For any questions, please contact the Orthopedic Care Coordinator at 229-353-2663

Find out your arrival time at the hospital

Call 229-353-7710 after 2 P.M. the day before surgery (or on the Friday before if your surgery is on a Monday) to find out what time you should arrive for your surgery.

TIFT REGIONAL
JOINT REPLACEMENT
& SPINE CARE CENTER

Patient Checklist

Thank you for choosing Tift Regional Joint and Spine Center. We look forward to assisting you along your Path of Progress. The following appointments have been scheduled and must be completed prior to surgery. You may also be contacted by someone to Pre-register you prior to surgery, you will still need to complete the below appointments prior to surgery.

Appointment Location	Appointment Time and Date	Completed
History and Physical Pre-Op Appointment Surgeon's Office 1622 Madison Ave Tifton, GA 31794		
Pre-admission Testing (PAT) Day Surgery (Hospital) 20th Street Tifton, GA 31794		
Pre-Op Class 2227 US Hwy 41 North Tifton,GA 31794 **3rd Floor**		
Date of Surgery Day Surgery (Hospital) 20th Street Tifton, GA 31794		
Post- OP Follow Up Surgeon's Office 1622 Madison Ave Tifton, GA 31794		

Important Information:

- ☐ You will need to provide a urine sample at your Pre-admission Testing Appointment
- ☐ Have co-payments ready if applicable - (for questions/arrangements contact Ms. Jean Drawdy 387-1163)
- ☐ Read your binder
- ☐ Choose a 'coach' to assist in your recovery - have them attend the Pre-operative Education Class with you

- ☐ Plan your discharge someone will need to be with you the first 3-5 days you are home
- ☐ Prepare your home for after surgery (Remove all throw rugs)
- ☐ Follow doctor's directions for stopping any blood thinner medications prior to surgery
- ☐ Follow directions for preparation the morning of surgery

Medication List

Please fill out the Medication List with the requested information.

Name:		Primary Care Doctor:	
Medication Name/Dosage	**Instructions**	**Reason for Therapy**	**Duration**
What is the name of your medication? What is the dosage?	When and how do you take this medication?	Why are you taking this medication?	How long have you been taking this medication?

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Section One:

Before Surgery

Welcome

We are pleased you have chosen The Joint Replacement and Spine Center at Tift Regional to have spine surgery.

The goal of lumbar spine surgery is to:

- Relieve pain.
- Restore independence.
- Return to work and activities.

Some patients having lumbar spine surgery may be able to walk or even go home the day of surgery. Generally, patients can return to driving in one to two weeks; to sedentary jobs and activities in three to four weeks; and, to vigorous physical activities in six to 12 weeks. Patients undergoing more complicated operations, such as multi-level lumbar spinal fusion may require three to six months to return to full activities.

Using the binder

The binder will assist you with:

- What to expect.
- What you need to do.
- How to care for yourself after spine surgery.

Your physician, nurse, or therapist may add or change any of the recommendations. Always use their recommendations first and ask questions if you are unsure.

We believe patients play a key role in ensuring a successful recovery, so we involve them through every step of our program.

Spine Center Overview

Program features include:

- Nurses and therapists trained to work with spine surgery patients
- Private rooms
- Emphasis on individual care
- Family and friends as “coaches”
- Spine Care/Program Coordinator who facilitates discharge planning
- Patient binder

Your Spine Team

Orthopedic Spine Surgeon - will perform the procedure.

Physician Assistant (PA) or Nurse Practitioner (NP) - will check your status after surgery and communicate with surgeon, nurses and therapists to ensure pain is controlled and any medical needs are addressed.

Registered Nurse (RN) - will help to manage your pain, ensure treatments ordered by your doctor are completed, and assist with mobility as needed.

Physical Therapist (PT) - will guide you through functional daily activities and teach you exercises to regain your strength/motion.

Occupational Therapist (OT) - will guide you to perform tasks such as bathing/dressing and demonstrate home equipment use.

Orthopedic Care Coordinator (OCC) will:

- Answer questions and coordinate hospital care.
- Act as your advocate throughout treatment.
- Review at-home needs after surgery.
- Coordinate discharge plan with your care team.

Get Started - Four to Six Weeks Before Surgery

Contact Your Insurance Company

Before surgery, you will need to contact your insurance company to find out if pre-authorization, pre-certification, a second opinion, or referral form is required. Failure to clarify these questions may result in a reduction of benefits or delay of surgery. This is especially important if your spine problem is due to an injury at work.

If you are a member of a health maintenance organization (HMO), you will need to call your HMO once your procedure has been scheduled to arrange for pre-admission lab studies that must be completed.

Importance of Your Coach

Involvement of a friend or relative acting as your coach is very important for support and to keep you focused on healing.

Billing for Service

After your procedure, you will receive separate bills from the anesthesiologist, hospital, and if applicable, surgical assistant, radiology, and pathology departments. If your insurance carrier has specific requirements regarding participation status, please contact them.

Pre-registering

After your surgery has been scheduled, pre-admission screening will call you to gather information. You will need to have the following information ready when you are contacted:

- Patients full legal name and address, including county
- Home phone number
- Religion
- Marital status
- Social Security number
- Name of insurance holder, his/her address and phone number, and his/her work address and work phone number
- Name of insurance company, mailing address, policy, and group number
- Patient's employer, address, phone number, and occupation
- Name, address, and phone number of nearest relative
- Name, address, and phone number of someone to notify in case of emergency — this can be the same as the nearest relative

Medical Clearance or Preadmission Testing (PAT)

Preadmission testing requires a visit to the hospital and will normally take 1- 1.5 hours. You will speak to a nurse at this appointment that will gather information regarding your health: past & present. It is not necessary to fast before this appointment, you may eat breakfast or lunch. Please be prepared to provide the following information:

- Medication allergies and the reaction you have when you take those medications.
- Complete information on medications you are taking on a regular basis. Bring all your current medications with you to this appointment.
- Family health history: Parents, Grandparents, Siblings, Children, etc…
- Previous surgeries you have had and date they were done, if known.
- Personal health history:
    - Do you have any of the following: diabetes, high blood pressure, heart conditions, anxiety/depression, previous strokes and other pertinent information regarding your health
- Your height & weight will be obtained (high heels will have to be removed for height measurement)
- You may be required to give a urine specimen; please ask nurse prior to using the restroom.

You will speak with an anesthesia representative, either a doctor or certified nurse anesthetist at this appointment as well. This anesthesia representative may be the one providing you anesthesia the day of surgery. During this appointment:

- You will determine together the best type of anesthesia for you
- He /She will also discuss your meds. And you will be informed which ones to take the morning of surgery.
- It will be determined if you need further lab work, x-rays, EKG etc., and these will be completed while you are here.
- If medical or cardiac clearance is required, this will be scheduled during this visit.

Medical Clearance

Your surgeon will determine whether you receive medical clearance from your primary care doctor and/or a specialist or the anesthesia doctors at TRMC. If you receive a medical clearance letter from your surgeon follow the instructions in that letter.

Laboratory Tests

Ordered labs will be drawn at your pre-admission testing appointment.

Medications That Increase Bleeding

Discontinue all anti-inflammatory medications such as aspirin, Motrin®, Naproxen, Vitamin E, etc. These medications may increase bleeding. If you are taking a blood thinner, you will need instructions for stopping the medication. The anesthesiologist will instruct you about your other medications.

Herbal Medicine

Herbal medicines can interfere with other medicines. You will be told at your pre-admission appointment when to stop taking your herbal medications.

Examples of herbal medicines: echinacea, ginkgo, ginseng, ginger, licorice, garlic, valerian, St. John's wort, ephedra, goldenseal, feverfew, saw palmetto, fish oil and kava-kava.

Healthcare Decisions

Advance Medical Directives communicate the patient's wishes regarding healthcare. There are different directives. Consult your attorney concerning the legal implications of each.

- **Living Wills** explain your wishes for healthcare if you have a terminal condition, irreversible coma, and are unable to communicate.
- **Appointment of a Healthcare Agent** (sometimes called a Medical Power of Attorney) lets you name a person (your agent) to make medical decisions if you become unable to do so.
- **Healthcare Instructions** are your choices regarding use of life-sustaining equipment, hydration, nutrition, and pain medications.

If you have an Advance Medical Directive, bring copies of the documents with you to the hospital.

Stop Smoking[1]

If you smoke, stop using tobacco products. The tar, nicotine, and carbon monoxide found in tobacco products have serious adverse effects on blood vessels and impair the healing of wounds and bone grafts. Continued tobacco use damages the other discs in your spine, leading to disease at other levels. And, smokers typically experience a greater degree of pain than non-smokers.

Smoke Free Campus Policy

Tift Regional Health System and the surrounding campuses provide a tobacco-free environment. Tobacco/smokeless tobacco use is prohibited inside and outside all buildings, in the parking lots, within any vehicles operated/owned by Tift Regional Health System and in any vehicles parked on Tift Regional Health System property. This policy is applicable to all people while on campus including but not limited to all patients, families, visitors, physicians, physician office personnel, volunteers, vendors, contractors, and employees.

The use of all tobacco or nicotine delivery products to include cigarettes, cigars, pipes, pipe tobacco, tobacco substitutes, chewing tobacco, smokeless tobacco, E-cigarettes, etc., by any person, is prohibited on Tift Regional Health System property.

Smoking:

- Delays your healing process.
- Reduces the size of blood vessels and decreases the amount of oxygen circulated in your blood.
- Can increase clotting which can cause heart problems.
- Increases blood pressure and heart rate.

If you quit smoking before surgery, you will increase your ability to heal. If you need help quitting, ask about hospital resources.

Smoking can impair oxygen circulation to your healing spine.

Oxygen circulation is vital to the healing process.

When you are ready:

- Decide to quit.
- Choose the date.
- Limit the area where you smoke; don't smoke at home.
- Throw away all cigarettes and ashtrays.
- Don't put yourself in situations where others smoke.
- Reward yourself for each day without cigarettes.
- Remind yourself that this can be done – be positive!
- Take it one day at a time – if you slip, get back to your decision to quit.
- Check with your primary care doctor if you need products like chewing gum, patches or prescription aids.

[1]Smoking Threatens Orthopedic Outcomes. Negative effects should prompt orthopedists to address the issue with patients. S. Terry Canale, MD; Frank B. Kelly, MD; and Kaye Daugherty http://www.aaos.org/news/aaosnow/jun12/cover2.aspMotrin is a registered trademark of McNeil-PPC, Inc. All rights reserved by trademark owner.

Start Pre-operative Exercises

Exercise is important in the rehabilitation process following spine surgery, but it is imperative that you participate in a pre-operative exercise program as well. The exercises found below help to strengthen and condition your muscles in preparation for surgery and the post-rehabilitation phase. To enhance your recovery from surgery, try to incorporate these exercises and aerobic exercise (walking, water aerobics, and recumbent bicycle) into your daily routine. Many patients find it helpful to take time to "strengthen" muscles in their arms/legs prior to surgery.

Pre-operative Exercises

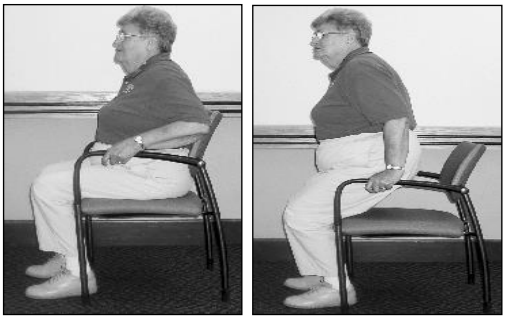
You should always consult with your physician before embarking on an exercise program. All of these exercises should be pain-free. If any exercise causes pain, consult with your physician before continuing the program.

1. Chair Push-up
2. Quad Sets
3. Abdominal Sets (Tummy Tucks)
4. Heel Slides

1

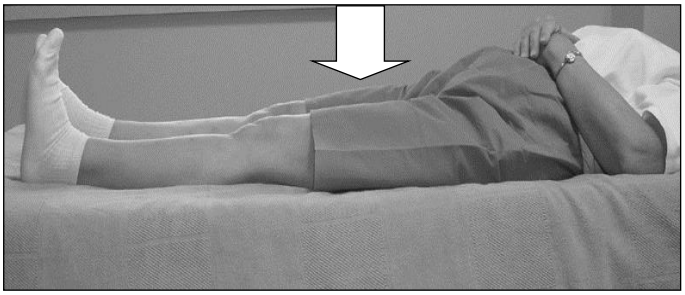
Chair Push-up

Sit in chair. Use arms to push body up from chair. Keep elbows slightly bent and feet on floor. Return to chair slowly. Focus on using arms instead of legs.
Sets: 1-2 — Reps: 10
Hold: 5-10 sec. — Frequency: 1-2x day



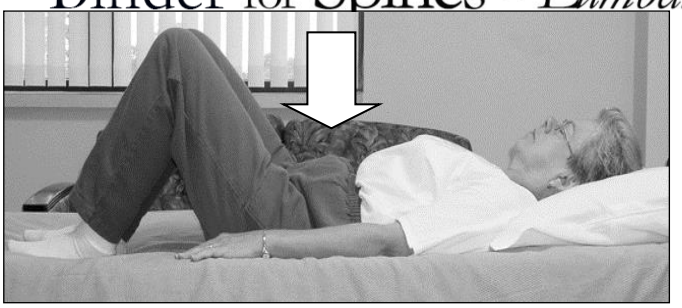
2 **Quad Sets**

Lie flat on back with one leg straight. Tighten quadriceps muscles (muscles on front of thigh), pressing back of knee into bed and hold as indicated. Repeat with other leg. Do not hold breath.
Sets: 1 — Reps: 20
Hold: 10-15 sec. — Frequency: 2x day



3 Abdominal Sets (Tummy Tucks)

Lie flat on back with knees bent. Tighten stomach (abdominal) muscles by drawing belly button toward spine. Feel abdominal muscles tighten across front. Hold position and continue to breathe comfortably. If can't breathe comfortably, then you are trying to tighten muscles too much.
Sets: 1 — Reps: 20
Hold: 10-15 sec. — Frequency: 2x day



NOTE: This exercise is the beginning of a lifelong challenge of being able to keep abdominal muscles tightened all day long. Strengthened muscles provide continuous support for spine.

4 Heel Slides (slide heel up and down)

Lie flat on back. Slide heel toward your bottom. Keep your opposite knee bent to support your back. Repeat with other leg.
Sets: 1 — Reps: 20 — Frequency: 2x day

Prepare Your Home

- De-clutter your home. Put away area rugs that may be a tripping hazard.
- Shop ahead! Have frozen dinners available to pop into the microwave and paper plates to limit washing. Have plenty of liquids available. Pain medications can give you dry mouth.
- Complete yard work and mowing.
- Arrange for neighbors/family to collect mail and newspapers.
- Change your bed with fresh linens.
- Place nightlights in bedrooms, hallways, and bathrooms.

- Place essential and frequently used items at counter level in the kitchen. Take out items from lower or upper cabinets and store them on the counter temporarily.
- Pay current bills so you do not have to worry about these.
- Line up support, especially if you live alone. Arrange for friends to call on certain days or stop by to make sure you don't need any assistance.
- No special chair is needed, but one that offers you support and comfort is best.

Pets

- Have help for the first days to keep food and water available for pets.
- Plan for a dog walker for the first week (at the least). You do not want to lose your balance or be jerked by your excited canine friend!
- If you have cats, have the litter box up on a high table or counter so you don't have to bend down to clean it.

Breathing Exercises

To prevent problems such as pneumonia, practice breathing exercises using the muscles of your abdomen and chest.

Deep Breathing

- Breathe in through your nose as deep as you can.
- Hold your breath for five to 10 seconds.
- Breathe out as if you were blowing out a candle. Notice your stomach going in. Breathe out for 10 to 20 seconds.
- Take a break and then repeat the exercise 10 times.

Coughing

- Take a slow deep breath. Breathe in through your nose and fill your lungs completely.
- Breathe out through your mouth and concentrate on your chest emptying.
- Repeat.
- Take another breath, but hold your breath and then cough hard. When you cough, focus on emptying your lungs.
- Repeat all steps twice.

Techniques such as deep breathing, coughing, and using an Incentive Spirometer may help prevent respiratory complications after surgery.

Surgery Timeline

Four Weeks Before Surgery
Start Vitamins You may be instructed to take multivitamins.

Two to Three Weeks Before Surgery		
Pre-Register Call 229-353-7371 at least 1 week prior to your scheduled Pre-admission testing (PAT) appointment to pre-register at the hospital.		
Pre-admission Testing (PAT) Appointment Attend your scheduled Pre-admission testing (PAT) appointment. Bring your medication list and advanced directive (if you have one).		
Pre-operative Class Attend the pre-operative class for spine surgery patients. Bring your coach. If you cannot attend, inform the OCC.		
Class Outline:	- Understanding Your Procedure - What to Expect During Your Hospital Stay - Physical and Occupational Therapy - Pain Management	- Review Pre-operative Exercises - Learn About Assistive Devices and Joint Protection - Discharge Planning/Insurance/Equipment -Role of the Caregiver/Coach
Medical Clearance Appointments You may be asked to visit your primary care doctor and/or other specialists depending on your medical history and condition. If asked to do so, make sure to complete all appointments at least 2-4 weeks prior to surgery in order to prevent delay or cancellation of your surgery.		

Ten Days Before Surgery

Medications That Increase Bleeding

Discontinue all anti-inflammatory medications such as aspirin, Motrin®, Naproxen, Vitamin E, etc. These medications may increase bleeding. If you are taking a blood thinner, you will need instructions for stopping the medication. Anesthesia will instruct you about your other medications.

Preparing the Skin Before Surgery

Preparing or "prepping" skin before surgery can reduce the risk of infection at the surgical site. To make the process easier, TRMC has chosen disposable cloths moistened with a rinse-free, 2% Chlorhexidine Gluconate (CHG) which is an antiseptic solution.
Complete instructions on how to use CHG wipes can be found on Page 21.

Day Before Surgery

Find Out Your Arrival Time at the Hospital

Call 229-353-7710 after 2 p.m. the day before surgery (or Friday if surgery is Monday) to find out what time you should arrive for your surgery.

Night Before Surgery

Shower Prep

After completing your regular bathing routine with antibacterial soap. Wait for 1 hour and then use the SAGE preoperative skin preparation cloths provided at Preadmission Testing. **Complete instructions on how to use CHG wipes can be found on Page 21.**

Your surgeon will provide instructions for the night before surgery. Generally: Do not eat or drink anything after midnight, EVEN WATER, unless otherwise instructed.

Day of Surgery
Follow instructions given to you at your PAT appointment for the night before surgery. Generally: Do not eat or drink anything after midnight, EVEN WATER, unless otherwise instructed.
Come to Day Surgery (20th Street entrance) at the time you are instructed to arrive. It is important you arrive on time in order to be properly prepared prior to your surgery. This allows the staff time to start IVs, prep, and answer any questions you may have.

Items to Take to the Hospital

- Patient binder.
- Personal hygiene items (toothbrush, deodorant, razor, etc.).
- Loose fitting clothes (shorts, tops); slippers with non-slip soles or flat shoes; loose-fitting warm-up suit for the ride home.
- Battery-operated items (NO electrical items except CPAP if used at home).
- Favorite pillow with pillowcase in pattern/color so it will not end up in hospital laundry. Use the pillow during your stay and in the car for ride home.
- Any brace your physician has given you.
- Insurance card and co-payment (if applicable).
- Cane or walker if you already have one.
- CPAP or BIPAP machine if used at home.

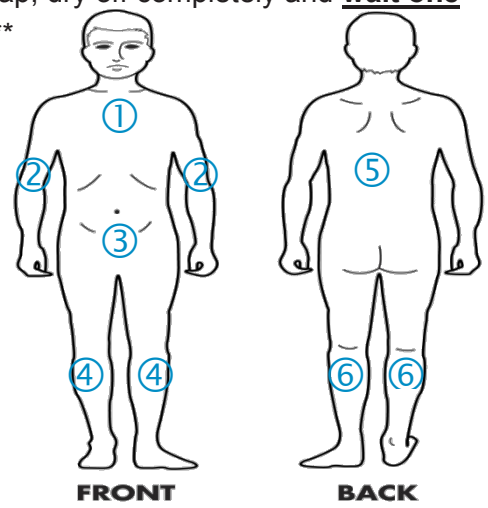
Special Instructions

- You will be instructed by your primary care doctor or pre-screening nurse which of your daily medications to take or omit the morning of surgery.
- Leave jewelry, valuables, and large amounts of money at home.
- Remove makeup before procedure.
- Remove all nail polish.
- Do not use body lotion, deodorant, hair spray, aftershave, etc. after using the CHG cloth.

2% CHG Cloth

*****DO NOT USE ON THE FACE*****

After completing your regular bathing routine with antibacterial soap, dry off completely and **wait one hour to use the SAGE preoperative skin preparation cloths**



Prepping your skin, the night before: (**wait one hour after bathing**)

- **Use one clean cloth to prep each area of the body in order as shown in** steps 1 through 6. **Wipe each area in a back-and-forth motion for about** 15 seconds**. Be sure to wipe each area thoroughly. Assistance may be required.**
- Use all 6 cloths in the packages.
- **Do not allow this product to come in contact with your eyes, ears and mouth.**
- **Do not rinse or apply any lotions, moisturizers or makeup after prepping.**
- **Allow your skin to air dry. Do not rinse off (There may be a temporary "**tacky feeling**" until solution is completely dry; about 3-5 minutes).**
- **Discard cloths in trash can.** Do Not Flush.

Note: **If redness, rash and/or burning should occur. Discontinue use and wash skin**

Steps:

Cloth #1-**Wipe your** neck and chest.

Cloth #2-**Wipe** both arms**, starting each with the shoulder and ending at the fingertips. *Be sure to thoroughly wipe the arm pit areas*.**

Cloth #3-**Wipe your** right and left hip **followed by your** groin**. *Be sure to wipe folds in the abdominal and groin areas*.**

Cloth #4-**Wipe front of** both legs**, starting at the thigh and ending at the toes.**

Cloth #5-**Wipe your** back **starting at the base of your neck and ending at your waist line. Cover as much area as possible. Assistance may be required.**

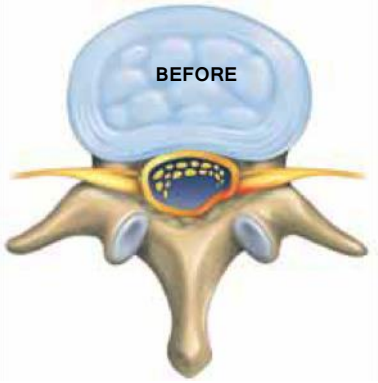
Cloth #6-**Wipe back of** both legs**, starting at the heels and ending at the buttocks.**

Frequently Asked Questions (FAQs)

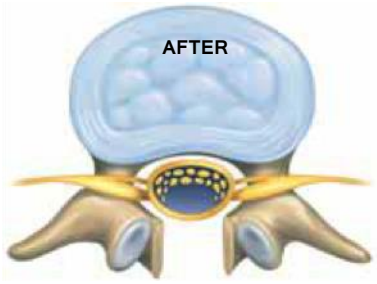
Questions about Lumbar Laminectomy

What is wrong with my back?
You have a “pinched nerve.” This can be produced by one or more herniated discs and/or areas of arthritis in your back. The discs are rubbery shock absorbers between the vertebrae and are close to nerves that originate in the spine and then travel down to the legs. If the disc is damaged, part of it may bulge (herniate) or even burst free into the spinal canal, putting pressure on the nerve and causing leg pain, numbness, or weakness. Bone spurs associated with arthritis may do the same thing.

What is required to fix the problem?
The discs or bone spurs pressing on your nerve must be removed. This is done by making an incision (usually two or three inches long) in the middle of your lower back, moving the muscles covering your spine to the side, and making a small window into your spinal canal. The nerve is exposed, moved aside and protected; and the protruding disc or bone spur is then removed. This decompresses the nerve and, in most cases, leads to rapid improvement in nerve pain, numbness, and/or weakness. Sometimes the abnormality may be more extensive, extending over several disc segments, requiring a longer incision for decompression.



Who is a candidate for lumbar laminectomy and when is it necessary?
The primary reason for this operation is pain that is intolerable to the patient. Sometimes increasing nerve dysfunction (particularly weakness) or loss of bowel or bladder control may make the surgery necessary even if pain is not severe. In most cases, nerve dysfunction is not severe and pain may be controlled by non-surgical means. If this doesn’t happen and if the pain and subsequent disability become intolerable, surgery may be a reliable way to solve the problem. Since the patient is the one feeling the pain, the patient is usually the one who decides when he or she is ready for surgery.



Who performs this surgery?
Both orthopedists and neurosurgeons are trained in spinal surgery and both specialists may perform this surgery. It is important that your surgeon specialize in this type of procedure.

Is my entire disc removed?
No, only the ruptured part and any other obviously abnormal disc material are removed. This generally amounts to a small portion of the entire disc.

Frequently Asked Questions about Lumbar Laminectomy

How long will I be in the hospital?
Laminectomy patients are usually out of bed within an hour or two after their operation, and some can go home on the day of surgery. Patients who do not go home on the day of surgery generally go home the next day.

Will I need a blood transfusion?
Transfusions are generally not required for this kind of surgery, nor is pre-operative donation of your blood.

What can I do after surgery?
You may get up and move around as soon as you feel like it, and you may drive short distances when you feel able. You should avoid bending, lifting, and twisting for six weeks to allow for healing of the surgical area. Your surgeon will provide guidance on resumption of work or activities following surgery.

When can I go back to work?
That depends on the kind of work you do, and how long you have to drive to get there. Surgical patients can return to sedentary (desk) jobs that they can reach with a drive of 15 minutes or less whenever they feel comfortable, (usually two or three weeks). You should not drive long distances (30 minutes or more) for about one month after surgery. Consult with your surgeon for guidance on resumption of work, physical labor, or activities following surgery.

What is the likelihood that I will be relieved of my pain?
The goal of lumbar surgery is relief of pain and resumption of activities. Some patients may continue to have noticeable back pain in some situations and may require additional treatment.

Could I be paralyzed?
Neurologic injury with spine surgery is possible, but not likely. The possibility of catastrophic injury such as paralysis, impotence or loss of bowel or bladder control is also unlikely, but not impossible. Injury to a nerve root with isolated numbness and/or weakness in the leg is possible.

What other risks are there?
There are general risks with any type of surgery. These include, but are not limited to, the possibility of wound infection, uncontrollable bleeding, collection of blood clots in the wound or in the veins of the leg, abdominal problems, pulmonary embolism (movement of a blood clot to the lung), heart attack, or stroke. These events may rarely happen, especially to a generally healthy patient. Rarely, death may occur during or after any surgical procedure.

Will my back be normal after surgery?
Though you may have excellent relief of pain, a disc is never completely normal after it has herniated. If your problem has been caused by arthritis, the arthritis cannot be cured even if the bone spurs have been removed and the nerves decompressed. You may have more back pain than a normal person would have, and there is an increased risk of re-herniation of the damaged disc. However, most people can resume almost all of their normal activities after recovering from surgery.

What should I do after surgery?
You should resume low-impact activities as soon as possible, starting with walking. Try to walk a little farther each day, building up to a brisk three-mile walk each day by six weeks after surgery. Once your sutures are removed you may swim, which is very back-friendly. By two or three weeks after surgery you may try more vigorous activities such as an exercise bike or elliptical machine. Talk to your surgeon about all your activities, especially aerobics and jogging. Physical activity is good for you, if done properly.

What shouldn't I do after surgery?
In general, you should limit heavy lifting, bending, twisting, and high impact physical activities, including contact sports. Consult your surgeon for details.

Could this ever happen to me again?
Unfortunately, yes. As mentioned above, only part of the disc is removed and there is no way to return the disc to normal again, which means recurrent herniations do occasionally occur. Also, adjacent discs may be abnormal and could rupture in the future.

Should I avoid physical activity?
No. Exercise is good for you! You should get some sort of low-impact aerobic exercise at least three times a week. Walking outside or on a treadmill, using an exercise bike, and swimming are all examples of exercise that is appropriate for spine patients. Consult with your surgeon to determine what exercise plan is best for you.

Frequently Asked Questions about Lumbar Fusion

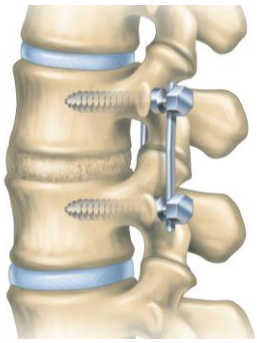
What is wrong with my back?

You have one or more damaged discs and/or areas of arthritis in your back. This produces pain, and may produce abnormal motion, or misalignment of your spine. Discs are rubbery shock absorbers between the vertebrae, and are close to nerves that travel down to the legs. If the disc is damaged, part of it may bulge or even burst free into the spinal canal, putting pressure on the nerve and causing leg pain, numbness, or weakness.

What is required to fix the problem?

Your condition may require both a nerve decompression (freeing the nerves from pressure) and a spinal fusion. Discuss options with your surgeon.

What is spinal fusion?



A fusion is a bony bridge between at least two other bones; in this case, two vertebrae in your spine. The vertebrae are the blocks of bone that make up the bony part of the spine, like a child's building blocks stacked on top of each other to make a tower. Normally each vertebra moves within certain limits in relationship to its neighbors. In spinal disease, the movement may become excessive and painful, or the vertebrae may become unstable and move out of alignment, putting pressure on the spinal nerves. In cases like this, surgeons try to build bony bridges between the vertebrae using pieces of bone called bone graft. The bone graft may be obtained from the patient (usually from the pelvis) or from a bone bank. There are advantages and disadvantages to either source. The bone graft is either laid next to the vertebrae or actually placed between the vertebral bodies (the rubbery disc that normally lies between the vertebrae must be removed). In either case, the bone graft has to heal and fuse to the adjacent bones before the fusion becomes solid. Spine surgeons often use screws and rods to protect the bone graft and stabilize the spine while the fusion heals.

How is the operation performed?

A four- to five-inch incision is made in the middle of the lower back. Muscles supporting the spine are pushed aside temporarily. The spinal nerve is exposed, moved aside and protected, and the ruptured disc or bone spur is removed to loosen the nerve. Fusion is performed as described above.

The wound is then closed and dressings are applied. This operation typically takes a minimum of three hours and may be longer, depending on the complexity of the problem. Sometimes spinal fusion is performed with an anterior (front) approach. In this case, the surgeon would make a four- to five-inch incision in the lower abdomen, gently move the internal organs aside, and proceed with surgery as described above.

Who is a candidate for lumbar fusion, and when is it necessary?
When back and nerve problems cannot be corrected in a more simple procedure and pain persists at an unacceptable level, it may be necessary to do a fusion. Consult your surgeon to determine options. Some conditions which require spinal fusion are discussed in “What is spinal fusion?”

Who performs this surgery?
Both orthopedists and neurosurgeons that specialize in spine surgery may perform this procedure, either individually or as a team.

Could I be paralyzed?
Neurologic injury with spine surgery is possible but not likely. The possibility of catastrophic injury such as paralysis, impotence or loss of bowel or bladder control is also unlikely but not impossible. Injury to a nerve root with isolated numbness and/or weakness in the leg is possible.

Are there other risks involved?
There are general risks with any type of surgery. These include, but are not limited to, possibility of wound infection, uncontrollable bleeding, collection of blood clots in wound or in veins of leg, abdominal problems, pulmonary embolism (movement of a blood clot to lung), heart attack, or stroke. These events may rarely happen, especially to a generally healthy patient. Rarely, death may occur during or after any surgical procedure.

What are my chances of being relieved of my pain?
The goal of surgery is to relieve pain, especially from nerve symptoms or leg pain. Relief of back pain is also possible, although it may be less predictable.

Will my back be normal after surgery?
No. Even if you have excellent relief of pain, the spine is not completely normal after a fusion. Stiffening one segment of the spine with fusion may put additional strain on other areas. Other discs may have started to wear out. Even if they aren’t causing you pain now, they may do so in the future. For these reasons, you may have more back pain than a normal person would have. However, most people can resume almost all of their normal activities after their fusion has healed. Your surgeon can discuss this with you in detail.

Frequently Asked Questions about Lumbar Fusion Surgery

How long will I be in the hospital?
The hospital stay is generally one to three days.

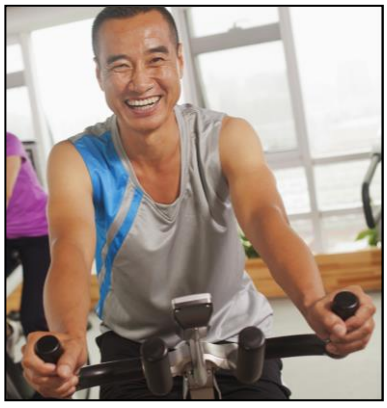
What shouldn't I do after surgery?
Generally, you should avoid bending, lifting, and twisting for six to nine weeks. Even if screws or rods are used, six to 12 weeks are generally required for the fusion to heal completely. You must protect your spine during this time. Your surgeon will usually prescribe a brace for you to wear for part of this time. If you are a smoker, you definitely should not smoke until your fusion is completely solid, since smoking interferes with bone healing.*

What can I do after surgery?
You should get up and move around frequently as soon as you feel like it. If you are feeling well enough, you may generally begin driving in two to three weeks with your back brace on. Your surgeon will provide guidance on resumption of work or activities following surgery.

When can I return to work?
This should be discussed individually with your surgeon. Generally, patients may return to sedentary jobs whenever they are comfortable, which is usually within three to six weeks. If you drive more than 30 minutes to get to work, your surgeon may want you to wait longer. It takes much longer to get back to work that requires strenuous physical activity due to the increased stress these activities play on the healing bone.

Could this happen to me again?
Unfortunately, yes. A fusion may add stress to the levels above and below the fusion. If the fusion doesn't heal solidly, even with plates and screws, your symptoms may recur and additional surgery may be needed.

Should I avoid vigorous physical activity?
No. Exercise is good for you! You should get some sort of vigorous, low-impact aerobic exercise at least three times a week. Walking outside or on a treadmill, using an exercise bike and swimming are all examples of exercise that is appropriate for spine patients. Your surgeon will provide guidance on resumption of work or activities following surgery.



*Behrend, C., Prasrn, M., Coyne, E., Horodyski, M., Wright, J., Rechtine, G., Smoking Cessation Related to Improved Patient-Reported Pain Scores Following Spinal Care, J Bone Joint Surg Am, 2012 Dec 05; 94 (23): 2161-2166.

Section Two:

At the Hospital

Understanding Anesthesia

Anesthesiologists

The Operating Room and Post Anesthesia Care Unit (PACU) at the hospital are staffed by board certified and board eligible doctor anesthesiologists and anesthetists.

Type of Anesthesia

Spine surgery requires the use of general anesthesia, which provides loss of consciousness and requires the use of an endotracheal tube (a tube that goes from your mouth to your lungs providing the doctors the ability to provide air to your lungs).

Side Effects

Your anesthesiologist will discuss the complications or side effects that can occur.

You will be given medications to treat nausea and vomiting which may occur with the anesthesia. The amount of discomfort you experience will depend on several factors, especially the type of surgery. Your discomfort should be minimal, but do not expect to be totally pain free. Staff will teach you the pain scale to assess your pain level.

Requests for specific anesthesiologists should be submitted in advance through your surgeon's office.

Understanding Pain

It is our aim to make your surgery as pain-free as possible. Pain management is not perfect, and you will have some discomfort after your operation. There are several factors that limit our ability to completely eliminate pain after surgery. The first is that pain medications have side effects. These may include decreased ability to breathe normally, low blood pressure, nausea, and constipation. Other less common side effects may include itching, urinary retention, and abdominal distention (collection of gas within the intestines). These side effects mean that the amount of medication may have to be reduced at times to avoid creating dangerous or uncomfortable conditions.

Another factor is tolerance. The body tends to become less responsive to pain-reducing action of narcotics after being exposed to them for periods of time. Patients who have taken large doses of narcotics for months or years may have a much harder time keeping comfortable after surgery. It is very important to provide accurate information to your surgeon about the amount of pain medication you have been taking. Inaccurate information could result in a needlessly painful and stressful post-operative course. It may be necessary to taper or discontinue your use of narcotics prior to surgery.

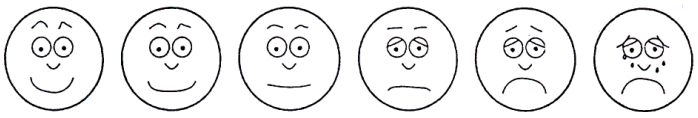
Your Role in Pain Management

Once you have had your surgery, we will rely heavily on your own assessment of your pain and work with you to relieve it. Most patients will receive intermittent low doses of pain medication into their IV which they control with a small pump. Our goal is to transition most patients to oral pain medications after 12-24 hours. Generally, these are the same medications you will take at home once you are discharged from the hospital.

Throughout your hospital stay, your surgeon and your bedside nurses will assess your physical condition and look for signs of pain and side effects. Our goal with this approach is to have very satisfactory pain control after surgery for our patients.

Pain Scale

Using a number to rate your pain can help the Joint Replacement and Spine Team understand and help manage it. “0” means no pain and “10” means the worst pain possible. You may also hear the terms “mild”, “moderate” or “severe”. With good communication, the team can make adjustments to make you more comfortable.



Hospital Care - What to Expect

Before Surgery

- Your anesthesiologist will review your information to evaluate your general health. This includes your medical history, laboratory test results, allergies, and current medications.
- Intravenous (IV) fluids will be started and pre-operative medications may be given.
- You will be fitted with compression stockings.
- Before you receive the anesthesia, monitoring devices will be attached (blood pressure cuff, EKG, and others).

During Surgery

- The anesthesiologist will manage vital signs — heart rate and rhythm; blood pressure; body temperature and breathing; as well as monitor your fluid and need for blood replacement if necessary.

After Surgery

- You will be taken to the Post Anesthesia Care Unit (PACU) where pain control is established and vital signs will be monitored.
- You will then be taken to the Joint Replacement and Spine Center.
- Most of the discomfort occurs the first 12 hours following surgery, so you may receive pain medication through your IV (PCA).
- **Only one or two very close family members or friends should visit on surgery day.**
- There will be a dressing over your incision.
- At some point on this day, you will be assisted out of bed to walk or sit in a chair. Physical Therapy and Occupational Therapy will most likely begin today. This will prevent blood clots from forming in your legs.
- We will instruct you on breathing exercises, ankle pumps, compression stockings, and benefits of ambulation.

Days Following Surgery

- Generally each day starts with blood work obtained early in the morning.
- Post-op x-ray of your lumbar spine is needed so your surgeon may see the surgical area before you are discharged.
- Intravenous (IV) pain medication will likely be stopped 12-24 hours after surgery; and you will begin oral pain medication.
- You will be evaluated by Physical Therapy and Occupational Therapy if not completed the day of surgery, therapy services will continue daily as needed.

Incentive Spirometer Instructions

An incentive spirometer is used to perform deep breathing exercises and prevent respiratory complications after surgery.

- Sit in an upright position if possible
- Hold or stand incentive spirometer in an upright position
- Breathe out normally, and then place your lips tightly around the mouthpiece
- Breathe in **slowly**, raising the white piston, while keeping the yellow piston in the “Best” range
- Continue to breathe in slowly, completely filling your lungs
- When you are unable to breathe in anymore, remove the mouthpiece and hold breath for 10 seconds, then breathe out normally
- Allow the white piston to return to the bottom

Repeat the above steps 10 times resting in between exercises if needed.

Please ask your Respiratory Therapist if you have any questions or concerns. You may contact the Tift Regional Respiratory Department by dialing extension 37526.

Discharge Options

Going Directly Home

When patients are ready for discharge from the hospital, certain criteria are generally met. Patients are ambulating well; eating and drinking well; and, taking oral medication to control discomfort.

Do not go home alone, but have someone with you to be your caregiver for the next two to three days. This can be a friend or family member who can change your dressing and help you with your compression stockings. This caregiver will also help with meals and household activities. During these first few days at home, we want you to concentrate on your recovery. If equipment (rolling walker, bedside commode) is needed, the physical or occupational therapist will make these recommendations and Case Management will assist with obtaining this for you while you are in the hospital.

Going to a Sub-acute Rehab Facility

Patients who desire sub-acute rehabilitation prior to returning home must meet their insurance company's specific criteria before approval can be granted. If you do not meet these criteria, but strongly wish to pursue rehab, you may have the option to pay privately for your stay.

The requirements for Medicare patients are somewhat different. We strongly recommend that Medicare patients who are considering a rehab stay contact Medicare first to determine what requirements must be met, as well as specifics of what Medicare will cover.

Costs for room and board vary from facility to facility and often require a down payment prior to admission. Patients and families are urged to visit facilities before coming in for surgery. Please contact the admissions office at the facility to discuss your options.

If you are considering rehab, it is strongly recommended that you also develop an alternate plan in the event you do not meet the insurance criteria. We often "dual" plan our patients so that a smooth and efficient discharge from the hospital is achieved.

Section Three:

At Home After Surgery

Try not to nap during the day so you will sleep at night.

Caring for Yourself at Home

Things you need to know for safety, recovery, and comfort.

Be Comfortable

- Take pain medicine at least 30 minutes before physical activity.
- Wean from prescription medication to non-prescription pain reliever. Take two Extra-strength Tylenol ® tablets up to four times per day.
- For three months after surgery, do not take over-the-counter anti-inflammatory medication such as Ibuprofen (Motrin®, Advil® and Aleve®). This type of medication can interfere with bone healing and jeopardize the success of surgery. If you have prescription anti-inflammatory medication, consult your physician before taking it.
- If your doctor has prescribed a muscle relaxer, take this to help muscle spasms. Gentle stretching may ease muscle spasm. Gentle massage applied to the muscle spasm may help to reduce discomfort.
- Muscle strain and spasm can often be reduced by elevating arms with pillows. Using this positioning technique, along with pain medication will optimize your comfort.
- Apply heat to areas of muscle spasm only. Do not use heat around your incision; this will cause swelling.
- Change position frequently (every 45 minutes – 1 hour) to prevent stiffness.
- Avoid bending, lifting, and twisting (B.L.T.s).
- Take slow, controlled, deep breaths. Cough deeply and use your incentive spirometer several times each hour. This helps to expand your lungs and prevent pneumonia or respiratory complications. Deep breathing can also assist in relaxing your muscles and body.
- Breathing and relaxing while you move will help reduce muscle tension.

Body Changes

- Appetite may be poor; desire for solid food will return.
- Drink plenty of fluids.
- May have difficulty sleeping.
- Energy level will be decreased for first month.
- Pain medication that contains narcotics promotes constipation. Use stool softeners or laxatives, if necessary. Do not let constipation continue. If stool softener and Milk of Magnesia do not relieve discomfort, contact primary care doctor or surgeon.

Compression Stockings

You will wear special stockings to compress veins in your legs. This helps keep swelling down and reduces the chance for blood clots.

- Wear stockings continuously, removing one to two hours twice a day.
- Wear stockings for two weeks after surgery.

Incision Care

- You may shower (not tub bathe) after 48 hours.
- Remove dressing before shower, pat incision dry after shower, clean with alcohol and replace dressing.
- Notify surgeon if increased drainage, redness, pain, odor, or heat around the incision.
- Take temperature if warm or sick. Call surgeon if exceeds 100.5 degrees.

Dressing Change Procedures

Your nurse will give you specific instructions before you are discharged home. Generally, steps are as follows.

Dry/Gauze Dressing

1. Wash hands.
2. Open dressing materials.
3. Remove old dressing.
4. Inspect incision for:
    - increased redness
    - increased clear drainage or yellow/green drainage
    - odor
    - surrounding skin hot to touch.
5. Clean the incision with alcohol.
6. Pick up gauze pad by corner and lay over incision. Be careful not to touch inside of the dressing that will lie over the incision.
7. Place one pad over the incision and tape it into place.

Occlusive Dressing

If incision has clear, occlusive dressing, follow these instructions:

- If dressing remains dry, remove occlusive dressing on post-operative day #2. Leave the incision open to air or redress as described above. Inspect incision daily.
- If dressing becomes wet with collection of fluid or blood, remove promptly and follow gauze dressing instructions. Change dressing daily and as needed until incision remains dry.

Dermabond™

If incision has Dermabond (skin glue), follow these instructions:

- If dressing remains dry, remove occlusive dressing on post-operative day #2. Carefully try to lift gauze from incision. If gauze adheres to incision, do not pull it loose. Trim away loosened gauze as needed. After a few days, gauze should come free.
- If dressing becomes wet with collection of fluid or blood, remove promptly and follow instructions for "gauze dressing." Change dressing daily until incision remains dry.

Recognizing and Preventing Potential Complications

Infection

Signs	• Increased swelling and redness at incision site. • Change in color, amount, and odor of drainage. • Increased pain around incision. • Fever greater than 100.5 degrees.

Prevention	• Take proper care of incision. • Take sponge baths for first two days. • After that, shower as long as wound is clean, dry, and not red. • AVOID tub bathing for at least three weeks after surgery. Keep wound clean and dry as much as possible to avoid potential infection until it fully heals.

Blood Clots

Surgery may cause blood to slow and coagulate in veins of legs, creating a blood clot. If a clot occurs, you may need to be admitted to the hospital to receive intravenous blood thinners.

Signs	• Swelling in thigh, calf, or ankle that does not go down with elevation. • Pain or tenderness in calf.

Prevention	• Perform foot and ankle pumps. • Walk several times a day. • Wear compression stockings. • Elevate your feet/legs.

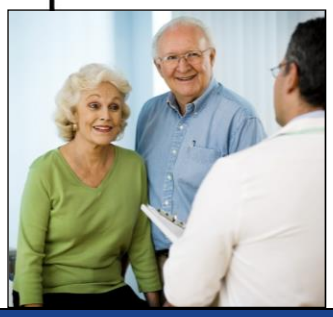
Pulmonary Embolism

An unrecognized blood clot could break away from the vein and travel to the lungs. This is an emergency — **CALL 911**.

Signs	• Sudden chest pain. • Difficult and/or rapid breathing. • Shortness of breath. • Sweating. • Confusion.

Prevention	• Prevent blood clot in legs. • If you suspect a blood clot has formed in leg — call primary care doctor or surgeon promptly.

Discharge Instructions



Your nurse will discuss discharge instructions with you. Generally, the following guidelines will apply.

Lumbar Laminectomy

Immediate Post-op until Discharge from Hospital

- Get out of bed as soon as possible.
- Walk as much as possible.
- Keep wound clean and dry.
- Wear brace if instructed.

Discharge until First Office Visit

- If you were given a back brace, wear it when out of bed.
- Continue to walk as desired, gradually increase distance.
- Shower 48 hours after surgery; do not tub bathe or swim.
- Remove dressings from surgical incision before showering; dry off incision and replace dressing.
- You may ride short distances in 6-8 weeks.
- Rest for next week at home; avoid strenuous activity.
- Avoid bending, lifting, and twisting for the next month.
- Call if any incision drainage, redness, or fever.
- It is not unusual for some leg pain and/or numbness; contact your surgeon if symptoms are severe.

First Visit (approximately 10 days post-operative) until Six Weeks

- Gradually increase activities.
- Remain on feet for longer periods and increase walking distances.
- Ride short distances at three weeks.
- Return to sedentary job in three to six weeks if commute is < 20 minutes and pain free.
- No bending, twisting, or lifting.
- Limit sitting and use good lumbar support to avoid undue pressure on spine.
- Sexual intercourse if desired (patient on bottom).
- Wear back brace whenever up.

Six until 12 Weeks
• Return to non-strenuous work if pain free. • Avoid bending, twisting, or lifting greater than 10 lbs. (gallon of milk). • Start regular low-impact aerobic activities such as vigorous walking, stair climbing machine, or low-impact aerobic classes. • Drive up to 30 minutes. • Wear back brace whenever up.

12 until 24 Weeks
• Avoid heavy lifting (greater than 10 lbs.) or repetitive bending and twisting of back. • Continue back brace until further advised. • Refrain from pool activity that causes repetitive twisting of head and neck like swimming. Walking in water can be therapeutic during this time.

Post-operative Goals

Weeks One to Two
• Continue to walk using walker as needed. The walker can help with balance. As pain and discomfort lessen, increase walking distance, and wean yourself from walker as you feel comfortable. • Walk frequently, slowly increasing your distance by 500-1000 ft. as tolerated. • Gradually resume household tasks. • Always adhere to spinal precautions (no bending, lifting, twisting) when moving around. • Do 10-20 minutes of home exercises at least twice a day.

Weeks Three to 12
• Walk daily, steadily increasing your distance and endurance. Increasing distance one to three miles as tolerated. • Gradually resume community tasks. Give yourself frequent rest breaks. No ongoing activity for more than 30 minutes without resting. • Adhere to spinal precautions (no bending, lifting, twisting). • Do 10-20 minutes of home exercises at least twice a day.

Post-operative Exercise

A post-operative exercise program is an important component of successful spine surgery. Patients should work with physical therapists to develop a maintenance program that is specific to their needs and one they enjoy. The ultimate goal is to restore strength, flexibility, and mobility through a progressive and safe exercise program. Consult with your surgeon or physical therapist before starting any exercise program.

- Exercises help to stabilize the spine and improve strength and flexibility; thus optimize surgical outcome and functional mobility.
- Start with low-impact exercises such as recumbent bike or walking on a treadmill. At three weeks, once incision heals and surgeon approves, start water aerobics and swimming. These are good low-impact exercises for your entire body.
- Exercises are best done on a firm surface. Protect your back. Keep good posture when exercising. Move slowly. Stop if you have excessive pain or discomfort.
- Read your body. If you notice increased discomfort or fatigue, recall what you did earlier that day or the day before. Chances are you overdid things and need to scale back until tolerated. Continue to slowly advance as you tolerate the activity.
- When performing an exercise, keep abdominal muscles tight by "pulling your belly button in toward your spine." Breathe continuously when performing exercises. Count out loud to keep from holding breath.

Principles of Exercises

When Standing

1. Keep head level with chin slightly tucked in.
2. Stand tall by looking forward and keeping shoulders over hips.
3. Relax shoulders.
4. Tighten stomach muscles by pulling in stomach. This will relieve undo stress on spine.

When Sitting

1. Keep head level and chin slightly tucked in.
2. Place buttocks all the way to back of chair. Rolled towel in small of back provides lumbar support. Do not slouch.
3. Keep feet flat on floor to support back. When feet dangle, it pulls at lower back. If feet don't firmly touch the ground, place feet on stool and put pillow behind back.

When Lying

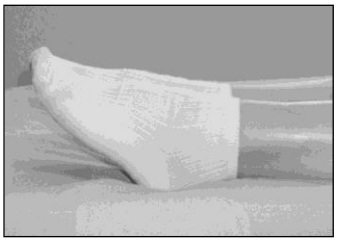
1. Use firm mattress.
2. Lie on side with hips and knees slightly bent and with pillow between legs.
3. Lie on back with pillow under head and one under knees to take strain off lower back.
4. Avoid lying on stomach.

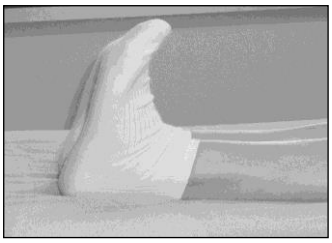
When Walking

1. Goal is to advance distance you walk each day.
2. For first few days at home, do multiple short walks throughout the day.
3. Advance your walking distance. Frequency is better than walking a certain distance. This approach is better for reducing stiffness.
4. Keep head up, chest up, shoulders back and relaxed, buttocks and stomach tucked in, and use walker as needed. Wean yourself off walker unless otherwise indicated by surgeon or therapist.

Exercises – Weeks One to Two

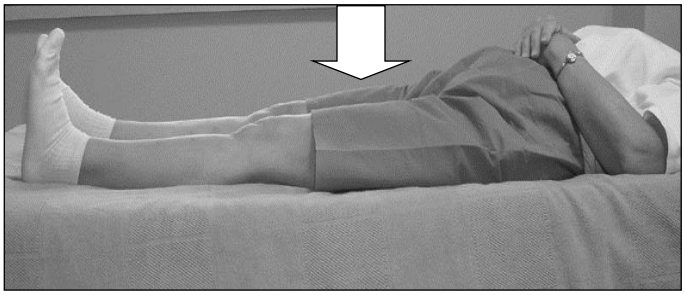
Ankle Pumps





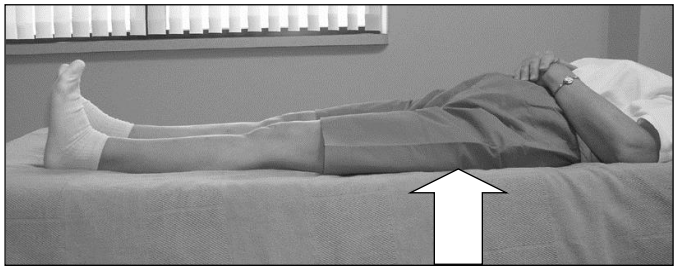
Move ankles up and down as far as possible in each direction. To prevent back strain, perform this exercise while lying flat.
Sets: 1— Reps: 20 — Frequency: 2x day

Quad Sets



Lie flat on back with one leg straight. Tighten quadriceps muscles (muscles on front of thigh), pressing back of knee into bed and hold as indicated. Repeat with other leg. Do not hold breath.
Sets: 1 — Reps: 20
Hold: 10-15 sec. — Frequency: 2x day

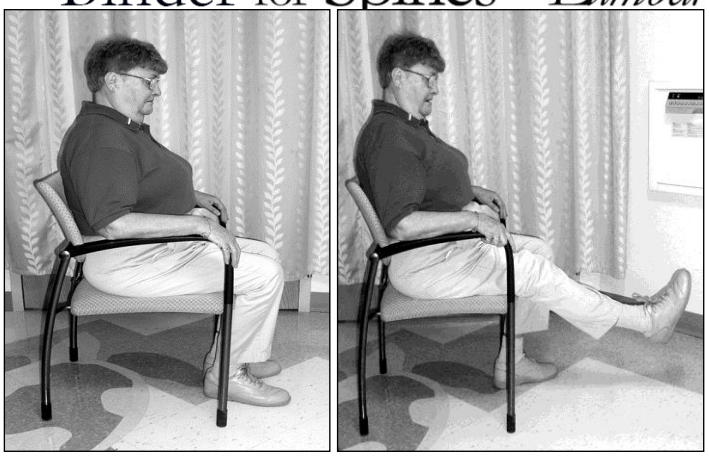
Gluteal Sets (bottom squeezes)



Sit, lie or stand. Squeeze bottom together. Do not hold breath.
Sets: 1— Reps: 20
Hold: 10-15 sec. — Frequency: 2x day

Long Arc Quads (knee extensions)

Sit in chair with knees bent (place buttocks at back of chair). Slowly extend one leg until knee is straight and hold. Return to starting position. Repeat exercise as indicated with other leg.
Sets: 1 — Reps: 20
Hold: 10-15 sec. — Frequency: 2x day



Walking

Walk as far as possible, taking rest breaks as needed. Increase distance each day. Goal: at least one mile per day by six weeks post-operation.

Exercise – Weeks Three to Six

Continue exercises as above and add:

Heel Raises

Stand next to a counter and slowly raise up onto toes. Maintain this position for five to 10 seconds then lower yourself to standing. To help with balance, hold onto countertop for support.
Sets: 1 — Reps: 20
Frequency: 1-2x day

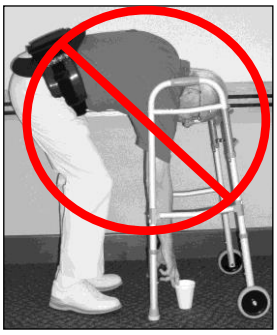
Activities of Daily Living

Lumbar Spinal Precautions: No "B.L.T."

Check with surgeon or physical therapist for specific post-operative precautions. General guidelines include:

No Bending

- Keep shoulders in line with hips. Avoid leaning forward while standing up or reaching down to the floor while you sit down.
- Practice optimal body mechanics by keeping chest up, shoulders back, and abdominal muscles tight.



No Lifting

- Do not lift more than 10 pounds for two months after surgery.
- To lift an object, keep chest upright and hold object close to body.

No Twisting

- Keep shoulders and hips pointing in the same direction.
- To look behind you or to either side, turn entire body. Do not just turn your head and shoulders.

Back Brace

There are several types of back braces that help provide support and/or limit motion to your back.

One of the more popular braces used after a spinal fusion is the California brace© or lumbosacral brace. This brace is a soft brace with Velcro® closures, and it is worn positioned down over your hips. Brace is adjusted on sides and centered low over abdomen. Make sure the two Velcro panels fasten on either side, not in front.

Pull "rip cord" to tighten brace. Best to do last part standing to ensure a snug fit.

To remove brace, unfasten "rip cord" and secure it to one side of brace. Now, undo Velcro closure on other side of brace and remove brace. There is no recoil mechanism so strings must be "reset" by pulling either end of brace lightly until cords are fully extended.

Another type of back brace is the thoraco lumbar sacral orthosis (TLSO). This brace is commonly referred to as a body jacket or “clam shell” brace. Patients having thoracic or high lumbar surgery may need to wear this type of brace.

A back brace is often recommended for patients to wear during post-operative period so that motion is limited at surgical site. Wearing back brace as instructed (whenever out of bed) may aid in optimal healing. Some patients may need to wear their brace for as little as four weeks or as long as three months. Your surgeon can give you the best idea of your personal timeframe.

Bed Positioning

Lying on Your Back

- Place pillow under knees or thighs, under neck, and under arms. This positioning reduces stress on spine.
- When you change positions, tighten abdominal muscles and log roll keeping hips and shoulders lined up.

Lying on Your Side

- With knees slightly bent up toward chest, place pillow between knees and one under neck. This helps to keep optimal alignment of spine.
- Tighten abdominal muscles and log roll when changing positions.
- Adding a pillow under the arm will increase comfort and further reduce stress on spine.

Lying on Your Stomach

- Avoid this position. It places too much strain on lower back.
- If you cannot avoid this position, place pillow under stomach to provide support for back.

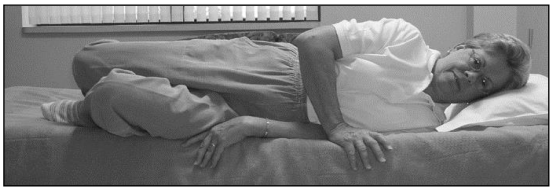
Note

- Do not sleep on a soft bed or couch. It takes the three spinal curves out of alignment and adds extra stress to the back.

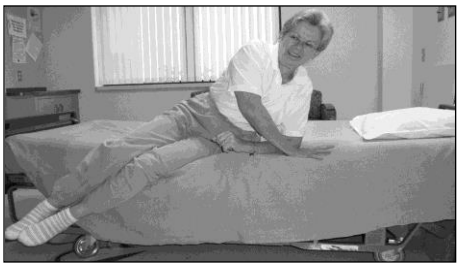
Bed Mobility

Getting Out of Bed

To move in and out of bed, "log roll" to prevent bending or twisting of spine. Start by bending knees up while lying on back. Now roll onto side keeping hips, shoulders, and ears moving together to avoid twisting (i.e., roll like a log).



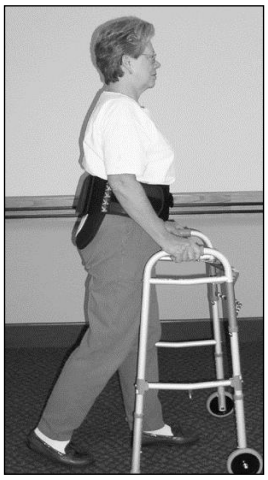
As you slide feet off bed, use arms to push up into sitting position. Scoot hips forward until feet are on floor and you feel stable. Using arms to help scoot typically helps minimize surgical pain. Scoot far enough forward so feet are flat on floor (heels included) to support lower back.



Returning to Bed

Reverse technique for returning to bed. Back up to bed until you feel bed at the back of your legs. Reach for the bed with hands as you lower to sitting position on bed. Scoot hips back on bed. The further back you scoot; the easier it will be to lie down on your side. As you lean down on your arm, bring feet up onto bed until you are lying down on your side. Then, roll onto back keeping shoulders, hips, and ears in alignment.

Using a Walker



When using a walker, it is important to remember key rules.

- Push up from surface you are sitting on (e.g., bed or chair). Avoid pulling on walker to stand. Walker could easily tip backward and will not offer optimal support to stand.
- It is easiest to stand up from a chair with armrests and from a bedside commode with armrests. Armrests give better leverage and control to stand up and sit down safely.
- Keep feet near back of walker frame or rear legs. Don't be too close or too far from walker. Stay inside walker.
- Stand up straight when walking. Keep shoulders back, head up, chest up, and stomach muscles tight.
- Using a walker with wheels keeps you from having to lift it - just push the walker forward as you walk.
- Taking smaller steps and walking slower does not necessarily make it easier to walk. You may end up expending more energy than necessary. Move at your own pace and comfort level.

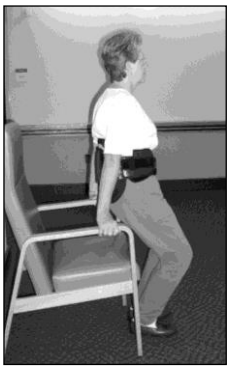
Transfers

Getting Into a Chair

Back up to chair until it touches back of legs. With hands, reach behind to grasp armrests of chair. Using arms and legs, squat and lower self into chair.

Special Instructions:

- Tighten stomach muscles to provide support for lower spine.
- Feet should be firmly resting on floor or foot stool. Do not let feet dangle as this will place additional stress on spine.

Getting Out of a Chair

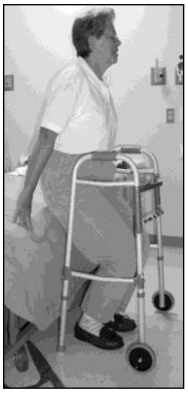
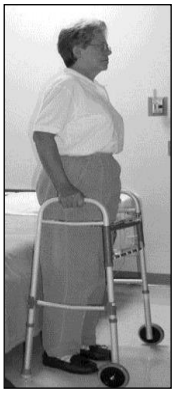
Scoot forward until sitting near edge of chair. With hands on armrests push up into standing position. Straighten legs and shift weight forward over feet. Bring hands to walker as you are moving into standing position.

Helpful Tips with Sitting:

- Do not let feet dangle when sitting. Have feet firmly supported to prevent pulling at back.
- Protect back by sitting in chair with back support. Use pillow or towel as lumbar roll.

Standing from Bed

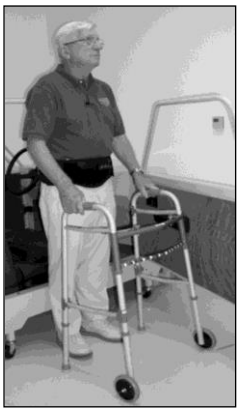
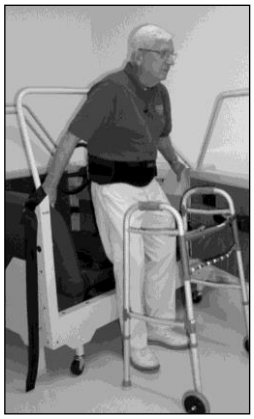
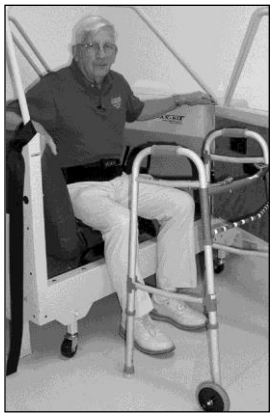
It is important to stand by pushing on the bed with arms and NOT by pulling on walker. Place hands on bed, and push up to standing. Focus on straightening legs and shifting weight forward over feet. As you start to straighten, bring one hand forward to walker and then other hand. When sitting back down, be sure to reach for bed one hand at a time to control body.

Getting Into the Car

Back up to car seat until you feel it at back of legs. Reach hand behind you for back of seat and other hand to secure spot either on frame or dashboard. (Door and walker are not secure options. If need to use them, have someone hold “unsteady” objects.) Lower slowly to sitting. Scoot hips back until you are securely on seat.

Leading with hips, bring one foot into car at a time until you are facing forward. Prevent twisting by keeping shoulders, hips, and ears pointing in same direction. May want to recline seat to increase ease of lifting legs. Keep seat slightly reclined while riding to support back from “bumps” in road.

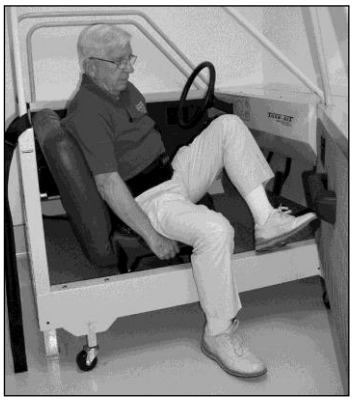





Getting Out of the Car

When getting out of car bring legs out one at a time. Lead with hips and shoulders and do not twist back. Place one hand on back of seat and one hand on frame or dashboard. Push up to standing. Reach for walker when you are stable.

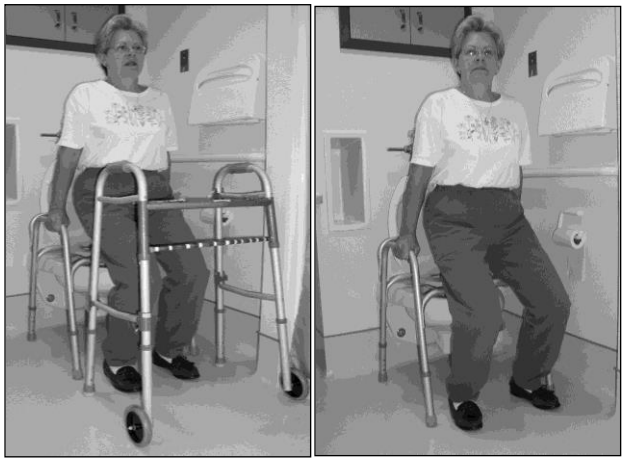
Helpful tips with car transfers:

- Have empty plastic bag on seat to help slide in/out.
- Have seat positioned all way back so you have maximum leg clearance.
- If you have to have one hand on walker for leverage, have someone hold walker down on front bar for stability.



Getting Onto the Commode

Back up to commode like you would chair. Without twisting to look, reach back for handles of commode or toilet seat and squat using arms to help slowly lower down to sitting position. Feet should be flat on floor for support while sitting.



Getting Off of the Commode

Use arms to lift body and scoot hips forward to edge of commode seat. With knees bent and feet placed underneath you, push up through legs and arms into standing position. As you stand, maintain support by reaching for walker one hand at time.

Bathing

Stepping in/out of tub:

- If shower is part of tub, hold onto front wall of shower and step in or out sideways versus stepping in forward. This side-step places much less stress and motion on lower spine.
- If a walk-in shower stall, step in as usual making sure not to twist as you turn to controls.
- May want to have a bathtub or shower seat available for first few days you shower. Borrow these items or buy them inexpensively. Small patio resin/plastic chair work for this. Small tub/shower benches can be purchased at most drug stores or medical supply stores.
- Surgeon will provide clearance on taking a tub bath.

Using Stairs

Negotiating Consecutive Steps

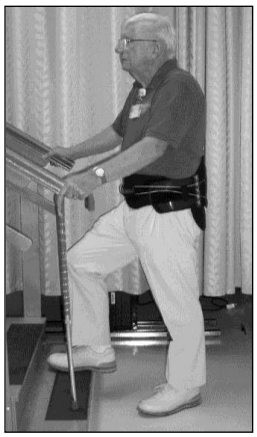
- Use handrail and/or cane for assistance.
- If one leg feels weaker than other, go up steps with stronger leg first and down steps with weaker leg first. Remember, "up with the good and down with the bad."
- If unsteady, take one step at time. This will make negotiating steps easier and safer.
- Concentrate on what you are doing. Do not hurry.
- Have someone assist or spot you as you feel necessary or indicated by therapist. Person should stand behind and slightly to side when going up steps. When going down steps, person should be in front.

Helpful Stair Tips

- Keep steps clear of objects or loose items.
- Plan ahead. Right after surgery keep items in areas where you can limit stair use.
- Install one or two handrails. Two handrails will increase ease and safety with steps.

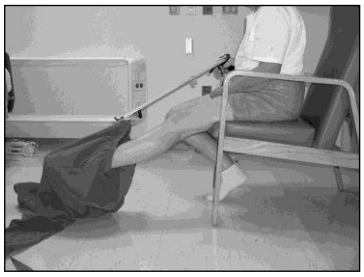
Negotiating Curb or One Single Platform Step

- Use rolling walker.
- Move close to step.
- Place entire walker over curb onto sidewalk. Make sure all four prongs/wheels are on curb.
- Push down through walker toward ground.
- Step up with stronger leg first, then follow with other leg.
- Reverse process for going down a step. Place walker below step, then step down leading with weak leg first.



Personal Care

Using a Reacher



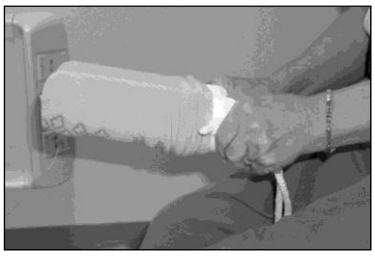
Using a reacher limits amount of bending required to dress. Sit down in a chair with back supported. Use reacher to hold front of undergarments or pants. Bring garment over one foot at a time pulling underwear, then pants up to thighs. Stand up, squat to reach clothing and pull up both garments at same time. Reverse process to remove your clothing.

Using a Reacher to Pick Up Items

Reacher helps you obtain those items that fall while you are under "no bending" restrictions. Use it as an arm extension to reach to floor.

Using a Sock Aid

Sock aid helps you reach feet without bending. Sit supported in chair and hold sock aid between knees. Slide sock onto plastic cuff making sure to pull toes of sock all way onto sock aid. Hold ropes and drop sock aid down to foot. Place foot into cuff and pull up on ropes as you point toes down until sock is on foot. Let go of one rope and pull cuff back onto your lap to don other sock.



Removing a Sock with the Reacher

Use black hook on reacher to push sock over back of heel. You continue pushing sock completely off foot or use jaw of reacher to pull sock completely off foot.

Body Mechanics

This section will give general tips on how to practice and adapt safe body mechanics to everyday work activities. There is **not** only one correct way to do a task. It depends on your abilities. You may need to alter ways of moving based on your strength, flexibility, pain level, and/or other medical conditions. Check with surgeon or physical therapist for details.

Standing

- Do not lock knees. Slightly bent knee takes stress off lower back.
- Wear shoes that support feet. Helps to align spine.
- If you stand for long periods of time, raise one foot up slightly on a step or inside frame of cabinet. Resting foot on low shelf or stool can help reduce pressure and constant forces placed on spine. Shift feet often.
- While standing, keep shoulders back so they do not roll forward.
- Keep back as upright as possible; keep head and shoulders aligned with hips.

Bending

- Bend at knees and hips instead of at waist/back. Keep chest and shoulders upright, centered over hips. This maintains the three natural spinal curves, and keeps stress off back.
- Hold objects close to body to limit strain on back.
- Do not bend over with legs straight. This motion puts great pressure on lower back and can cause serious injury.

Turning

- Think of upper body as one straight unit, from shoulders to buttocks.
- Turn with feet, not back or knees. Point feet in direction you want to go. Step around and turn. Maintain the spine's three curves.
- Do not keep feet and hips fixed in one position, and do not twist from back. Joints in back are not designed for twisting; this kind of motion increases risk of injuring discs and joints.

Lifting

- Lift body and load at same time. Let legs do most of lifting.
- Squat to pick up heavy object and let leg muscles do work. Hold heavy objects close to body to keep back aligned. Lift objects only to chest height.
- Do not bend over at waist to lift anything or twist while lifting. Avoid trying to lift above shoulder level.

Kneeling Lift

- With awkward objects, kneel and move object onto one knee.
- Bring it close to body and stand up.

Lifting Object from Floor

- Stand with box between feet, grasping both handles while squatting. Keeping back straight, extend knees, and lift box.
- Return to original position in same manner.

Reaching

- Store commonly used items between shoulder and hip level.
- Get close to the item. Use a stool or special reaching tool, if you need to.
- Tighten your abdominal muscles to support your back. Use the muscles in arms and legs (not back) to lift item.

Reaching Out

- When getting objects that are low, but not low enough to kneel or squat, brace yourself by placing hand on fixed object such as counter.

Twisting

- Avoid twisting trunk to reach things.
- Step in direction of object you are trying to reach.

Pushing vs. Pulling

- Push rather than pull large or heavy objects.
- Make sure to lower hips and keep back stabilized by tightening abdominal muscles.

Moving Objects

- Keep elbows close at sides and use total body weight and legs to push or pull.

Help Around the House Once Cleared by Your Physician

(these activities are discouraged immediately post-op)

Household Chores
Making Bed • Do not bend over too far when making bed. • Try to move sheet to corners and kneel or squat to pull them around mattress.
Dusting • Use dusting implements that reach distances so you do not have to reach far or lean head backward.
Cleaning • To clean overhead or tall objects, use step stool so you do not have to overreach.
Wiping Lower Surfaces • When wiping or dusting low objects, do not bend lower back. • Try to kneel or squat next to object.
Sweeping/Mopping • Use full length of broom to sweep. • Do not hold broom handle close to floor. • Try to keep spine as straight as possible. • Sweep with motion coming from hips instead of shoulders. • Do not get down on knees to scrub floors, instead use a mop.
Laundry - Loading Washer • Place laundry basket so bending and twisting can be avoided. • Place basket on top of washer or dryer instead of bending down with back.
Laundry - Unloading Washer • To unload small items at bottom of washer, lift up one leg when reaching down into washer. • Do not bend at waist to reach into washer when loading/unloading.
Laundry - Unloading Dryer • Do not bend at lower back when removing laundry from dryer. • Set basket on floor and squat/kneel next to basket when unloading dryer or front-load washer. • Try "golfer's bend" to unload washer/dryer by supporting with one hand on unit and holding opposite leg straight out as you bend forward. This allows you to keep back straight and take some pressure off back with arm supporting you.
Lifting Laundry • Pick up laundry basket by squatting near it. Do not bend over to lift.

Household Chores

Ironing

- While ironing, keep ironing board waist level to avoid leaning forward at back.

Kitchen

- Do NOT get on knees to scrub floors. Use mop and long-handled brushes.
- Plan ahead! Gather all cooking supplies at one time. Sit to prepare meal.
- Place frequently-used cooking supplies and utensils where they can be reached without much bending or stretching.
- To provide better working height, use high stool or put cushions on chair when preparing meals.
- Bend at knees and hips to get things out of lower portion of refrigerator. It is better to squat or kneel instead of bending.
- To get objects out of dishwasher, squat or kneel down by door.
- Try sitting on swiveling office chair to unload dishwasher. Place items up onto counter by pivoting around with feet. Then stand and put items into cupboard.

Bathroom

- Do NOT get on knees to scrub bathtub. Use mop or other long-handled brushes.
- ALWAYS use non-slip adhesive or rubber mats in tub or "aqua/water shoes."
- Attach soap-on-a-rope so it is within easy reach.
- When reaching under sink, try to move lower by squatting and brace yourself with a fixed object.

Outdoors

Mowing

- When pushing or pulling a mower, do not bend forward.
- Keep your back straight. Bend at knees and hips. Push or pull with legs.

Raking

- When raking, keep back straight by bending at hip.
- Rake close to body using arms and shifting legs to perform rake motion.
- Take frequent breaks.

Shoveling

- Grab shovel close to end.
- Shovel by leaning forward and shifting weight.
- Use your legs, not your back.

Digging

- When digging, place blade end into soil with handle straight up and down.
- Step on top of blade then step off and angle shovel upward.

Planting

- When weeding or planting, do not bend over from standing position.
- Kneel or squat in area you are working. It is recommended you maintain squat position for only short period of time since this places stress on knees.
- Can also sit on chair or stool to reduce stress on knees instead of kneeling.

Personal

Shaving

- Stay upright with one foot on ledge of cabinet under sink.

Showering

- When showering, try not to let head bend forward or backward (i.e., when washing hair). Squat down with knees or use tub bench and/or hand-held shower spout so neck remains straight.

Brushing Teeth

- While brushing teeth, stand up straight and keep knee bent with foot on cabinet lip.
- To avoid bending forward, spit into cup and use cup for rinsing mouth with water. Support back by leaning one arm on sink/counter as you spit into sink. Bend at knees, not back.

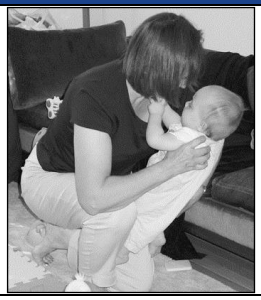
Carrying Luggage

- Carry bags on both sides of body instead of one. Try to keep weight equal on both sides.

Children

Lift from Floor

- Do not bend over at back to pick up child. Instead, squat down, bring child close to chest and lift with legs.



In/Out of Car

- When placing infant or child in car seat, always support yourself. Place knee on seat of car to unload the stress placed on back. Never bend over at waist.

Holding Child

- To maintain good posture and decrease stress on back, hold baby/child to center of body, not propped on hip.

Children

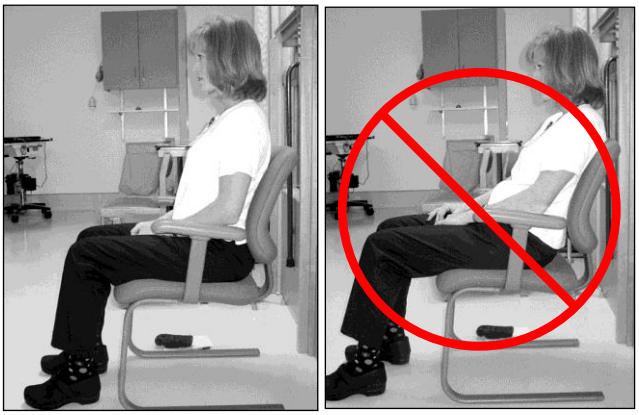
Carrying Child

- Hold baby by cradling in arms.
- Keep baby close to body.
- Keep baby's head as upright as possible.

Work

Sitting

- Sit in chairs that support back. Keep ears in line with hips. If needed, support lumbar curve with rolled-up towel or lumbar roll.
- Knees should be level with hips. Feet should be well supported on floor to support spine. If needed, place feet up on footrest.
- Do not slouch. This puts back out of alignment and adds extra stress to lumbar curve. Do not sit too far away from steering wheel when you drive.
- Keep your shoulders back and head centered over hips.
- Do not let shoulders roll forward.



Computer Ergonomics

- Keep computer screen at eye level.
- Have lumbar support for chair.
- Armrests need to be placed at level that supports forearms and keeps them at waist level. Forearms should not be pushing up into shoulders.
- Adjust height of chair so keyboard is level with forearms.
- Maintain good upright sitting posture.
- Take frequent standing/rest breaks while working (every 20-30 minutes).

Lower Shelf

- When placing an object on low shelf, always bend down on one knee.
- Use other leg to support.
- Never bend over from waist to place item on shelf.

Overhead Cabinets

- Do not overreach to high positions.
- Step up on stool so overhead objects are lower.

Safety Tips and Avoiding Falls

- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to floor or have non-skid backs.
- Be aware of floor hazards such as pets, small objects, or uneven surfaces.
- Provide good lighting throughout. Install nightlights in bathrooms, bedrooms, and hallways.
- Keep extension cords and telephone cords out of pathways. Do NOT run wires under rugs — this is a fire hazard.
- Do NOT wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sitting in chairs with armrests makes it easier to get up.
- Rise slowly from either sitting or lying position to avoid getting light-headed.
- Do not lift heavy objects for first three months and then only with surgeon's permission.
- Stop and think and always use good judgment.

Dos and Don'ts for Rest of Your Life

Whether you have reached all recommended goals in three months, all spine surgery patients need to participate in a regular exercise program to maintain fitness and strength of muscles around their spine. With both your surgeon and primary care physicians' permission, you should be on a regular exercise program three to four times per week lasting 20-30 minutes. The aim of spine surgery is to return the patient to a full activity level, but conditions leading to spine surgery cannot be completely corrected by even the most successful operation, so certain precautions should be taken.

What to Do in General

- Avoid bending, lifting, and twisting as much as possible. It may be possible to return to strenuous physical activity, including heavy lifting, but discuss this with your surgeon.
- Maintain ideal body weight.
- DO NOT SMOKE!
- Maintain proper posture.
- When traveling, change positions every one to two hours to keep neck and back from tightening up.

Exercise – Do

- Choose low impact activity.
- Home program.
- Regular one- to three-mile walks.
- Home treadmill and/or stationary bike.
- Regular exercise at fitness center.
- Low-impact sports such as gardening, dancing, swimming, etc.
- Consult surgeon or physical therapist about specific sport activities.

Exercise – Don't

- Do not run or engage in high-impact activities or activities that require a lot of starts, stops, turns, and twisting motions.
- Do not participate in high-risk activities, such as contact sports.
- Do not take up new sports requiring strength and agility until you discuss it with surgeon.

Section Four:

Appendix

Glossary

- **Annulus** – Outer rings of rigid fibrous tissue surrounding nucleus in the disc.
- **Anterior** – Relative term indicating front of body.
- **Bone Spur** – Abnormal growth of bone, usually present in degenerative arthritis or degenerative disk disease.
- **Cartilage** – Smooth material that covers bone ends of a joint to cushion bone and allow joint to move easily without pain.
- **Computed Tomography Scan (also called a CT or CAT scan)** – Diagnostic imaging procedure that uses combination of x-rays and computer technology to produce cross-sectional images, both horizontally and vertically, of the body. CT scan shows detailed images of any part of body, including bones, muscles, fat, and organs. CT scans are more detailed than general x-rays.
- **Congenital** – Present at birth.
- **Contusion** – A bruise.
- **Cervical Spine** – Part of spine that is made up of seven vertebrae and forms flexible part of spinal column. Cervical spine is often referred to as the neck.
- **Corticosteriods** – Potent anti-inflammatory hormones that are made naturally in the body or synthetically for use as drugs; most commonly prescribed drug of this type is prednisone.
- **Degenerative Arthritis** – Inflammatory process that causes gradual impairment and loss of use of a joint.
- **Degenerative Disc Dis**ease – Loss of water from discs that reduces elasticity and causes flattening of disks.
- **Disc** – Complex of fibrous and gelatinous connective tissues that separate vertebrae in spine. They act as shock absorbers to limit trauma to bony vertebrae.
- **Discectomy** – Complete or partial removal of ruptured disc.
- **Dura** – Outer covering of spinal cord.
- **Dural Tear** – Laceration or tear of dura that can occur during surgery. Leakage of spinal fluid occurs at this site. Often treated with bed rest for 24-48 hours allowing tear to heal.
- **Facet** – Small plane of bone located on vertebra.
- **Foramina** – Plural form of foramen (a natural opening or passage through a bone).
- **Foraminotomy** – Surgical procedure that removes part or all of foramen. Done for relief of nerve root compression.
- **Fracture** – Break in bone.

- **Fusion** – Surgical procedure that joins or “fuses” two or more vertebrae together to reduce movement at this joint space. As a result, pain is lessened.
- **Herniated Disc** – Abnormal protrusion of soft disc material that may impinge on nerve roots. Also referred to as a ruptured or protruding disc.
- **Inflammation** – Normal reaction to injury or disease which results in swelling, pain, and stiffness.
- **Joint** – Where the ends of two or more bones meet.
- **Lamina** – Bone that lies posterior to the vertebrae.
- **Laminotomy** – Removal of a small portion of lamina.
- **Laminectomy** – Removal of entire lamina.
- **Ligaments** – Flexible band of fibrous tissue that binds joints together and connects various bones.
- **Lumbar Spine** – Portion of spine lying below thoracic spine and above the pelvis. This part of the spine is made up of five vertebrae. Also called the lower back.
- **Magnetic Resonance Imaging (MRI)** – Diagnostic procedure that uses combination of large magnets, radio frequencies, and computer to produce detailed images of organs and structures within body.
- **Myelopathy** – Condition characterized by functional disturbances due to any process affecting the spinal cord.
- **NSAID** – Abbreviation for nosteroidal anti-inflammatory drugs, which do not contain corticosteroids and are used to reduce pain and inflammation; aspirin and ibuprofen are two types of NSAIDs.
- **Nerve Root** – Portion of spinal nerve that lies closest to its origin from the spinal cord.
- **Neuropathy** – Functional disturbance of peripheral nerve.
- **Nucleus Pulposis or Nucleus** – Relatively soft center of disc that is protected by rigid fibrous outer rings.
- **Osteoporosis** – Condition that develops when bone is no longer replaced as quickly as it is removed.
- **Osteophyte** – Bony outgrowth.
- **Pain** – Unpleasant sensory or emotional experience primarily associated with tissue damage.
- **Pain Threshold** – Least experience of pain that a person can recognize.
- **Pain Tolerance Level** – Greatest level of pain that a person is prepared to tolerate.
- **Paresthesia** – Abnormal touch sensation, such as burning or tingling.
- **Posterior** – Relative term indicating an object is to rear of or behind body.
- **Radiculopathy** – Condition involving nerve root that can be described as numbness, tingling, or pain that travels along course of nerve.
- **Sacral Spine** – Last section of spinal column located below lumbar spine. Made up of several semi-fused pieces of bone.

901 East 18th Street, Tifton, Georgia 31794

- ***Tift Regional Joint Replacement & Spine Center*** is located on Tift Regional Medical Center 2nd Floor

2227 Hwy 41 North, Tifton, Georgia 31794

- ***Pre-Op Class*** is located on the 3rd Floor of the Musculoskeletal building.

1622 Madison Ave, Tifton GA 31794

- ***Dr. Hewatt Sims, MD*** office located in Tifton GA.

- ***Pre-Admission Testing*** is located at the Tift Regional Medical Center 20th Street Lobby.

TIFT REGIONAL
JOINT REPLACEMENT
& SPINE CARE CENTER


Tift Regional Medical Center
(Main Campus)
Telecom
20th Street
20th Street
Lee Avenue
Goff Street
East 24th Street
Central Scheduling
20th Street
20th Street
Pineview Avenue
DIABETES CENTER PATIENT/VISITOR PARKING
Tyson Avenue
Security/ Diabetes Learning Center
Lee Avenue
OUTPATIENT PARKING
Heart Center/Day Surgery Parking
HEART CENTER PATIENT PARKING
SURGEON PARKING
Physicians Center
Physicians Center Parking
PHYSICIAN/ ADMIN PARKING
PHYSICIAN PARKING
ADMIN PARKING
PATIENTS AND VISITORS ONLY PARKING
PATIENTS ONLY PARKING
Lee Avenue
18th Street
18th Street
Old Ocilla Road
PATIENT PARKING
Patient Financial Services
Lee Avenue
Payroll/ Employee Fitness Center
John Orr Drive
18th Street
MIDLEVEL PARKING
MIDLEVEL PARKING
Old Ocilla Road
Greenfield Drive
Madison Avenue
Greenfield Drive
John Orr Drive

Items that you may require after lumbar surgery.

Transfer tub bench

A transfer tub bench is recommended after hip surgery to keep you from bending your hip too much. It is also recommended after your knee surgery if you are unable to step in and out of the tub. A transfer tub bench is an out of pocket expense. It usually costs $60.00 - $75.00, depending on which medical equipment company you prefer.



Shower chair

Shower chair
A shower chair is recommended after knee surgery if you are able to safely step in and out of the tub. A shower chair is an out of pocket expense. It usually costs $40.00 - $45.00, depending on which medical equipment company you prefer.



Grab bars

Grab bars

Grab bars help ensure safety during transfers in and out of the tub and upon standing. These are an out of pocket expense and can be purchased from Lowes, Wal-Mart, etc.

Long handled shower head hose

To provide simplification during rinsing in shower and prevent excessive twisting and loss of balance. Long handled showerheads can be purchased at lowes, k-mart, walmart, & etc. and are $7.00 to 30.00.

Nonskid strips

Non-skid strips are recommended if your tub or shower is slippery. They can be placed in the tub/shower and on the floor outside the tub/shower to help prevent falls.

Bedside commode

A bedside commode is recommended after your knee or hip surgery to provide safety and promote independence in toilet transfers and with toileting tasks. A bedside commode provides increased height with arm rests to make it easier to sit down and stand up. This is USUALLY covered by insurance. (Extra wide models are available but may have an additional cost.)


Extra wide bedside commode

Provides extra room for toileting. Extra wide bedside commodes make have an additional cost.


Toileting aids-

Toileting aid

A toileting aid may be helpful after your surgery if your reach is limited. This is an out of pocket expense that ranges from $8.00 - $30.00 and can be purchased online.



Long handled sponge

To assist washing hard to reach area such as legs, feet, and private areas. Long handled sponges can be found at dolla tree, walmart, & drug stores and range from $1.00 to6.00.

Hip kit- includes reacher, long handled sponge, dressing stick, sock aid, & long handled shoe horn

Hip kits are provided to all patients who have elective hip surgery without cost and include;

Reacher- assist in picking items off of floor and putting underwear and pants on

Long handled sponge- washing legs, feet, and private area if needed

Dressing stick- assist in putting on and taking off underwear, pants, socks, and shirt if needed

Sock aid- assist in putting on socks without bending over

Long handled shoe horn- to assist on putting on shoes

Medication Log

Medication	Dosage (# of pills)	Date	Time	Comments

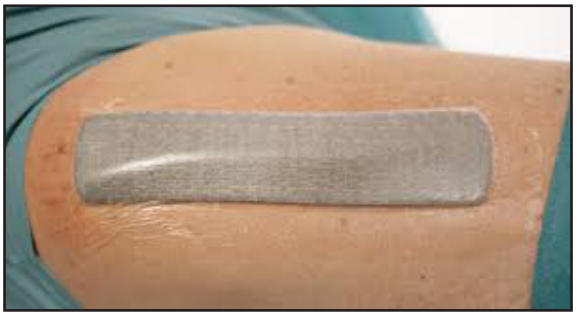
TIFT REGIONAL
JOINT REPLACEMENT
& SPINE CARE CENTER

Going Home with Mepilex Border Wound Dressing

- **Check your dressing every day.**
- **If your wound is draining or is painful,** lift the dressing edges carefully to look at the wound to make sure it is healing properly with no signs of infection.
- Signs of infection include:
  - New drainage, green or yellow or foul smelling from wound/drain site.
  - Increased and spreading redness around wound / drain site.
  - Increased temperature (fever) above 38°C or 101°F.
  - **Call your surgeon/General Practitioner (Family Doctor) if you have signs of infection.**
- If your wound has no signs of infection the dressing can be reapplied, as the border is made of a resealable silicone.
- Mepilex Border dressing can be left in place for up to a **maximum of 7 days** after application.
- **The dressing should be replaced if:**
  - The dressing pad is stained or wet beyond 80% (more than 3/4).
  - Drainage is seeping out into the border edges of the dressing.
  - The wound looks wet and white - like your skin does when it has been in water too long.
- Once drainage from the wound has stopped, the dressing can be peeled back and removed. The wound can then be left open to air even with the staples in.
- When applying ice with this dressing in place, your skin must be protected with a light cloth between the ice or icing device and the skin.

Changing the dressing if required

1. Wash your hands with soap and water.
2. Remove and dispose of old dressing.
3. Cleanse the wound with normal saline and gauze.
4. Open the new Mepilex Border dressing or gauze without touching the side that will be placed on your wound.
5. Place the dressing over the incision. Ensure you get a seal of the edges of the Mepilex Border by molding the entire bandage to your skin with your hands. If using gauze, loosely tape the gauze and do not wrap tape in a circle around the knee/leg.



Example: Mepiliex Dressing

Showering

- Mepilex Border is viral, bacterial and water resistant.
- You may shower with your Mepilex Border Dressing, but before getting into the shower you will need to **ensure the edges around the dressing are secure** by smoothing down the edges of the dressing.
- Mepilex Border dressing is water resistant but not waterproof. You may shower, but do not take a bath, go into pool or hot tub with this dressing.

Purchasing Dressings

- Patients are responsible to purchase additional dressings.
- Mepilex Border Dressings are available at some local pharmacies. Please call pharmacy of your choice to inquire about availability and prices.
- Alternatively, gauze and paper tape may be used.