Preparing for back and neck surgery.

Center for Spine Health. We'll guide you through.

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Welcome

We strive to deliver both quality care and an outstanding experience throughout your care journey. For back and neck surgery, we offer Enhanced Recovery After Surgery (ERAS)—a team approach to surgical care where you (the patient) play an important role. With ERAS, there are things your healthcare team will do and things you will do.

The ERAS pathway starts before you go in for surgery. It continues while you are in the hospital and after you go home. Based on research, ERAS has been shown to:

- Lower the chance of problems after surgery
- Lower the need for opioids (narcotics) to manage pain
- Shorten recovery time
- Allow patients to go home faster

As part of ERAS, this guide provides patients and those supporting patients with important information, including what to expect and what actions you may need to take before, during and after your procedure to help make the experience as smooth as possible.

Thank you for trusting us with your spine care needs.

Important numbers, notes and reminders

My surgeon is: ______________________ whose business phone number is: ____________

Date of my surgery: __________________

Facility (and address) where I will have surgery: ____________________________________

Day of surgery arrival time: _____________ Time surgery is scheduled for: ______________

Other helpful phone numbers

- Baylor Scott & White Medical Center – Lakeway: **512.654.5000**
- Baylor Scott & White Medical Center – Round Rock: **512.509.0100**
- Patient Advisory Nurse (for after-hours needs/care after surgery): **800.724.7037**

I should call my surgeon or the facility where I am having my surgery if I:

- Have a change in my health after my last visit with my surgeon
- Need to reschedule my surgery
- Have any other questions

Verifying your insurance

Before surgery, we'll get surgical pre-authorization from your insurance company. You will usually receive a confirmation letter from them.

Often, the insurance company will authorize a one- or two-day hospital stay to start, and if additional time is needed, a case worker with the hospital will update your status and extend the authorization for your stay. We'll also obtain authorization for your transfer to a rehab center if needed and covered/approved by insurance. This process can take several days, depending on the rehab center and your insurance plan.

Notes:

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Common back and neck conditions

Your spine has 33 small bones called vertebrae. They are stacked one above the other with a soft disk in between each pair. These disks allow movement between vertebrae and act as a shock absorber of the spine. The vertebrae surround and protect the spinal cord and nerve roots.

Numerous conditions can affect the vertebrae, disks, spinal cord and nerves in your back and neck. Some common conditions that may require surgery include:

- **Bulging disks:** A disk, which is the soft cushion in between two vertebrae, can bulge out of place, causing pressure on the nerves or spinal cord.
- **Cervical kyphosis:** Your neck no longer curves as it should, making your head lean forward. This condition requires complex surgical care.
- **Degenerative disk disease:** This type of disease is caused by disk aging or injury. The disk loses its elasticity, which can cause it to crack, lose its height or eventually turn into bone. It can also lead to bone spurs.
- **Herniated disk:** When the outer layer of a disk in your spine tears, allowing the soft, inner part of a disk to rupture, it's called a herniated, ruptured or slipped disk.
- **Myelopathy:** This condition creates pressure or compression on the spinal cord, possibly causing difficulty with walking, balance and the use of your hands.
- **Pseudoarthrosis:** This disease process describes failure of the bone to fuse after a fusion procedure despite adequate time to heal.
- **Radiculopathy:** Radiculopathy involves pressure on the nerve root that causes you to have pain and numbness going into one or both arms/legs, depending on the affected nerve root.
- **Spinal stenosis:** Stenosis is a narrowing of the spinal canal. This narrowing can cause compression of the nerves, resulting in symptoms of pain and numbness, especially with prolonged standing or walking.
- **Spondylolisthesis:** Spondylolisthesis occurs when the bone above the disk slides forward or backward in relation to the bone below the disk.
- **Spondylolysis:** In spondylolysis, there is a defect in a part of the vertebra (backbone) called the pars, often caused by repetitive extension. It can also occur due to surgery or trauma and can even be a congenital condition.
- **Spondylosis:** This condition is the result of progressive arthritis of the spine. The arthritis is accompanied by bone spur formation and can cause pressure on the nerve roots.

Common back and neck procedures

When back or neck pain gets in your way, your doctor may recommend a surgical procedure to correct the source of the pain so you can move better. Our team offers numerous surgical options to meet your individual needs.

Neck surgery

Anterior cervical discectomy and fusion (ACDF)
ACDF surgery removes a disk through an incision on the front of the neck. Depending on your condition, one disk or more may be removed. After a disk is removed, your surgeon fills the open space with a bone graft. The graft serves as a bridge between the two vertebrae to create a spinal fusion and is often held together with metal plates and screws.

Posterior cervical fusion (PCF)
PCF surgery is a spinal fusion surgery using an incision in the back of the neck. Often, this surgery is performed in combination with decompression surgery. A bone graft is placed, and usually, screws or surgical rods and/or wire are used to provide stability. In general, PCF surgery is performed less often than ACDF.

Back surgery

Decompression
The most common surgery for lumbar stenosis is a laminectomy and foraminotomy. During a laminectomy, the roof of the spinal canal is removed, allowing for the relief of pressure on the nerves. A foraminotomy is when the tunnel where the nerves exit the spine is widened. If a partial laminectomy is performed, it is called a laminotomy.

Discectomy
During a discectomy, a partial laminectomy is usually performed to allow for the nerves to be visualized. Then, the nerves can be protected while a disk herniation is removed. Typically, only the injured part of the disk is removed, and every effort is made to leave as much healthy disk as possible. Often, a foraminotomy is also performed with a discectomy.

Fusion
A spinal fusion causes the body to grow two bones into one and fuse together. It's commonly done to prevent the spine from becoming more unstable and causing more pain and nerve compression. Spinal fusion may use metal implants, typically screws and rods, to hold the bones in place. These implants typically stay in your body for the rest of your life.

An interbody fusion removes most of a disk and puts a bone graft in its place. There are four general types of interbody fusion: ALIF, TLIF, LLIF and PLIF.

- **Anterior lumbar interbody fusion (ALIF):** ALIF surgery uses an incision in the abdomen to reach the spinal disk. The disk and cartilage can then be removed, allowing for the placement of bone graft material. The bone graft is often placed within a cage, and screws and possibly a small plate are placed to help stabilize the cage.
- **Transforaminal lumbar interbody fusion (TLIF):** TLIF allows for a disk to be removed and bone graft material and a cage to be inserted using an incision on your back. This technique can be very useful if you have significant nerve pinching within the neuroforamen, which is the empty space on each side of your vertebrae.
- **Lateral lumbar interbody fusion (LLIF):** LLIF inserts a bone graft and a cage at selective levels in the lower part of the back. This can be a good option if you have had prior spine surgeries, particularly an ALIF.
- **Posterior lumbar interbody fusion (PLIF):** This procedure achieves spinal fusion in the low back by inserting a cage made of either allograft bone or synthetic material directly into the disk space. When the surgical approach for this type of procedure is from the back, it is called a posterior lumbar interbody fusion.

Risk and complications

As with any surgery, there are possible risks and complications of back and neck surgery. The rate of these complications is highly variable and based on several factors, such as the condition of the disk, your physical condition, age, smoking history, previous surgeries and more. Some of the possible side effects of surgery include:

- Side effects from anesthesia
- Infection
- Spinal cord or nerve damage resulting in paralysis
- Spinal fluid leak
- Possible need for transfusion
- Persistent hoarseness and/or swallowing problems
- Worsening of back pain
- New, persistent, or worsening sensory symptoms (ex. numbness, tingling)
- Injury to the vertebral artery resulting in a stroke
- Bone graft shifting or displacement
- Failure/breakage of the metal plates and screws
- Bone graft not healing properly
- Blood clots that form in your arms or legs and travel to the lungs
- Death

Preparing for surgery

The best chance for a successful surgery begins not in the hospital but at home. There are several steps patients should take to prepare their body and their environment.

Living spaces

- **Check all railings in your home.** This may include railings at your front or back door. You will find yourself relying on them more than usual for the first few days, so make sure they are sturdy before you leave.
- **Designate a recovery area.** This may be a couch, chair or even a bed. Ensure you have a clear path to the bathroom and kitchen.
- **Place items you will often use next to your recovery area.** This may include phone chargers, water, notebooks for keeping track of medications and other necessary items.
- **Create a clear path for yourself.** Remove area rugs, hall runners and small furniture like coffee tables. If you have electrical cords, secure them to walls. Put pets away when you stand up and walk around the house. They can come back when you are safely sitting down again. Wear safe shoes around your house–do not wear slippers or flip-flops.

Bathrooms

- Make sure toiletries and personal hygiene supplies are at counter level.
- Be prepared to shower while sitting down (if recommended). Get a chair or shower seat if necessary.

Other assistive devices

- Your care team may or may not recommend a rolling walker for your recovery. If you do not have one, will be provided at discharge. You can also buy other assistive devices, which are not required but may help you be more independent after surgery. These are available at local medical equipment stores or online retailers, or you may be able to borrow them from friends and family.

PAL program

Your surgeon recommends that you select a PAL (personal assistance liaison). Your PAL is an adult family member or friend who is willing and able to:

- Drive you home the day of discharge
- Stay with you at your/their home if needed after discharge
- Help you with meals, errands and transportation for the first few weeks
- Drive you to your first postoperative clinic appointment
- Be a contact for you during the first 90 days after you leave the hospital

Readying yourself

Before surgery, there are many things to do to make sure that you're healthy enough for a complex procedure and to plan your surgery in detail.

Medications

It is essential to tell your surgical team about all your medications before your surgery, including prescriptions, vitamins, minerals, herbs, drugs or other supplements. Your surgeon will instruct you when to stop and restart any medications you currently take. It is crucial that you provide your care team with an accurate list of all your medications (or bring all your current medications with you) when you schedule your surgery. Be sure to notify the surgical team if there are any changes from the time you schedule surgery to your day of surgery.

Your care team may ask you to avoid certain medications before surgery as some medications may cause bleeding and swelling, increase the risk of blood clots, and lead to other problems. Many over-the-counter medications, herbal medications, vitamins and supplements may also negatively affect your surgery and recovery. These include:

- **Antiplatelet medications:** Help to prevent blood cells called platelets from clumping together to form a clot. [examples: aspirin (ASA), enteric-coated aspirin (Ecotrin), clopidogrel (Plavix), prasugrel (Effient), ticagrelor (Brilinta), ticlopidine (Ticlid), dipyridamole (Persantine)]
- **Anticoagulant medications:** Thin your blood to slow down the process of clotting. [examples: warfarin (Coumadin), heparin, enoxaparin (Lovenox) apixaban (Eliquis), rivaroxaban (Xarelto), edoxaban (Savaysa), dabigatran (Pradaxa)]
- **Non-steroidal anti-inflammatory drugs (NSAIDs):** Reduce inflammation, pain and fever. [examples: aspirin (ASA); celecoxib (Celebrex); diclofenac (Voltaren-XR) ibuprofen (Advil, Motrin), naproxen (Aleve)]
- **Herbs:** Plants used for medicinal purposes. [examples: Natural Ginkgo biloba, vitamin E, feverfew, garlic, ginger, ginseng, omega-3 fatty acids, fish oil, St. John's wort, turmeric]
- **Sodium-glucose cotransporter-2 (SGLT2) inhibitors:** It is used to decrease blood sugar in patients with diabetes. [examples: canagliflozin (Invokana), dapagliflozin (Farxiga), empagliflozin (Jardiance), ertugliflozin (Steglatro)]

If you are unsure about any medication, contact your surgeon's office.

Failure to follow medication instructions may result in cancellation or postponement of your surgery.

Pre-surgical visits and tests

Most surgical patients will have one or more pre-operative tests. Our care coordinators can help schedule these.

- A **pre-op visit** with your surgeon allows you to discuss the details of your surgery, risks and post-operative care. At your pre-op visit, you may sign consents for surgery, anesthesia, blood and blood products. It can be helpful to bring someone with you to this visit.
- **Medical clearance**. Schedule any health screenings your surgeon needs as soon as possible, such as labs, health clearances or imaging.
- **If you have a pain contract,** please inform your provider that you will be having surgery. It's common for us to prescribe opioids during and after your surgery, and we don't want to compromise your pain contract by doing so. A simple phone call letting your provider know you're having surgery is all you need to do.

Download the MyBSWHealth app

Download the MyBSWHealth app to receive important messages about your surgery, communicate with your care team and take advantage of daily check-ins when you enroll in our Digital Care Journey.

Quit smoking

- Nicotine use increases your chances of a complication after surgery, including breathing problems, infection, blood clots and delayed healing.
- You should quit four weeks before surgery and refrain for six months after surgery. Resources include:
  - 1.800.QUIT.NOW
  - Quit.com
  - QuitAssist.com

Avoiding alcohol

- To support a safe and smooth recovery, avoid alcohol in the days leading up to and following your spine surgery. Alcohol can interfere with anesthesia, increase the risk of bleeding, slow wound healing, and raise the chances of infection and other complications.
- Your surgeon may recommend stopping alcohol consumption at least seven days before surgery and continuing to avoid alcohol until you no longer need narcotics. Reducing or eliminating alcohol during this time helps your body heal more effectively and lowers the risk of postoperative delirium, cardiac arrhythmias and longer hospital stays.
- If you drink regularly, talk openly with your care team. They can offer support and resources to help you safely reduce your intake.

Surgery preparation checklist

- ☐ Complete needed appointments with your surgeon and other physicians to clear you for surgery
- ☐ Complete pre-surgery testing
- ☐ Review and confirm medical insurance coverage and patient responsibility
- ☐ Review all surgical education provided
- ☐ Attend surgery education classes as recommended
- ☐ Prepare your home for your recovery
- ☐ Identify your support person or PAL (personal assistance liaison) for when you get home after surgery
- ☐ Ask your support person to attend your pre-surgery class with you
- ☐ Ask your support person to be with you in the hospital to help you
- ☐ Pack items for your hospital stay, including loose-fitting clothing, easy-to-slip-on shoes with a good grip and a phone charger
- ☐ Prepare/pick up prescriptions and other medications
- ☐ Drink six to eight glasses of fluid (especially water) daily leading up to surgery
- ☐ Stop drinking alcohol 24 hours before surgery

Cleaning your skin before surgery

Getting your skin ready for surgery is extremely important. To clean your skin best before surgery, you should use CHG, which is found in certain soaps (e.g., Hibiclens) and widely available at pharmacies and other retailers. We recommend using CHG daily starting three nights before surgery and also the morning of surgery for best results.

Follow these steps:

1. Wash and rinse your hair, face and body using your normal shampoo and soap.
2. Make sure you completely rinse off.
3. Turn off the shower or step out of the bath.
4. Pour a quarter-size amount of liquid CHG soap onto a wet, clean washcloth, and apply it to your body and back from the neck down except your genitals. **DO NOT** use CHG on your face, hair or genital areas.
5. Rub the soapy washcloth over your body for three minutes, applying more soap as needed (1/4 of the bottle should be used during two showers/cleansing). Avoid scrubbing your skin too hard.
6. Turn on the shower/return to the bath and rinse the CHG soap off your body completely with warm water.
7. **DO NOT** use regular soap after washing with the CHG soap.
8. Pat your skin dry with a freshly laundered towel after each shower/bath cleansing.
9. Dress with freshly laundered clothes after each shower/bath cleansing.
10. Sleep with clean bed linens the night before surgery.

Morning of surgery

- Take a CHG shower (your fourth and final one).
- **DO NOT** apply any lotions, deodorants, powders or perfumes to your body.
- **DO NOT** shave your legs or remove any body hair below the neck.
- Make an extra effort to keep your hands clean.

Day of surgery

What to expect

On the day of your surgery, you will be asked to arrive about two hours before your surgery is scheduled. You will receive a call from our pre-op department the day before surgery with your exact arrival time. This information will also be sent via MyBSWHealth if you use the portal. You will also get specific instructions the day before your surgery on when to stop eating and drinking.

While your care team may give you more specific instructions on steps you need to take on the day of your surgery, all patients should plan to:

- Take your medications as instructed by your preadmission nurse.
- Check your blood sugar before you come if you have diabetes.
- Brush your teeth (or rinse your mouth if you have dentures), but do not swallow the water.
- Shower/wash again with CHG soap.
- Wear/pack comfortable, loose-fitting clothing that does not go over your head and close-toed, rubber-soled shoes. Wear a shirt that buttons or zips up the front.
- Leave your suitcase in your car until after your surgery.
- Leave jewelry at home.
- Do not put on makeup, deodorant, lotions or perfumes.
- Wear glasses instead of contact lenses (if needed).
- Remove false eyelashes

At the hospital

Upon arrival, you will check in at the front desk, receive an arm bracelet and then be directed to the surgical waiting room. To prepare for your surgery, your care team will take your vitals, cleanse you with CHG wipes and direct you to put on a gown. They will start an IV, review your history and medications and review your consents for surgery and anesthesia.

For your safety, several members of the team will ask you the same questions. This is intentional to make sure we have all the necessary information. You will speak with your pre-op nurse, the operating room nurse, the anesthesia team and your surgeon (at a minimum). A member of the surgical team will mark your skin.

Our goal is to make your surgery day as comfortable as possible. From arrival through your procedure to discharge, our team is here to help you and your surgery support person.

Items to bring checklist

- ☐ This preparation guide
- ☐ Driver's license
- ☐ Insurance card
- ☐ Method of payment (credit card, check)
- ☐ List of medications and the last day/time you took them
- ☐ Any medications requested by your preadmission nurse in their original containers
- ☐ Lab work or X-rays/imaging studies if not done at Baylor Scott & White (and requested by a preadmission nurse)
- ☐ Paperwork from your surgeon's office
- ☐ Any device that your surgeon wants you to use after surgery (e.g., braces)
- ☐ Comfortable clothing for after surgery
- ☐ A book or tablet to pass the time (if desired)
- ☐ Change of clothes if staying overnight
- ☐ Nonslip, closed-back shoes
- ☐ CPAP machine (if used at home)
- ☐ Glasses and glasses case
- ☐ Dentures and denture cup
- ☐ Hearing aid and hearing aid case
- ☐ Cell phone and charger
- ☐ Legal documents such as medical power of attorney or advance directives

After your surgery

Immediately following surgery/ waking up

After surgery, you'll wake up in the post-operative recovery area, called the PACU. Your blood pressure, heart rate and respiration will be monitored, and we'll help manage your pain. Following your surgery, you will be taken to the recovery room for monitoring, typically for several hours. From there, you may be taken to your room where you will stay the night or be allowed to leave the hospital.

When you wake up, you can expect:

- **Discomfort and pain at the operative site**
- Dizziness and nausea (common after anesthesia)
- Tingling and/or numbness in your limbs that may take some time to subside
- A drain tube near the surgical site to help prevent any collection of fluid, which is usually removed in 24 – 48 hours
- An IV in your arm to receive fluids and antibiotics during and after surgery
- A neck or back brace if your surgeon feels it is necessary
- A catheter to drain your bladder
- Inflatable compressors on your calves to reduce the risk of deep vein thrombosis (DVT)

Managing pain

After surgery, your care team will work hard to control your pain and discomfort. Depending on your medical history, you may receive different pain medications by mouth or IV. Other non-medicinal options also may help, such as ice packs, position changes, early mobilization, relaxation or music therapy.

You will work with your nurse and surgeon to manage your pain. We will have a plan in place upon discharge for pain management.

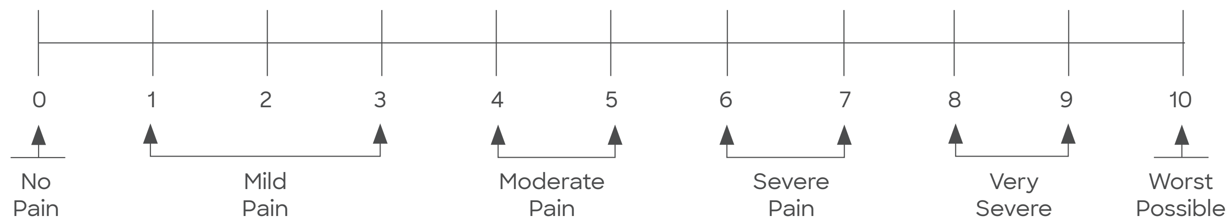
- **For back surgery**, the soreness and stiffness in your back and limbs will continue for some time. Please ensure you take regular pain relief medication if necessary. The original pain in your legs usually improves quickly, but if it doesn't, tell the nurses and your doctor.
- **For neck surgery**, every movement that you make will be transmitted into the muscles in your neck. Sharp pain typically lasts for two to four weeks. Then, the pain gradually begins to decrease but may persist for at least three to six months. How fast the pain stops depends on many factors, which vary greatly from patient to patient.

Pain intensity scale/pain assessment tool

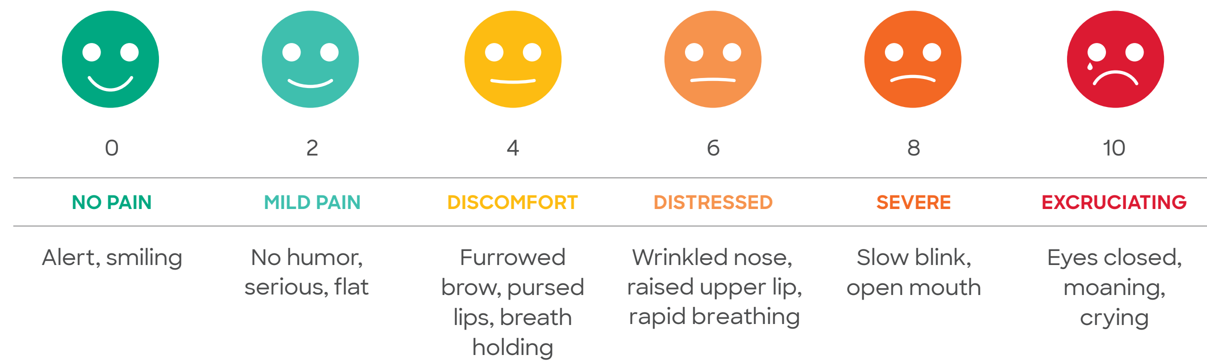
Pain management is assessed using a pain scale while you are in the hospital. You will be asked to rate your pain on a scale of 0 - 10. Zero means no pain, and 10 means "the worst pain possible." We will also ask you where you are hurting, how long your pain persists, and if anything helps your pain or makes it worse.

These tools are intended to help assess pain. Use the faces or behavioral observations to interpret expressed pain intensity.

Verbal descriptor scale



Non-verbal pain intensity scale (Wong-Baker facial grimace scale)



0	2	4	6	8	10
NO PAIN	**MILD PAIN**	**DISCOMFORT**	**DISTRESSED**	**SEVERE**	**EXCRUCIATING**
Alert, smiling	No humor, serious, flat	Furrowed brow, pursed lips, breath holding	Wrinkled nose, raised upper lip, rapid breathing	Slow blink, open mouth	Eyes closed, moaning, crying
Activity tolerance scale					
No pain	Can be ignored	Interferes with tasks	Interferes with concentration	Interferes with basic needs	Bed rest required

Goals for pain control

- Be comfortable enough to walk, eat, complete personal needs and rest
- Communicate with bedside nurse about medications, such as if they are SCHEDULED or if you need to ask for them AS NEEDED
- Discuss plan overnight, such as if you should be woken up to take medications so you can stay ahead of pain

Important

- If you see a pain management doctor, make sure your pain plan is communicated with that doctor and your surgeon.
- **DO NOT** drive or make critical decisions while taking pain medication.

Preventing problems after surgery

Prevent constipation (not able to poop)

- Take stool softeners or laxatives if needed. (You may need these if you take narcotic pain medicine.)
- Drink plenty of water.
- Walk often.
- Sit in a chair for all meals.

Prevent blood clots

- Wear sequential compression devices (SCDs) when in bed in the hospital. These are sleeves that go on your legs to help blood flow.
- Walk often.
- Sit in a chair for all meals.
- Your surgeon may prescribe medicine to help thin your blood.

Prevent a surgical site infection

- Your surgeon will prescribe antibiotics while in the hospital to prevent infection.
- Keep your incision clean and dry.
- Shower when allowed by your surgeon.

Prevent a urinary tract infection

- Your urinary catheter will be removed if you have one.

Prevent pneumonia (a lung infection)

- Use an incentive spirometer—a device that helps you take deep breaths—10 times every hour while awake.
- Walk often.
- Sit in a chair for all meals.

Prevent falls

- You will be at a HIGH RISK of falling because of:
  - Side effects of medication
  - Pain
  - Weakness
  - Dizziness
  - Being connected to medical equipment
  - Being in a new place
- Ask for help when moving around.

Prevent injury

- Limit bending, lifting or twisting until your surgeon says you can.
- No lifting more than 5 – 10 pounds (about as much as 1/2 – 1 gallon of milk).

After your surgery

Leaving the hospital

Recovering from surgery varies and depends on the surgery as well as your age and health, which also determines your length of stay in the hospital. Your care team—including the nursing team, surgeon and care coordinator—will clear you to leave the hospital (discharge) and go home or to another care facility once they believe it is safe and appropriate.

For most back surgeries, you'll be able to go home one to three days after your operation. In general, you can be discharged when:

- Your pain is tolerable.
- Your vital signs are stable.
- You can get up and move around safely with or without using a walker.
- You can eat without nausea.
- You can take pain medications by mouth.
- You have resumed normal bladder activity and shown that your bowels are working.
- Your drains are removed, and your wound is healing.

Discharge planning

- ☐ Obtain medications and medical equipment, if needed.
- ☐ Discuss rehab or home health facilities with case manager, if needed.
- ☐ Schedule your follow-up appointment with your surgeon/ physician.
- ☐ Make sure whoever is picking you up from the hospital can be there no later than 11:00 AM on the day of discharge.
- ☐ Ask any questions before leaving the hospital.

Continued care after leaving the hospital

During your hospital stay, plans for your care after leaving the hospital (discharge) are completed with you and your family, surgeon, nursing team, therapy team, case manager and/or social worker.

If you discharge to your home with home healthcare or outpatient therapy services, you will:

- Need a support person to assist with activities of daily living (cooking, cleaning, shopping, driving to appointments)
- Be evaluated by nursing services and physical/occupational therapy to determine services needed
- Have therapy appointments at a frequency appropriate to your needs (often multiple times per week)
- Participate in an individualized therapy plan and have exercises to complete at home
- Receive education on safety and precautions to take as you recover
- Continue to follow up with your care team (surgeon, primary care provider, etc.)

If you go to therapy at an inpatient rehabilitation or a skilled nursing facility, you will:

- Be evaluated by a physician, nurses and therapists
- Have an individualized daily therapy schedule
- Participate in daily therapy to strengthen you physically
- Receive education on safety and precautions as you recover
- Meet with your medical team and family weekly to determine the estimated length of stay based on clinical assessments
- Get a home exercise program to follow when you leave
- Be set up with home or outpatient therapy as appropriate for continued support after leaving

Your need for therapy after discharge will be decided by the multidisciplinary team.

- Do you have a medical necessity for therapy?
- Is there a skilled need for intensive therapy?

After returning home

The best time to plan for going home after surgery is before surgery (see page 9). In addition to arranging transportation home from the hospital, you should arrange for help at home by asking dependable family members or friends. You will need someone to stay with you for several days once you are home.

Depending on how you're doing, you may be able to be left at home for short periods if your caregiver works, but you will need assistance at home for a couple of weeks with driving, meals, errands and household chores.

It is important to take things easy at first. Fatigue is common, so gradually return to your normal activities. Walking is encouraged. Start with a short distance and gradually increase the distance. You should walk multiple times throughout the day, especially if you are only walking short distances.

While your care team may give you more detailed do's and don'ts, keep these basics in mind:

- Contact your surgeon's office or primary care provider for any questions or concerns.
- Come to the Emergency Department for worsening of your symptoms, shortness of breath or any other medical emergency.
- Call 911 if you experience persistent or severe chest pain.
- Keep all follow-up appointments.
- Follow the instructions for pain medication as prescribed and don't fall behind if your pain is moderate to severe.
- Pain medication can cause constipation, so use an over-the-counter stool softener (e.g., Colace or MiraLAX).

After returning home

Here are some activities to AVOID after returning home, unless approved by your surgeon:

- Using nicotine
- Using non-steroidal anti-inflammatory drugs (NSAIDs) if you had a fusion
- Drinking alcohol (while taking medications)
- Sitting for long periods
- Lifting anything heavier than 10 pounds (e.g., a gallon of milk)
- Reaching overhead
- Running
- Straining
- Bending or twisting at the waist if you had back surgery
- All strenuous activities until cleared by your surgeon
- House and yard work until after your first follow-up visit
- Driving until after you are cleared by your doctor
- Sexual activity until after your follow-up visit
- Soaking in a pool of water (bath, swimming pool or hot tub)

Once home, remember that you are never "bothering" your care team. Contact your care provider if you have:

- Temperature greater than 101.5 degrees Fahrenheit or feel ill
- Persistent nausea and vomiting
- Severe uncontrolled pain after taking pain medication
- Redness, tenderness or signs of infection (pain, swelling, redness, odor or green/yellow discharge, foul-smelling draining) around incision site
- Hives
- Persistent dizziness or light-headedness
- Extreme fatigue
- Extremity weakness, trouble walking, severe constipation or inability to urinate

Call 911 for:

- Passing out
- Sudden chest pain
- Shortness of breath that is getting worse

After returning home

Caring for your incision

Please refer to your After Visit Summary (paperwork that you received from the hospital at discharge) for specific dressing/incision instructions from your surgeon.

A few general reminders when caring for your incision:

- You and your caregiver should always wash your hands before touching the dressing or incision.
- Once you return home, it's OK to shower with your dressing on (unless otherwise instructed by your surgeon).
- **DO NOT** apply any ointments or alcohol to your incision.
- Your incision may be closed with dissolvable stitches underneath the skin.
- If you have staples on the skin, they need to be removed anywhere from 10 – 21 days after your surgery, depending on what your surgeon recommends.
- Inspect your incision daily. (Use a mirror or have your caregiver help with this.)
- Incisions may be numb or tender for a few weeks after surgery.
- Some redness around the incision is common and usually disappears within one to three weeks.

Need a medication refill?

Call two days before running out of your medication to allow time for a refill.

Follow-up care

Follow-up care is very important after back or neck surgery. You'll typically see your doctor or his/her physician assistant for a follow-up visit one to three weeks after discharge. Then, you'll have a follow-up appointment with your surgeon six weeks after surgery. Your surgeon may or may not recommend more follow-up appointments to monitor your progress. This will depend on the surgery you had and how you're recovering.

At your visit, your doctor may:

- Refill medications
- Inspect your incision and remove staples
- Review X-rays to see how you are healing
- Evaluate nerve function and strength if you had any pain, numbness or weakness before surgery
- Update you on the activities you should and should not do
- Refer you for physical therapy if needed

Returning to work

If you have a sedentary job, you may return to work in one to two weeks. A person with a more strenuous job may have to remain off work for two to four months, depending on their recovery progress.

FAQs

How long will I be in the hospital?

You will be approved to leave the hospital as soon as our team determines you are ready, which may be within one day.

How long will I be in the operating area?

You will first be brought to the pre-operative holding area about two hours before your surgery starts. There, you will get checked in by a nurse and have a last consultation with your surgeon and the anesthesia provider prior to your surgery. The surgery duration varies depending on the procedure. After your procedure, you will be moved to the post-anesthesia care unit for monitoring for one to three hours. The total time can be as long as eight hours.

How soon will I be walking?

You will start to walk on the day of or day after your surgery with the help of a physical therapist and/or nurse.

How long do I have to follow spine precautions?

Your surgeon will tell you how long you have to follow your spine precautions.

How much pain will I experience after surgery?

You will have pain after surgery. You may or may not notice an immediate improvement in your pain in the first few days following surgery. Numbness and tingling typically resolve more slowly than pain. You may feel discomfort while sleeping. Sitting up to sleep, such as in a recliner, may work best for you. With time, pain should decrease, but call your surgeon's office if you are concerned or experience new onset, persistent or worsening pain.

How long does it take to recover from spine surgery?

This varies from person to person and depends on the type of surgery. Short-term recovery takes about six to 12 weeks, and long-term recovery could take up to six months or longer.

When should I stop my pain medication?

Take your pain medication on an as-needed basis to keep pain down to a reasonable level. Most patients find they no longer need opioid (narcotic) pain medications after the first week or two at home. Continued use of opioids can put you at risk for addiction. Avoid non-steroidal anti-inflammatory drugs, such as aspirin, Aleve, Motrin, etc., for the first few months after spinal fusion surgery since they impair bone fusion.

Why is my throat sore? How long will it last?

Sore throat, hoarseness and difficulty swallowing are common side effects that you may have during the first few days following surgery. There are two reasons for this—most patients are intubated during surgery, meaning that a tube is inserted into the throat to help with breathing, which can cause throat irritation. Also, patients who undergo cervical fusion will experience swelling that causes throat soreness. Hoarseness should improve over time, and swallowing will improve as swelling decreases. To avoid difficulty swallowing, eat a diet of soft foods for the first week or two following surgery. For persistent soreness, hoarseness or speech difficulty, consult with your surgeon.

How should I sleep?

In any position you are comfortable in, other than lying on your stomach.

When can I take a shower?

These instructions will be individualized on your discharge instructions/after-visit summary by your surgeon.

Will I feel tired or have emotional difficulty after surgery?

Feeling tired, discouraged or sad is normal after surgery. In addition, prescription pain medications can alter sleep patterns and emotional responses and cause constipation. That's why it is important to maintain a positive attitude and be patient with yourself—both keys to a successful recovery. Speak with your surgeon or primary care physician about any emotional difficulties you may experience.

What activities should be avoided?

Avoid bending, twisting, lifting or any other activities that put strain on your spine while you are healing from your surgery. Prolonged sitting or standing should always be avoided, as this will place pressure on your spine.

When can I return to work?

When you return to work depends on the type of surgery, your job activities and how quickly you heal from your surgery. Typically, you should expect to be out of work from four weeks to three months. Speak with your surgeon about the best time for you to return to work.

When will I be allowed to drive?

You can drive only after your surgeon approves you to do so. It is important that you test your ability on a side street that is not very busy or in an empty parking lot before you drive on busier roads. Limit time spent in a car, and if the trip is long, take frequent breaks. You may not be allowed to drive if you are on pain medication or if you have not regained your range of motion in your neck and spine.

Will I need rehabilitation therapy after I go home?

Your surgeon will determine if and when you should begin rehabilitation therapy. A post-operative rehabilitation program that includes stretching, strengthening and conditioning is an important part of any successful spine surgery outcome. You also should learn a home exercise program that you can perform after your rehabilitation program ends. It will build strength in your muscles and balance, which may help to prevent the need for future surgeries.

Why is it important to quit smoking?

Smoking cessation is a key factor that impacts recovery after spine surgery. Nicotine inhibits wound healing and increases the chance of wound infection and fusion failure. This includes smoking and all nicotine products, such as patches or gum.

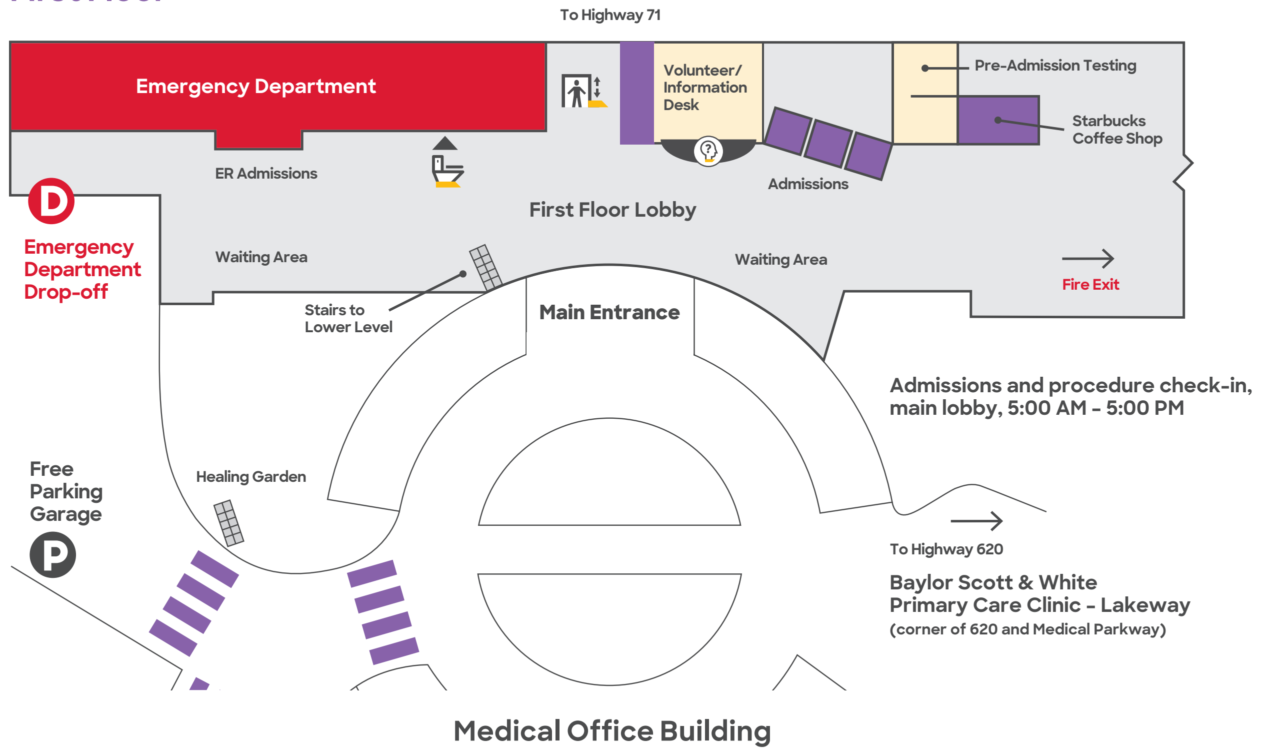
Do I need a brace after spine surgery?

Most patients after spine surgery do not need a brace. If a brace or special device is needed, you will be provided with one with detailed instructions before your discharge.

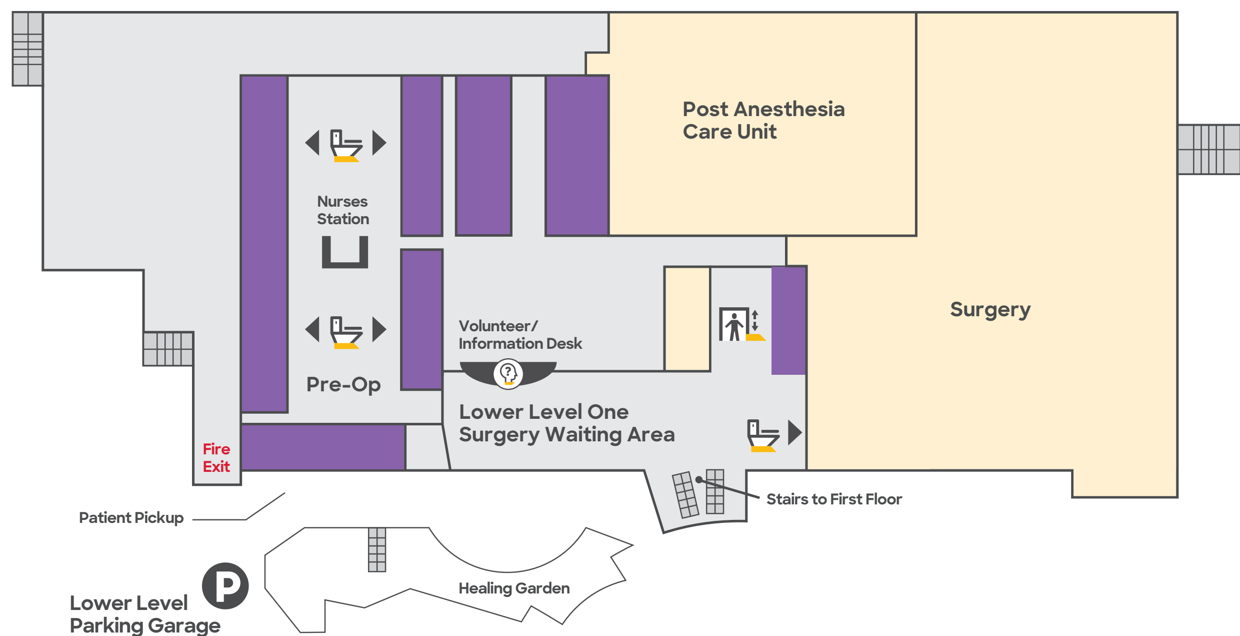
Facility maps

Baylor Scott & White Medical Center – Lakeway
100 Medical Parkway | Lakeway, TX 78738 | 512.654.5000

First Floor

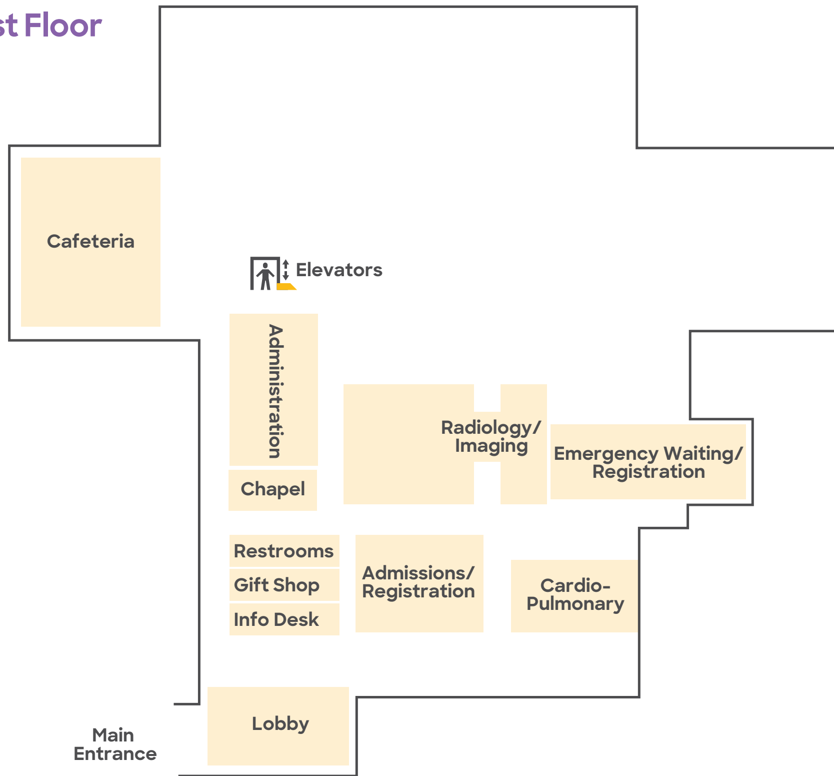


Lower Level

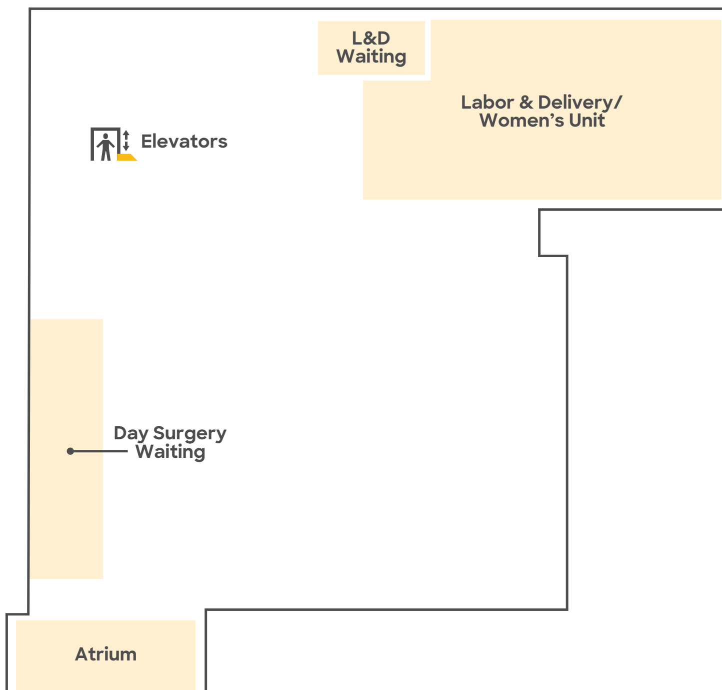


Baylor Scott & White Medical Center – Round Rock
300 University Boulevard | Round Rock, TX 78665 | 512.509.0100

First Floor



Second Floor



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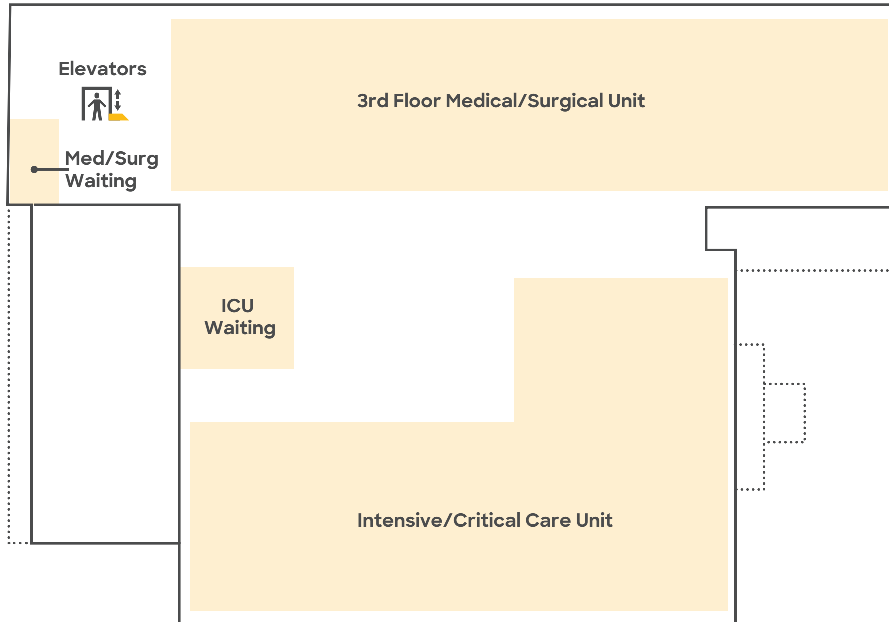
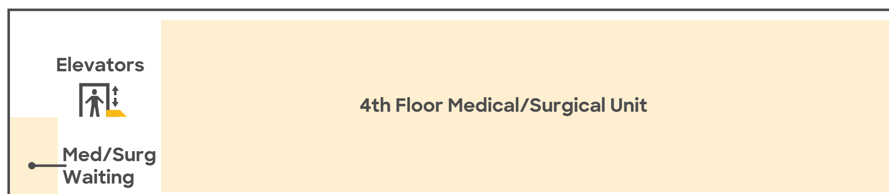
Third Floor



Fourth Floor



Notes

Notes

BSWHealth.com/NeuroHealth

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