

A healthcare professional, a woman with dark curly hair wearing a light blue scrub top, is assisting an elderly man in a rehabilitation center. The man is wearing a light yellow polo shirt and light-colored pants with a white waistband. He is leaning on a blue metal railing. The background shows a well-lit room with other people and equipment, suggesting a physical therapy or rehabilitation setting.

Spine Center Pre-Operative Education Class

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Meet Your Spine Care Coordinator

As coordinators for the spine program, our main responsibility while you are in the hospital is to ensure you receive exceptional care, do everything we can to meet your needs – from a surgery perspective – and be a liaison between you and the staff, when needed.

Our goal is to be there for you, during your length of stay, to ensure we get you home in a timely and – more importantly – safe manner.

- Rounding
- Group Rounding
- Teaching



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Laura Voetsch, MSN/ED, RN, CNRN



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Before We Start

Reminders

Please purchase:

- A bottle of stool softeners; generic brand/pharmacy brand; **NOT** a laxative
- A bottle of plain Tylenol; **NOT** PM/Arthritis/Extra Strength

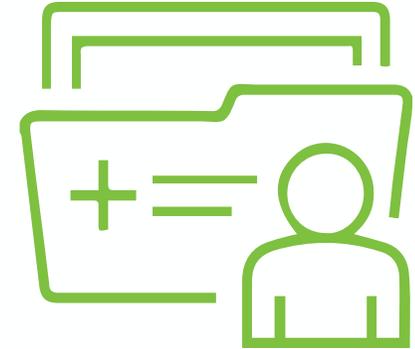
Other reminders:

- Remind loved ones that they must ask for your films and/or CD of your images after your surgery is complete; they are your property and we want to make sure they get back to you.
- Please make sure to have three copies of your medications list – include dose, frequency and the name of medication. Also, its important to write down any herbal supplements/liquids/elixirs/etc.

Pre-Admission Testing

Day of Pre-Admission Testing:

- Come 10 minutes early to complete any paperwork
- You can eat on the day of your appointment
- Parking is validated (Valet/Garage Ticket)
- Bring your ID and insurance information
- Expect to be at the pre-admission office for 1 to 1 ½ hours
- Internal Medicine Consult
- CHG Soap
- Medications List (3 copies)



Preparation for Surgery

Home Preparation

- Toiletries & clean towels should be set out for easy access
- Bed should be made with clean linens
- Pre-prepared meals
- Purchase over-the-counter stool softeners
- Pets should be taken care of for 2 weeks
- Keep often-used items close to you within reach at your house
(i.e. pots on the stove, magazines beside your chair, delay newspaper delivery)
- Fill all prescriptions prior to coming to the hospital; write your pharmacy number in your guidebook
- Add your surgeon's office number to your cell phone contacts or keep on the refrigerator door for questions



Before Your Surgery

Pain Management

- If you do have chronic pain and see a pain management physician, please notify him/her of your upcoming surgery
- Ensure all medications and prescriptions from your pain management physician are filled prior to coming into the hospital
 - Please DO NOT bring your pain meds to the hospital during your time here
 - All your medications will be dispensed by your nursing team during your length of stay
- Neurosurgery will discharge you home with pain medications that are necessary for your surgery – medications to take care of muscles spasms and incisional pain

What To Bring During Your Hospital Stay

- Pack a small garment bag; the hospital provides basic toiletries
 - Women may want to bring a button-down sweater
 - Loose fitting pants or jogging pants
 - A button-down shirt for neck surgery or a top that is easy to pull over your head
- If you already have a walker, please have your family/friend bring it the day after surgery (POD 1)
- Medications List – Remember, you need 3 copies of this list since you will be asked more than once for the information
- We suggest you keep any valuables home or with your loved ones
- If you would like to use a laptop or tablet, you may bring it with you. Each room and area of the hospital has complimentary Wi-Fi available.

Visitation the Day of Surgery



- We encourage your family/friend to be present on the day of surgery
- Your loved one will give the front secretary their cell phone number or they will receive a pager to notify them when your surgery is over
- They will be called/paged when the surgery is over; the surgeon will come speak to them in the waiting room
- Post-op visit: “You can come back in 15 minutes” means, more than likely, 1-2 hours in recovery before they can visit you
- There are telephones, vending machines, plentiful seating and TV in the waiting room and cafeteria/gift shop options in the hospital for food and drink

During Your Stay

- Visiting hours are 9 a.m. – 8 p.m.
 - A family member/friend is encouraged to be present at the hospital on day #2 after surgery, to learn of any exercises and safety precautions that need to be abided by during your stay and at home

COVID-19 Visitor Updates

As our facilities reopen, we're employing new safety measures to protect you and our caregivers, including:

- Universal mask use
- Temperature checks
- Social distancing
- Visitor restrictions
- Keeping our COVID-19 symptomatic patients separated from other patients.

Nothing is more important to us than you.

Extra Safety Measures for Your Protection

We're employing the following safety measures and protocols to ensure you and your loved ones feel confident, protected and safe in our facilities.

- **Universal Mask Use** – Even in a pandemic, you can feel safe. We're stocked with safety supplies, have no shortages of personal protective equipment (PPE) and masks are required for all at our facilities.
- **Temperature Checks** – Have peace of mind that everyone you encounter had their temperature checked before being allowed in. Every entrance. Every facility. Everyone entering.
- **Social Distancing** – Feel confident you're doing the right thing to keep yourself and others safe. With limited visitation, new waiting room protocols and more, you can safely practice social distancing.
- **Patient Cohorting**– Take comfort knowing your safety is our priority. COVID-19-positive and symptomatic patients are carefully quarantined away from patients and visitors.
- **Visitor Limitation** – Feel relieved by the extraordinary measures being taken, including limiting the number of visitors, and making sure those allowed are screened for symptoms before being allowed to enter. This unfortunately includes no overnight visitation.

Current Visitor Hours are 9am to 8pm. Visitors are required to wear a mask at all times.

Day of Surgery: What To Expect

For the following reasons, you will be asked to arrive 2-2 ½ hours prior to your surgery.

- You will put your gown on and place all belongings placed into your “belongings bag”; this bag will be kept with you or with your loved one
- TED (thromboembolic disease) Hose
- IV
- Health History (medications list with dose and frequency – 3 copies will be provided to your Pre-Admission Testing Department, the OR and your floor/nursing unit)
- Anesthesia
- Pre-Surgical Consent: You will see your physician prior to the OR

After Surgery: What To Expect



- You may have some of the following:
 - Back Brace
 - Dressing
 - Urinary Catheter
 - SCD (Sequential Compression Device)
 - TED Hose
 - PCA (Patient Controlled Analgesia) Pump
 - Drains
- Family/friends should expect to see you, approximately, 2-hours after the physician comes out and speaks with them in the waiting room
- Post-op: You will be moved to bed on the nursing unit/floor, but may be held in PACU until one becomes available
- Family/friends may want to stay for awhile after you are moved to your room; however, you will most likely sleep off the anesthetic for the rest of the day/night
- We encourage family/friends to go home and rest – we will want them here to help with teaching at-home tips & exercises after surgery

Post Surgery – Day #1

- A physician or PA/ARNP will visit you daily
- Your diet will be advanced as your bowel bounds “wake up”
 - Clear Liquids (CL) → Full Liquids → Regular Diet
- Physical therapy will start either on the day of surgery or the day after (meals & walker)
- ISO (Isometric Exercises) should be done 10 times/hour (page 13 of your guidebook)
- The urinary catheter is removed 24-hours post-surgery
- Pain Management: PCA Pump to oral medications
- Sore throat
- **NO SMOKING** or nicotine patches: Slows healing and harms the fusion process
- Blood draw/labs: H & H (hemoglobin & hematocrit) and drains
- Vital signs are taken every 4 hours
- You will receive a visit from case management
- There is regular rounding on all patients by the nurse manager/assistant nurse manager

Post-Surgery : Day #2



- You will receive a visit from your surgeon, PA and/or ARNP
- You will transition from IV medications to oral medications; they absorb in the gut more readily
- Physical therapy/group therapy sessions will occur twice daily
- You will use a bedside commode/urinal
- Diet will be adjusted as tolerated
- Heat/ice can be used – whatever is more comfortable for you
- Your family/friend is requested to be at the hospital on day #2
- Case management will start working on DME (direct medical equipment) delivery and disposition for D/C (discharge)

Most day #1 activities also occur on day #2, combined with the above

Post-Surgery: Day #3 & Day #4

Day #3

- Day #3 is very similar to the activities and expectations of day #2
- You will continue to work with physical therapy
- Dressing will be changed
- Drains will be removed either the morning of day #2 or day #3; removal is dependent on output
- Medications should all be provided orally/by mouth
- Case management/equipment need for at-home recovery is delivered

Day #4

- A continued combination of activities from throughout your hospital stay; progressing with ambulation/walking, eating a regular diet and preparing for going home.

Case Management



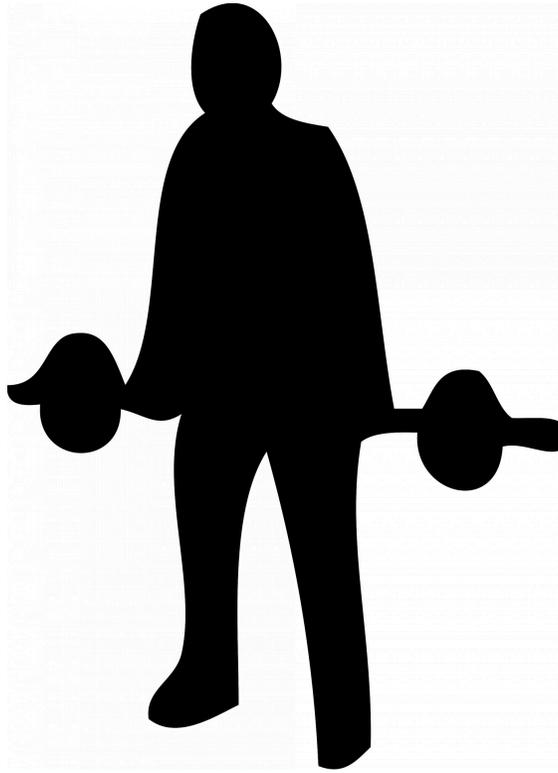
- There are case managers dedicated to the Neurosurgical Unit
- Prior to surgery, we recommend that you call your insurance company and inquire about which benefits you qualify for during your recovery phase (SNF/ALF/Rehab Benefits)
- Make plans prior to surgery/coming to the hospital to have someone available on day #3 to take you home and help get you settled
- It will be at your surgeon's discretion to determine if you should stay longer than the typical 3 days in the hospital
- Please review the list of SNF/ALF facilities close to your home; schedule a visit to see the place prior to coming to the hospital for surgery
- Home health care/outpatient PT (physical therapy) and/or OT (occupational therapy) will be set up prior to your discharge
- Follow-up appointments are usually made by your physician when the surgery is booked; However, sometimes those appointments are made prior to your discharge by the rounding staff.
- Case management will arrange for equipment delivery to your room or home

Rehabilitation

Spine



No bending

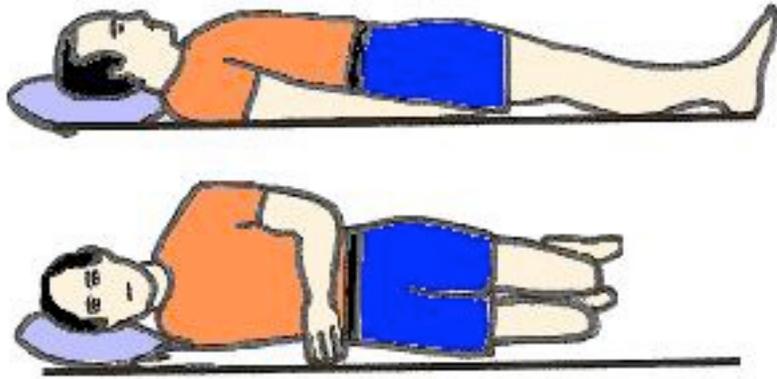


No lifting

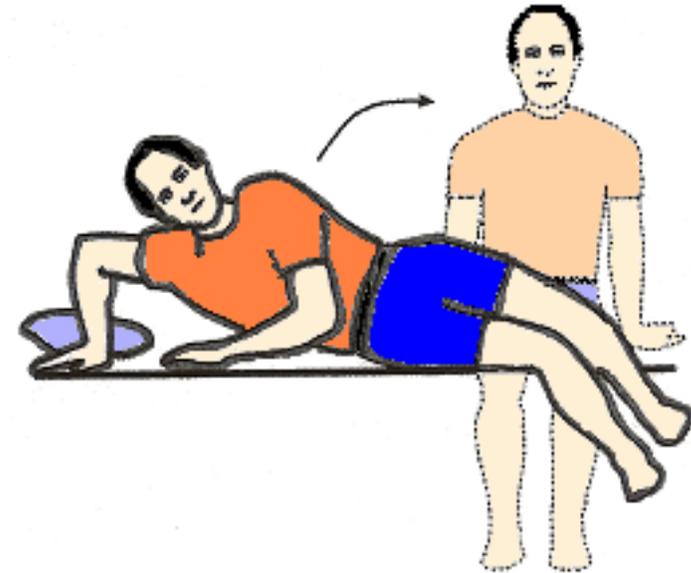


No twisting

Log Roll In and Out of Bed



- While on your back, bend your knees.
- Roll onto your side.
- Keep your shoulders and hips together as a unit as you roll.



- Slowly raise your body as you lower your legs toward the floor.

What is Therapy?

- **Physical Therapy (PT)**

Focus on restoring motion, normalizing ability to walk and returning strength and balance to functional levels

- **Occupational Therapy (OT)**

Focus on improving your ability to perform activities of daily living (dressing, bathing, self-care)

Why Physical Therapy?

Research:

- Therapy within 24 hours of surgery reduces post-op complications and decreases length of stay in the hospital
- Post-op pain is decreased with increased mobility following surgery

Recovery Process:

- Participation and progress in rehab often dictates your discharge plans
- Surgery gets you to the race, rehab brings you to the finish line
- Discharge planning: Inpatient Rehab, Home Care, Outpatient Therapy

Inpatient Rehab

For patients who:

- Are medically stable
- Can tolerate three hours of therapy/day
- Require multidisciplinary expertise
- Expect to be discharged home in the next two weeks

Features:

- 60 Private rooms
- Dedicated programs: Stroke, Brain Injury, Spinal Cord, Ortho, Neurology, Comprehensive, Medically Complex

Home Care

For patients who:

- Are homebound
- Have a skilled need for RN, PT, OT, ST, HHA and MSW
- Have a physician or ARNP willing to follow homecare's plan of care

Features:

- **Dedicated "Home First Program" up to:**
 - Weeks 1-2: Six days per week of physical therapy
 - Weeks 3-4: Three- days per week of physical therapy
 - Weeks 5-8: As you transition toward greater self-sufficiency, patient and care team will decide the frequency and type of help required
 - Referral to outpatient rehab will be made as needed

Outpatient Rehab

Whether you come from inpatient rehab, home care, or directly to us, we help get you to the finish line.

- Appointments available within 24 hours of being referred
- Appointments last up to an hour
- Medbridge GO – application for home exercise program

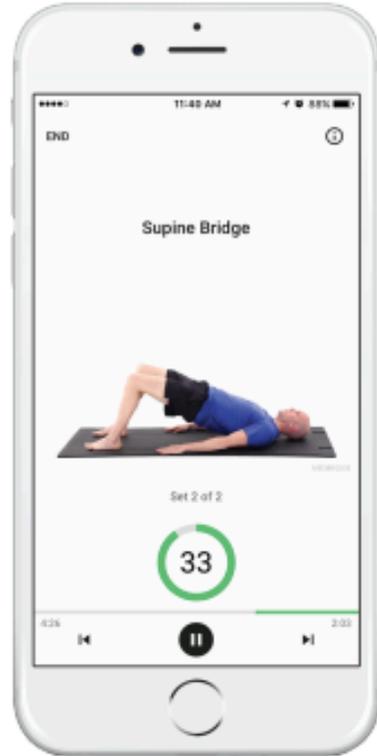
Outcomes:

Our therapists outperform national leaders in physical therapy by providing evidence-based care that delivers better outcomes for our patients

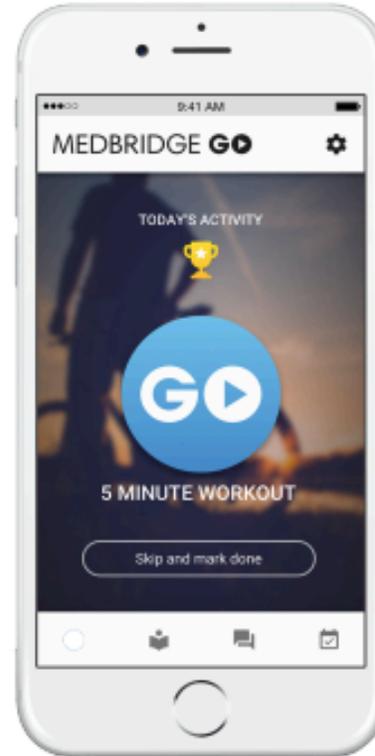
What is MedBridge?

- A free and comprehensive rehab recovery app.
- User-friendly audio and visual tools to totally customize your rehabilitation experience in real-time
 - Interactive 3D models
 - Ability to set reminders for accountability
 - Huge library of exercises to customize your rehab experience
- Increases access to your therapist
- Works across all your home devices (iPad, smart phones, laptops)
- Used at all AdventHealth Sport Medicine and Rehab centers
- HIPAA-compliant

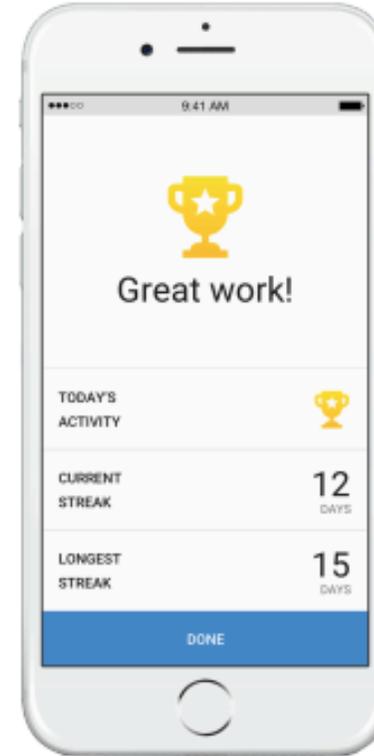
Medbridge Go



Follow quick video demonstrations of your exercises.



Stay motivated with daily reminders and achieve goals.



Track your daily progress towards a healthy recovery.

Feel Better, Faster



31 locations across Central Florida



Proven best-in-class patient recovery rates*

**Compared to a national database of leading physical and occupational therapy providers*



Lower cost of care



Next-day appointments available and extended hours



Call 833-787-6755 to schedule an appointment

Locations and Contact Information



Centralized scheduling: 833-787-6755



AHSportsMedCentralFL.com

Home Care

Care for Your Incision

- Change the dressing daily or as instructed by the physician's discharge notes
- DO NOT use lotions, potions or hydrogen peroxide
- Look for signs & symptoms of infection: **RED/GREEN/YELLOW**
 - A temperature greater than 101.5 degrees F
 - Uncontrollable pain that is not being solved with pain medications
 - Sharp shooting pain and/or numbness and tingling that is “new” to you prior to surgery
 - Loss of bowel or bladder control

Home Care

Medications

- Continue using an over-the-counter stool softener
- You should see a decrease in the need for pain medication and muscle relaxant use as the days go by on your road to recovery
- **DO NOT** use any anti-inflammatory medication (NSAIDs) until you consult with your surgeon; for example, NSAIDs include ibuprofen (Advil, Motrin), naproxen (Aleve), and Celebrex.



Tips & Reminders

- **Discharge paperwork:** Keep these documents clipped together and place them on the front of your refrigerator door for easy access
- **Keep all important numbers within reach – PCP, surgeon, pharmacy, etc.**
- **Write down all your important surgery appointment dates on the inside front two pages of the guidebook**
- **Do not forget to photocopy your list of medications; you will need 3 copies in total**
- **Touch base with your pain management physician (chronic pain patients) and make sure to let them know you are having surgery**
- **Call your insurance company and investigate what benefits your insurance covers for post-operative care, therapy and equipment**

Contact Us

- Please feel free to call or email with any further questions or concerns.
- Keep the below number on hand during your hospital stay and we will be more than happy to assist you with any of your needs.



407-303-9102



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SpineVirtualClass.com

Confirmation code: 9102



Extending the Healing Ministry of Christ