MidState’s Mission and Vision

“Our mission is to improve the health and healing of the people and the communities we serve.”

“Our vision is to be nationally respected for excellence in patient care and most trusted for personalized coordinated care.”

Connecticut Orthopaedic Institute
at MidState Medical Center
Welcome to Connecticut Orthopaedic Institute at MidState Medical Center

435 Lewis Avenue, Meriden CT 06451

On behalf of Connecticut Orthopaedic Institute at MidState Medical Center, we welcome you and extend our thanks for choosing us to be your spine surgery provider. We recognize you have a choice when deciding where to receive care and appreciate you giving us the opportunity to exceed your expectations.

Our goals at Connecticut Orthopaedic Institute are to ensure the highest standards of medicine and to provide a high quality experience for you. We are committed to keeping you informed, and helping you become an active participant in your healthcare. We will do everything possible to make your stay with us as pleasant as possible.

In this patient education guidebook you will find important instructions and information to prepare you for your upcoming surgery. The guidebook is intended to answer many of the questions you may have. It outlines the things you need to do before, during, and after surgery. Planning tools, advice on medications, diet recommendations, and exercise recommendations are also included. We encourage you to read the entire guidebook carefully.

Please keep in mind this is a guidebook, and your surgeon may specify certain aspects of your experience throughout this journey.
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Driving Directions to Connecticut Orthopaedic Institute at MidState Medical Center

From Interstate 95-South
• I-95S To exit 48 (I-91N)
• I-91N to Exit 17, (I-691-W)
• Travel I-691 W to Exit 6 (Lewis Ave.)
• At end of exit ramp, take left to Main Entrance on right

From Interstate 95-North
• I-95N to exit 48 (I-91N)
• 91N to Exit 17, (I-691-West)
• Travel I-691 W to Exit 6 (Lewis Ave.)
• At end of exit ramp, take left to Main Entrance on right

From Interstate 91-South
• I-91S to Exit 18, (I-691-W)
• Travel I-691 W to Exit 6 (Lewis Ave.)
• At end of exit ramp, take left to Main Entrance on right

From Interstate 91-North
• I-91N to Exit 68W, (I-691-W)
• Travel I-691 W to Exit 6 (Lewis Ave.)
• At end of exit ramp, take left to Main Entrance on right

From Interstate 84-East
• I-84E to Exit 27, (I-691-E)
• Travel I-691 E to Exit 5 (Chamberlain Hwy.)
• At end of exit ramp, left onto Chamberlain Hwy. to third traffic light
• Right at traffic light and proceed approx. 1/2 mile to Lewis Ave.
• Right onto Lewis Ave. and then left at first traffic light

From Interstate 84-West
• 84E to Exit 27, (I-691-E)
• Travel I-691 E to Exit 5 (Chamberlain Hwy.)
• At end of exit ramp, left onto Chamberlain Hwy. to third traffic light
• Right at traffic light and proceed approx. 1/2 mile to Lewis Ave.
• Right onto Lewis Ave. and then left at first traffic light

When you arrive onto the MidState Campus proceed to the entrance located near the large flag pole. Valet parking is available at the entrance.
Lodging

For the convenience of your family and caregivers, two nearby hotels offer discounted rates to COI patients and caregivers.

**Inn at Middletown**

The Inn at Middletown, located less than 10 miles from the Connecticut Orthopaedic Institute, offers comfortable and charming accommodations for overnight guests. To reserve a room at a discounted rate ($109 a night, with breakfast), visit innatmiddletown.com and enter the promotional code: ORTHO or call 860.854.6300.

**Courtyard New Haven Wallingford**

The Courtyard New Haven Wallingford, located less than seven miles from the Connecticut Orthopaedic Institute, offers guests convenient access to MidState Medical Center and desirable amenities. To reserve a room at a discounted rate ($120 a night, plus tax), visit Marriott.com and enter online booking code “HFA” or call 1-888-236-2427 and ask for the “Connecticut Orthopaedic Institute rate.”
SPINE: THE BASICS

There are many demands placed on your spine. It holds up your head, shoulders, and upper body. It gives you support to stand up straight, and gives you flexibility to bend and twist. It also protects your spinal cord as well.

Your spine is made up of three segments. When viewed from the side, these segments form three natural curves. The “c-shaped” curves of the neck (cervical spine) and lower back (lumbar spine) are called lordosis. The “reverse c-shaped” curve of the chest (thoracic spine) is called kyphosis. These curves are important for balance and they help us to stand upright. If any one of the curves becomes too large or small, it becomes difficult to stand up straight and our posture appears abnormal.

The spine is made up of bones, called vertebrae, which are stacked on top of each other to create the natural curves of your back. These bones connect to create a canal that protects the spinal cord. The cervical spine (neck) is made up of 7 small vertebrae that begin at the base of the skull and end at the upper chest. The thoracic spine (midback) is made up of 12 vertebrae that start from the upper chest and connect to the rib cage. The lumbar spine (low back) is made up of 5 larger vertebrae; these are larger because they carry more of the body’s weight.

The spinal cord extends from the skull to your lower back and travels through the middle part of the vertebrae, called the central canal. Nerves branch out from the spinal cord through openings in the vertebrae to carry messages between the brain and muscles.

Muscles and ligaments provide support and stability for your spine and upper body. Strong ligaments connect your vertebrae and help keep the spinal column in position.

Intervertebral discs sit in between the vertebrae. They are flat and round, about a half inch thick, and are made up of two components: the nucleus pulposus and the annulus fibrosus. The nucleus pulposus is made up of a water-based, jelly-like material in the center of the disc, which gives the disc its flexibility and strength. The annulus fibrosus is the flexible outer ring of the disc that is made up a several layers, similar to elastics bands, that holds this jelly-like material together. The intervertebral disk is a very important structure. In effect, disks act as shock absorbers for the spine. Many nerve endings supply the annulus and, as a result, an injured annulus can cause pain.
Between the back of the vertebrae are small joints, called facet joints, which help your spine move. These facet joints have a cartilage surface, very much like a hip or a knee joint does. These joints allow for movement, specifically rotation, of the spine. Like many other joints in the body, however, they may develop arthritis and become a source for low back or neck pain.

INTERVERTEBRAL DISC HERNIATION

Discs are soft, rubbery pads found between the hard bones (vertebrae) that make up the spinal column. The discs between the vertebrae allow the back to flex or bend and also act as shock absorbers.
A common source of back or neck pain is a herniated disc. Sometimes called a "slipped" or "ruptured" disc, this condition most often occurs in the lower back, as well as the smaller discs in the neck. Discs in the lumbar spine (low back) are composed of a thick outer ring of cartilage (annulus) and an inner gel-like substance (nucleus).

A disc herniates or ruptures when part of the center nucleus pushes through the outer edge of the disc and back toward the spinal canal; this puts pressure on the nerves. Spinal nerves are very sensitive to even slight amounts of pressure, which can result in pain, numbness, or weakness in one or both legs.

Symptoms of a disc herniation can include pain, burning, numbness, tingling (a “pins-and-needles” sensation), and weakness, depending on where in the spine the disc herniations occur.
**TYPES OF SPINE SURGERY**

**Lumbar Discectomy:** The removal of herniated disc material that is pressing on a nerve or the spinal cord. This can be done with or without a laminectomy (see below).

**Laminectomy:** Removal of the lamina, or the back part of the vertebra that covers the spinal canal. This surgery is done to enlarge the spinal canal and relieve pressure on the spinal cord and nerves caused by spinal stenosis.

**Foraminotomy:** Removal of bone and/or parts of a diseased or herniated disc to relieve pain through the neuroforaminal canal on the lateral sides of the vertebrae.

**Spinal Fusion:** Spinal fusion is a surgical procedure used to correct problems with the small bones of the spine (vertebrae). It is essentially a “welding” process. The basic idea is to fuse together the painful vertebrae so that they heal into a single, solid bone.

A spinal fusion eliminates motion between vertebrae. It also prevents the stretching of nerves and surrounding ligaments and muscles. It is an option when motion is the source of pain, such as movement that occurs in a part of the spine that is arthritic. The theory is if the painful vertebrae do not move, they should not hurt. Fusion will take away some spinal flexibility, but typically involve only small segments of the spine and do not limit motion very much.

Lumbar spinal fusions have been performed for decades. There are several different techniques that may be used to fuse the spine. There are also different “approaches” your surgeon can take for your procedure. Your surgeon may approach your spine from the front. This is an anterior approach and requires an incision in the lower abdomen. A posterior approach is done from your back. Alternatively, your surgeon may approach your spine from the side, called a lateral approach. Minimally invasive techniques have also been developed. These allow fusions to be performed with smaller incisions. The right procedure for you will depend on the nature and location of your disease.

All spinal fusions use some type of bone material, called a bone graft, to help promote the fusion. Generally, small pieces of bone are placed into the space between the vertebrae to be fused. A bone graft is primarily used to stimulate bone healing. It increases bone production and helps the vertebrae heal together into a solid bone. Sometimes larger, solid pieces are used to provide immediate structural support to the vertebrae. Bone graft can be obtained from the patient, typically from their hip, (autograft) or from either cadaver bone or through a bone bank (allograft). The fusion area is usually held together with metal plates, rods, screws, or cages to prevent movement until the bones heals. After 3-6 months the bone graft should join the vertebrae together to form one solid piece of bone.
**Artificial Disc Replacements:** worn or damaged disc material between the vertebrae is removed and replaced with synthetic or “artificial” disc.

The goal of the procedure is to relieve back pain while maintaining more normal motion than is allowed with some other procedures, such as spinal fusions.

Artificial disc replacement is not appropriate for all patients with low back pain. In general, good characteristics for disc replacement have the following characteristics:

- Back pain caused by one or two problematic intervertebral discs in the lumbar spine
- No significant facet joint disease or bony compression on spinal nerves
- Body size that is not excessively overweight
- No prior major surgery on the lumbar spine
- No deformity of the spine (scoliosis)

Most artificial disc replacement surgeries take from 2 to 3 hours. Your surgeon will approach your lower back from the front through an incision in your abdomen. With this approach, the organs and blood vessels must be moved to the side. This allows your surgeon to access your spine without moving the nerves. Usually, a vascular surgeon assists the orthopaedic surgeon with opening and exposing the disc space. During the procedure, your surgeon will remove your problematic disc and then insert an artificial disc implant into the disc space.
Preparing Your Body for Surgery

TOBACCO

STOP smoking at least two (2) weeks before surgery. Nicotine hinders the healing process.

ALCOHOL

NO alcohol use one (1) week prior to surgery. Also, please inform your healthcare team of your drinking history because serious harm can result from alcohol withdrawal when not properly managed.

DENTAL CARE

If you need dental work, get it done at least two (2) weeks before surgery. After a joint replacement your surgeon may want you to take antibiotics before any future dental work.

NUTRITION

Good nutrition is important before surgery. This will help make sure you will have the strength post-surgery for rehabilitation. Eating healthy, well balanced meals, including:

- Iron-rich foods (meat fish poultry, whole grain foods)
- Vitamin C to help absorb iron (multivitamins, juices and fruit)
- High fiber foods (raw fruits and vegetables Beans Whole grain foods)
- Always drink plenty of fluids

EXERCISE

Keeping your muscles toned will help you to recover faster after surgery.
Importance of having a COACH

It is important that you choose a family member or friend as your COACH. Somebody to learn and help you throughout this journey. It should be someone who can assist with your daily activities in the immediate post-operative time in the hospital and when you return home. It should also be someone who will be there for you to help get you through the recovery process, get you to appointments and help maintain your independence.

Here at Connecticut Orthopaedic Institute we believe a patient respond well to the assistance of their coach. Their encouragement and support will help you progress during recovery. Especially if you live alone, consider having a friend or family member stay with you, even if for only a few nights. Support is key to your success, and we want you to succeed in every way.

Coordinate
Orthopaedic
Awareness &
Collaborate
Healing
Preparing Your Home for After Surgery

It is a good idea to prepare your home for your hospital discharge **BEFORE** you go to the hospital. The following is a list of suggested items that may be recommended to help you during your surgical recovery.

- Check with your insurance plan to verify which items are covered.
- You may find these items at medical supply companies; also many town senior centers have DME loaner programs.
- In the unlikely event that you are going to a facility with a rehabilitation program, the facility will order the equipment for you.

<table>
<thead>
<tr>
<th>Durable Medical Equipment (DME)</th>
<th>Personal Aids</th>
<th>Bathroom</th>
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</thead>
<tbody>
<tr>
<td>Rolling walker</td>
<td>Crutches/</td>
<td>3-in-1</td>
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<tr>
<td>Elastic shoe laces</td>
<td>Straight cane</td>
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<tr>
<td>Long-handled reacher/</td>
<td>Sock aid</td>
<td>Raised</td>
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<tr>
<td>Long-handled shoehorn</td>
<td>Long-handled</td>
<td>toilet</td>
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<tr>
<td>Long-handled grabber</td>
<td>Shoe horn</td>
<td>seat</td>
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<tr>
<td>Long-handled bath sponge</td>
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<td>shower</td>
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![Images of medical equipment]
Making Your Home Safe

Here are some things you can do prior to surgery to better prepare your home when you return from the hospital

- Remove all throw rugs, loose rugs, electrical cords and clutter from your hallways/walking areas as those pose an increased risk for falling while home.

- Though you will be required to perform stairs with your physical therapist prior to returning home it is recommended to set up a temporary sleeping area on the first floor of your home if your bedroom is upstairs. For the immediate discharge timeframe this may alleviate the necessity to go up and down the stairs multiple times until you have mastered the stairs with your at home physical therapist.

- Consider installing safety bars, especially in the shower/bathroom. There are both permanent and removable items that can be purchased at medical supply stores or drug stores like CVS/Walgreens/Rite Aid.

- Check your cabinets for items that you routinely use and place them at a level where you will not need to bend, reach, or use a step ladder to access.

- Make preparations for pets that may be underfoot.

- Make arrangements for your COACH (a family member or friend) to stay with you for the first few days once you return home from the hospital. IDEALLY this COACH should be the person that attended the Joint Replacement Educational Class that you attended prior to your surgery.

Blood Thinners Prior to Surgery

- If you are on a blood thinner CURRENTLY, you will be directed by your surgeon when you should STOP taking that medication BEFORE surgery.

- Once your surgery is completed you will begin back on blood thinners as directed by your surgeon.

- Keep in mind your surgeon may start you on a different blood thinner after surgery before returning back to your regular medication.

- This will also be discussed with your surgeon at your pre-op visit or with the ortho team after your surgery while in the hospital.
Night Before and Day of Surgery Preparations

Bathing Instructions

Before surgery, you can play an important role in your own health. Because skin is not sterile, we need to ensure that your skin is free of germs before your surgery. You can reduce the number of germs on your skin by carefully cleansing before surgery. Following the instructions provided by your surgeon will help you to ensure that your skin is clean before surgery to prevent infection.

You will need to shower with a special anti-bacterial soap called chlorhexidine gluconate (CHG). A common brand name for this soap is Hibiclens, but any brand of CHG is acceptable to use. When using the Hibiclens, wash your entire body. Please avoid your face, hair and genitalia.

Your surgeon may use the CHG wipes instead. Whichever product is used by your surgeon, their office will provide you with proper directions for application and when to apply these products.

CAUTION: CHG is not to be used by people allergic to chlorhexidine. If you have an allergy to chlorhexidine please speak with your surgeon regarding alternative anti-bacterial soaps.

- DO NOT use perfume, deodorant, powders, or creams after using the skin cleanser.
- Remove all gel nail polish.
The Night Before Your Surgery

DO NOT eat or drink anything 8 hours prior to surgery.

- No food or drinks
- No water or coffee
- No hard candy or gum

The Morning of Your Surgery

- You may shower and brush your teeth. Do not swallow water, unless your surgeon tells you otherwise.
- DO NOT use perfume, deodorant, powders, creams, makeup or nail polish.
- Wear comfortable clothing that is easily removed.
- Wear comfortable non-skid or rubber soled shoes.
- DO NOT bring any home equipment (canes, walkers etc.) to the hospital unless you currently require them to walk.

IMPORTANT MEDICATION INSTRUCTIONS:

Your surgeon will instruct you on what at home medications are OK and what are NOT OK to take on the morning of your surgery.

If you are instructed to take medications the morning of surgery please do so with only small sips of water.
Items to Bring to the Hospital

- Two forms of Identification
  - Picture Identification
  - Insurance Cards
- Eyeglasses with case (NO CONTACTS)
- Hearing aids with case
- Cell Phone, tablet, Kindle etc.
- **DO NOT** wear dentures the morning of surgery (family may bring them in after surgery)
- **DO NOT** bring money/jewelry with you

Clothing/Footwear

- Loose fitting clothes (button-down shirts recommended for shoulder procedures)
- Slip resistant shoes (rubber sole)
- Special shoes (diabetic)
- **NO** open-back shoes

CPAP/BiPAP

- Be sure to know the proper settings on your machine at home
- You will be evaluated by a member of our respiratory therapy team
- Bring your home mask or mouth guard
- The hospital will supply a machine for you
Arriving at Connecticut Orthopaedic Institute at MidState Medical Center

When you arrive at the hospital, you may use our free valet services or park in the parking lot near the flagpole located outside of the Connecticut Orthopaedic Institute.

Once you have entered the Connecticut Orthopaedic Institute, please check in at the registration desk located immediately to the left of the entrance. A staff member will register you and guide you to the preoperative area.

A staff member will direct your family member to the waiting area. The care team will communicate with them through a text or a pager provided by the hospital. Once the surgery is completed, the surgeon will meet with them.

Once you have entered the preoperative area, you will change into a hospital gown provided for you, the nurse will perform a short physical assessment, the surgical team will be introduced to you and anesthesia will discuss their plan.

Your surgical site will also be identified and marked prior to your surgery.
Valet Parking Services

MidState Medical Center offers all patients convenient access to the hospital with valet service provided by LAZ Parking. Valet parking is free.

**Valet parking business hours**
- 5 am to 8:30 pm, Monday to Friday

**Valet parking during business hours**
- Patient vehicles that pull up to the curb outside the Connecticut Orthopaedic Institute or Medical Office Building will receive a ticket from a parking ambassador.
- All valet vehicles will be parked on the MidState Medical Center campus.
- When it is time to retrieve your car, a staff member will contact a parking attendant.

**How to retrieve your vehicle after business hours**

To pick up your vehicle after 8:30 pm, please follow this procedure:
- Use the Patient Info Line by picking up the black phone on the wall beside the desk at the galleria entrance (Pavilion A). The phone will directly connect to the switchboard. No dialing required.
- Inform the switchboard operator about which vehicle you’re retrieving by using the information on the valet ticket.
- Switchboard will dispatch a Public Safety officer, who will retrieve the keys and escort you to your vehicle.
- Please wait for the Public Safety officer in the seating area adjacent to the Patient Info Line phone.
Meet your team at the Connecticut Orthopaedic Institute

**Surgeon:** The surgeon is responsible for evaluating the need for surgery and performing the surgery itself. They will manage your orthopaedic care during your hospitalization and in the office for months following surgery.

**Primary Care Provider:** An internist who manages a preoperative evaluation and medical clearance for surgery. They do not manage surgical issues during hospitalization, but may be called upon to assist with any medical issues during your hospitalization.

**Physician Assistant:** Professionals under the supervision of a physician. Physician assistants round daily on patients to assist with medication adjustments, dressing changes, test-result-monitoring and daily patient communication.

**Anesthesia Team:** Responsible for safely monitoring anesthesia during surgery and in the recovery room, including any post-operative care related to anesthesia.

**Nurses:** Nurses are essential to care in the recovery of all patients after surgery in both the recovery room and after surgery. They have expertise in the care of orthopaedic patients and your postoperative needs.

**Clinical Care Associate:** Under the direction of a licensed RN, they provide care to you in the hospital such as vital sign monitoring, bathing, or toileting assistance.

**Physical Therapists/Occupational Therapists:** The therapists are trained to help patients safely start to move after surgery. They will provide reinforcement and education on the surgeon’s directions for walking, sitting, dressing and movement after surgery.

**Care Management, Nurse Social Worker and Nurse Navigators:** Licensed staff members assisting in the planning, coordination, and monitoring of medical services for the patient with emphasis on quality of care, continuity of services and cost effectiveness. The Nurse Navigators will be in contact with you prior to surgery, throughout the process and then up to 90 days after your surgical procedure.
Anesthesia

You and your anesthesiologist will discuss all necessary factors prior to surgery.

❖ **General Anesthesia**
  
  • Anesthesia that affects the whole body. You are completely unaware of your surroundings and will not respond to stimulation.
  
  • This type of anesthesia is used for all spine surgeries.

❖ **Intubation**

  » A flexible breathing tube is inserted into your mouth and then into your airway to keep your airway open and help you breathe during your surgery.

  » This is commonly done with patients who receive general anesthesia because with general anesthesia you are unable to breathe on your own. This tube allows your anesthesiologist to monitor your breathing throughout the surgery.

❖ **Intraoperative Neurophysiologic Monitoring (IONM)**

  » Very small needles are placed into the skin that a skilled technician uses to continuously monitor your nerves.

  » Many spine surgeons use this procedure while they are in the operating room to assess your nervous system during spine surgery and reduce the risk of developing any new neurological deficits after the procedure.

Duration of Surgery

The length of the surgery depends on the type of surgery performed, but typically spine surgeries can range from one hour to more than three hours. Once the surgery has been completed, your family member will be notified by either via the pager or text by an OR staff member. The surgeon then meets with the family member and updates them on your progress.
Recovery—PACU

- The Post-Anesthesia Care Unit is also referred to as PACU.
- After your surgery you will be brought to the PACU, where you will be closely monitored as anesthesia wears off.
- The length of stay in the PACU will be determined by many factors including the type of procedure and the nature of the anesthetic used. You may be in the PACU between 1-2 hours, but it will depend on your clinical need.
- We may ask that visiting time be limited.
- Please note that no food or drink is allowed for visitors.

While you are in the PACU the nurses will monitor your blood pressure, temperature, respirations, heart rate and oxygenation levels, as well as continually assess your pain level.

You may have a urinary catheter in place during your surgery, which will likely be removed at the end of your case.

Once the staff determines that you are ready to be transferred to your inpatient room, they will contact the unit and provide a report of your surgical case and time spent in the PACU.
Welcome to the Connecticut Orthopaedic Institute Inpatient Unit!

Inpatient Unit:

Congratulations! You are now ready to start the journey to recovery. Once you have been transported to the inpatient unit, you will be greeted by staff members who will be providing direct care to you as you remain in the hospital.

- These staff members include your nurse, certified nursing assistant, physical therapist and occupational therapist. They will help you get settled in your room, perform assessments and notify your family member when it is safe to enter the room to be with you.

- You will be working with your physical therapist the day of or the day after your surgery.
Mobility

Mobility Is Medicine!

- Research has shown that early mobilization following surgery can decrease complications.
- Expect mobilization (getting in and out of bed, going to bathroom, transferring to a chair) will happen the day of your surgery.

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<tr>
<th>Mobility includes</th>
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<tr>
<td>Transfers <em>(includes car transfer training)</em></td>
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Getting Started

- Mobility will begin either on the day of surgery or the day after surgery.
- You will receive a physical and/or occupational therapy evaluation and a customized therapy program will be developed.
- You may have certain precautions following your spine surgery that your physical therapist and/or occupational therapist will review with you. These may include no bending, lifting, or twisting also known as “BLT.”
- **DO NOT** get out of bed on your own, even if it is to use the bathroom or get up from the bed to the chair. **ALWAYS** ask for assistance from a staff member until you have been cleared to do these activities on your own safely.

ONE MORE THING!

- It is best to take your pain medication **PRIOR** to your therapy session to allow better participation.
- Make sure you always wear your collar or your brace if your surgeon has instructed you to do so.
Your Hospital Stay

Pain Management: Keeping You Comfortable

You will experience pain following surgery. However, we will work with you to help manage your pain appropriately. If you are in pain or have discomfort, please tell us. Good pain control takes a partnership between you and your caregivers. Managing your pain will help you recover more quickly.

Our Goals:
- Develop a pain relief plan
- Decrease pain to a level that is tolerable
- Determine if pain medication is needed and the appropriate amount
- Develop a plan to transition you off of narcotic pain medication

Pain Assessment:
- To help us minimize your pain after surgery you will be asked to rate the intensity and type of your pain through the use of a pain scale of 0-10.
  - (0 is no pain, 10 is excruciating pain)
- Knowing that after surgery 0 is not attainable, a score between 4-5 is an attainable and acceptable score for most patients.
- It is best if you obtain medication when your pain level starts to rise. Do NOT allow your pain to get severe. If you maintain pain control, it takes less medication and less time to manage the pain.

Pain Scale (0-10)
Lung Exercises—Coughing and Deep Breathing

You will be encouraged to perform simple lung exercises like deep breathing and coughing after your surgery. This prevents lung complications, like pneumonia, from occurring.

What Is An Incentive Spirometer?

- An incentive spirometer is an apparatus that helps with deep breathing.
- It is best to use it 5-10 times every hour when awake for the first few days after surgery to help improve lung function, especially after surgery.

Getting Out Of Bed Using
The Log Roll Method (3 Steps)

A. Roll onto your side with your knees bent.
B. Move feet off the bed; push up to sit.
C. Sit on the side of the bed before standing.

Reverse - Getting Into Bed Using
The Log Roll Method (3 Steps)

A. Sit on the bed, towards to the top. Sit deep into the mattress – your calves should be touching the bed.
B. Lower your body down to your elbow, then your shoulder. Lift your legs with your knees bent.
C. Roll onto your back with your knees bent.
Blood Clot Prevention

• Deep Venous Thrombosis (DVT) is a blood clot in a vein. The biggest danger is a clot that breaks off and travels to the lungs. This is called a Pulmonary Embolism (PE) and it can be life-threatening.
• Here are some of the signs of a blood clot:
  » DVT (clot in an arm or leg) - pain, swelling, warmth, numbness/tingling
  » PE (clot in the lungs) - difficulty breathing, chest pain, fast heart rate
• Ambulation is the key to blood clot prevention.
• Avoid sitting or lying in one position for long periods of time.
• Additional medical devices and medications will be provided to decrease the risk of a blood clot.

Sequential Compression Sleeves

These sleeves are placed on your calves after surgery. They inflate and deflate automatically and assist in the prevention of blood clots. They are worn while you are in bed and while sitting up in a chair.
Transitioning Home

Medication Instructions

• Take all medication as prescribed by your doctor.

• Some people are discharged home with a prescription for injections to prevent blood clots. It is important that you or a family member learn how to perform these injections prior to leaving the hospital. Home care will not come to your home every day for every dose. You must learn how to perform these.

• Remind your physician of any medications you were on before your surgery, that were not prescribed for you after your surgery.

• Remember to check with your physician before you begin taking any over-the-counter medications, herbal remedies, and/or supplements.

• Avoid alcoholic beverages while you are taking pain medications.

• Please get all of your medications filled at the same pharmacy so that your pharmacist can properly identify harmful medication interactions. Ask your pharmacist questions you may have regarding your medications and associated side effects.
Showering/Bathing

- Keep your incision dry at all times.
- You may shower when your physician instructs you to do so. When you are able to shower, do NOT rub the incision.
- NO tub baths, hot tubs, spas, or pools until approved by your surgeon.
- You will recieve instructions from your care team about wound-care management and showering.

Exercise

- Please follow the exercise plan that your doctor and physical therapist and/or occupational therapist have established for you.
- Your recovery process and continued health depends on good nutrition, rest and proper exercise.
- It is important to walk daily for short distances and frequently.
- There are no limitations to walking; however, you should avoid long distances, power walking, and treadmills.
- Keep pets away from you when you are walking as they may cause falls or twisting.

OTHER IMPORTANT INFORMATION

- Constipation can occur secondary to narcotic pain medications. Increase your intake of water and add additional fiber to your diet. You may also need to take stool softeners and/or laxatives as needed.
- Smoking interferes with bone healing, and nicotine products should be avoided, particularly after any fusion procedures.
- Avoid anti-inflammatory medications, such as ibuprofen, Advil, Aleve, Naprosyn, naproxen, and Motrin, for at least the first 4-12 weeks after your surgery UNLESS otherwise suggested by your surgeon.
Transitional Care Planning

Length of Stay

Our goal is to have you recover at home as soon as possible in a familiar and comfortable setting. Occasionally, a stay at a rehabilitation center may be necessary. Be aware that must first be approved by your surgeon and insurance company.

- Some people are discharged the day after surgery while some remain in the hospital for 2 days. **PLEASE NOTE:** length of stay in the hospital is based on medical necessity and not physical capabilities.

Patients are responsible for making their follow-up appointment with their surgeon post-operatively.
DO NOT FORGET!

• It is important that you fully understand your transitional care plan to ensure your continued healing, safety, and comfort. You will receive these instructions in writing before you leave the hospital.

• Before you leave the hospital ask questions about all of your medication, and be sure you know what medications are being prescribed, the proper dosage, how and when to take the medication, and possible side effects.

• Be informed about your health condition (ask the care team if you do not understand any information shared with you) and what you can do to help facilitate your recovery.

• **NO** driving while on narcotic pain medication and return to driving will be decided by your surgeon.

Your instructions may include your follow-up appointments with your orthopedic surgeon and/or other specialists or your primary care physician. If you do not have a follow-up appointment with your surgeon, please make one as soon as you return home.
How well are YOU RECOVERING today?

EVERY DAY
- Follow your exercise plan
- Take your medications as prescribed
- Eat healthy meals

RED LIGHT—STOP/EMERGENCY
Go to the ER or call 911 if you have any of the following:
- Difficulty breathing or shortness of breath
- Chest pain
- Localized chest pain with coughing or when taking a deep breath

YELLOW LIGHT—CAUTION
Call your surgeon’s office or home care agency if you have any of the following:
- Fever above 101.0°
- Uncontrolled shaking or chills
- Increased redness, heat, drainage or swelling in or around the incision
- Increased pain or significant decrease in motion during activity and at rest
- Increased swelling, pain or tenderness of the thigh, calf, ankle or foot
- Abnormal bleeding or any kind, such as increased bleeding from the incision, nosebleed, etc.
- Blood in the urine

GREEN LIGHT—ALL IS GOOD
When your symptoms are under control you experience:
- No difficulty breathing or flu-like symptoms
- No chest pain
- No abnormal bleeding or drainage from incision site
- Slight pain and swelling expected during healing process
Home Care Services

if it is medically necessary for you to have homecare services, they will begin the day after you return home. The frequency of your services will be discussed with you prior to leaving the hospital.

If homecare services are needed, medicare and most private insurers will pay for these services when you initially come home from the hospital.

Rehabilitation at Home

Focus of Rehabilitation:

1. Strength
2. Functional mobility
3. Achieving your goals of recovery

There are a range of home care services that are appropriate for you. Your case manager will determine your needs for outpatient rehabilitation services.

What to Expect (if homecare services are needed):

- You will receive a phone call from your home care agency to schedule times of visits either the same day as your discharge from hospital or the following morning.
- There will be an initial visit to assure full assessment of safety, medical, and functional status.

Focus of Rehabilitation:

- Additional support at home to assist with activities
- Your medication, equipment, insurance information, and COACH available (in person or by phone) especially on initial visits
- Transportation to get to appointments
- Goal for your recovery
CONGRATULATIONS!

You are well on your journey to recovery! We at Connecticut Orthopaedic Institute would like to extend our gratitude to you for allowing us to be a key aspect of your spine surgery. Going through any spine surgery has with it a lot of information and is accompanied by many questions.

Our goal here at Connecticut Orthopaedic Institute is to provide you with the information and guidance to make this experience as positive as it can be for each patient we care for. We hope that the information provided from within this booklet and from the staff at Connecticut Orthopaedic Institute has provided that positive experience.

If you have any questions before or after your procedure, please call us or your surgeon’s office.