly & steadily through your mouth until your lungs are full. The volume indicator will rise to show how much air you have breathed in.
5. Hold your breath until the volume indicator goes back down to the bottom.
6. Breathe out slowly.
7. Take a few normal breaths
8. Repeat steps 3 – 6 approximately ten times per hour & cough to help clear the mucus out of your lungs.



## Postoperative Pain Management

We care about your comfort and are committed to managing your pain after

In order to be successful with managing your pain, it is important that you communicate with your health care team. You are the only person who knows what your pain is, and if the medication that your surgeon has ordered is doing the job!

The Pain Scale is used to gauge the intensity of your pain/discomfort before and after you receive pain medication. Please take a minute and become familiar with YOUR acceptable level of pain. Your pain will be assessed frequently throughout your hospitalization.



0= no pain

1-3=Mild pain- you can feel it. Able to focus on reading, TV.

4-6 =Moderate pain-Losing focus. Thinking about pain

7-9 =Severe- Unable to focus on anything other than pain

10=worst possible pain

Your surgeon will order pain medicine to be given intravenously (IV) after your surgery. You will progress to oral medications the following day after surgery.

### **Please tell your nurse if:**

- **The pain medicine doesn't decrease your pain.** Although we can't guarantee that you will be 'pain-free', we want your pain to be under control so you can participate in your therapy.
- **If the pain medicine makes you feel nauseated.** We can give you medication to control those symptoms, or we can call the surgeon to obtain a different medicine.

**If you feel constipated.** You will be encouraged to eat a fiber rich diet and drink plenty of fluids, but sometimes you need a little help. Your surgeon has ordered certain medications to help.

## Infection Prevention

### *Before your surgery:*

- Tell your doctor about all medical problems you may have. Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.
- Quit smoking. According to CDC, patients who smoke are at greater risk for infections.
- Do not shave near area you will have surgery. Shaving with a razor can make small openings in your skin and make it easier to develop an infection.
- Follow the preoperative bathing instructions on page 6. If your surgery is in an area that you cannot reach, such as your back, have someone assist you. (You may use a clean back brush.) Use a clean washcloth each day.

### *When you are discharged:*

- Make sure you have clean sheets on your bed for when you return home.
- Make sure you understand how to care for your wound, including dressing changes before you leave the hospital.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.
- Always clean your hands before and after caring for your wound.
- DO NOT let your pet near your incision. DO NOT allow your pet to sleep with you until your doctor determines it is safe to do so.
- If you have any symptoms of an infection, such as redness and pain at the surgical site, or fever, call your doctor immediately.

## Physical Therapy

Helps you regain your mobility, range of motion, and strength after surgery. Physical therapy will work with you to help you walk further, increase your strength, and teach you how to climb stairs.

Reinforces safety awareness

Begin preoperative exercises @ home

Quad sets

Gluteal sets

Ankle pumps

After surgery:

You will have a bedside evaluation the day of surgery or the 1<sup>st</sup> day after surgery

Testing of circulation, sensation & motor function

Instruction in exercise program

Progress from sitting @ bedside to standing & ambulating with a walker

### **After low back surgery:**

1. Wear brace if ordered by your surgeon
2. Use care when twisting at the waist
3. Avoid bending at the waist to pick up items
4. Do not lift anything heavier than 5 pounds

### **After neck surgery:**

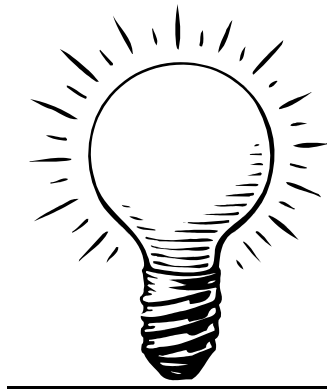
1. You may wake up with a cervical collar around your neck
2. Wear the collar as ordered by your surgeon

### **Sleeping positions:**

1. You may sleep on your back with a pillow under your knees and one pillow under your head
2. You may sleep on your side with a pillow between your knees and one pillow under your head
3. Avoid laying on your stomach unless your surgeon says its ok

## **Preparing your home for when you are discharged:**

1. Pick up throw rugs
2. Buy a cordless phone
3. Move frequently used items to waist level
4. Remove clutter
5. Keep walkways well lighted
6. Prepare food ahead of time and freeze
7. Set up your support system for when you are discharged to home





## Case Management

### What does a Case Manager do?

Assist with discharge planning

Obtain necessary equipment

1. Walker
2. 3 in 1 commode

Insurance liaison while in the hospital

Approval for needed services at time of discharge

1. Verifies benefits
2. Informs of co-pay for services

### Goals to Meet For Safe Discharge to Home

1. Able to get out of bed with minimal or no assistance
2. Able to get on & off a toilet
3. Able to walk about 120 ft. with assistive device
4. Able to negotiate steps
5. Able to demonstrate hip precautions if hip replacement patient

## Discharge Information

Keep your dressing dry and intact.

You may shower the day after discharge from the hospital. Keep showers short and try not to get the dressing wet.

If you have been given a brace from your surgeon's office, wear as ordered by your surgeon.

Keep pets away from your incision.

Activities after discharge from the hospital

1. Short walks to enhance circulation, keep your lungs clear, and promote healing.
2. You may drive a car when cleared by your surgeon

Continue your exercise program and use the assistive device recommended by your physical therapist. Follow up physical therapy instructions will be given to you at the time of discharge.

Refer to your discharge list of medications to know what medications you are to take. Be sure you are aware of side effects of your medications prior to discharge from the hospital.

Call your doctor if:

Fever greater than 101°/chills

Uncontrolled pain

Persistent vomiting or nausea

Excessive bright red bleeding, swelling around the incision,

Redness, streaking or pus-like drainage

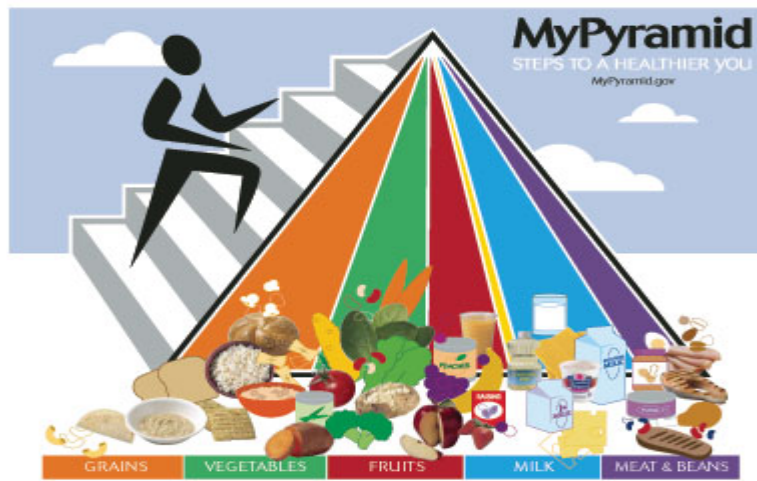
Difficult urination or severe constipation/ persistent diarrhea

Weakness, numbness or tingling of legs or arms

Pain in either calf

Shortness of breath

Any other problems or questions



**Good Nutrition Is Essential While Your Body Is Healing From Surgery!**

<b>Grains</b>	<b>Vegetables</b>	<b>Fruits</b>	<b>Milk</b>	<b>Meat &amp; Beans</b>
Eat 6 oz every day	Eat 2 ½ cups every day	Eat 2 cups every day	Get 3 cups every day	Eat 5 ½ oz every day
Eat at least 3 oz of whole-grain cereals, breads, crackers, rice or pasta every day.  1 oz. is about 1 slice of bread, 1 cup of breakfast cereal, or ½ cup of cooked rice, cereal or pasta	Dark green veggies like broccoli, spinach & other dark leafy greens.**  Eat more orange vegetables like carrots and sweet potatoes.  Eat more dry beans and peas like pinto beans, kidney beans and lentils	Eat a variety of fruits  Choose fresh, frozen, canned or dried fruit  Go easy on fruit juices	Go low-fat or fat free when you choose milk, yogurt and other milk products.  If you don't like milk or can't consume milk, choose lactose free products or other calcium sources such as fortified foods and beverages.	Choose low-fat or lean meats and poultry.  Bake it, broil it or grill it.  Vary your protein routine-choose more fish, beans, peas, nuts, and seeds.

(Based on a 2,000 calorie diet)

(Reprinted from [www.mypyramid.gov](http://www.mypyramid.gov))

## **Beebe Healthcare Fall Prevention Program**

Everyone having a total joint replacement is at risk to fall due to the surgery, the medications, and an unfamiliar environment. You will have a yellow armband on to signify that you are at risk for fall. You will also see a sign on your door until you are no longer at risk for falling.

### **Safety Guidelines for Preventing Falls**

- Always follow your physician's orders and the nurse's instructions regarding whether you must stay in bed or require assistance to go to the bathroom.
- When you need assistance, use your call light by your bed or in the bathroom and wait for the nurse/assistant to arrive to help you.
- Remain lying or seated while waiting for assistance. Please, be patient, someone will answer your call as promptly as possible.
- Ask the nurse for help if you feel dizzy or weak getting out of bed. Remember you are more likely to faint or feel dizzy after sitting or lying for a long time. If you must get up without waiting for help, sit in bed for a period of time before standing. Then rise carefully and slowly begin to walk.
- It is recommended you wear rubber-soled or crepe-soled slippers or shoes whenever you walk in the hospital. If you do not presently have any, a pair of slipper socks with a non-skid bottom will be provided.
- Walk slowly & carefully when out of bed. Do not lean or support yourself on rolling objects such as I.V. poles or your bedside table.
- Never attempt to get off of a stretcher or out of a wheelchair unaided. Unless brakes are engaged they are very unstable, and will roll freely away from you.
- Do not tamper with side rails or restraints that may be in use. If restraints need adjustment, ask your nurse. Side rails & restraints are reminders to stay in bed & are designed to ensure your safety.
- Family members & visitors should make sure that phone, call bell, water, & personal items are within sight & reach of the patient before leaving the room. It may help to leave the bathroom light on also.
- Keep your nurse & doctor informed on how you are feeling. If you feel weak, dizzy, or unsteady, let them know.

**Caring For The Spirit**  
**PASTORAL CARE SERVICES**

**OUR SERVICES**

**COUNSEL AND PRAYER**

We can meet with you privately, or with your family and friends to share in prayer and to talk about spiritual and religious concerns. You can ask us to provide emotional and spiritual support in times of crisis or during important meetings with family and/or hospital staff. Appointments can be made for pastoral care prior to and following medical procedures. Our team practices under the standards and guidelines of the Association of Professional Chaplains.

**PASTORAL REFERRALS**

The Chaplaincy Team maintains a network of connections with area clergy and religious organizations. At your request, we can contact persons or groups who can best meet your spiritual and sacramental needs.

**CHAPEL**

The inter-faith chapel is open to patients and visitors as a sanctuary for quiet reflection and personal devotional practices. It is open during regular visitation hours, and located on the first floor between Integrative Health and the X-ray Department.

**CHAPLAINS' PRAYER BOOK**

Each morning and evening, we pray for the people listed in our Chaplains' Prayer Book. If you wish to be remembered in our daily prayers, please contact the chaplains' office. In keeping with the hospital's guidelines for safety and privacy, confidentiality is assured.

**CATHOLIC COMMUNION**

The Extraordinary Ministers of Communion from St. Jude the Apostle Catholic Church seek to visit all Catholic patients daily. For details, please contact the chaplains' office

**WHEN SHOULD I ASK FOR A CHAPLAIN?**

Life's path takes us across many ups and downs. It takes us to places of certainty and doubt, and on the way we often feel sorrow and joy. Wherever we might be on this path, we do not have to go it alone. Chaplains are available to support your spiritual and emotional needs during your time in the hospital. Call on us when you...

- want to share in prayer
- feel stressed, angry, lonely or sad
- need to talk about your faith life
- are preparing for medical procedures
- have concerns about family, work or friends
- desire the blessing of a sacrament or desire the inspiration of scripture
- are ready to voice your feelings of joy, praise or thanksgiving
- need help reaching people from your faith community.
- are facing a crisis

To request the services of a member of the Chaplaincy Team, please speak with your nurse or another member of the hospital staff. They can arrange for a page to the Chaplain on duty. **If you would prefer to leave a personal and confidential phone message for the chaplain, please call extension 3759. From outside the hospital, call 302-645-3759.**

# NOTES

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---