

Goals of ERAS Patient Class

- Review pre-operative instructions
- Review post-operative instructions
- Review expectations for surgical experience



Why SLMBNI Spine Program?

- ✓ Academic Center
- ✓ Improves Overall Patient Experience
- ✓ Utilizes Procedure Specific Spine Pathways
- ✓ Specialized Multidisciplinary Care Team
- ✓ Speeds Recovery
- ✓ Improves Outcomes & Patient Care



Key Team Members



Kaitlyn Claire Demuth, PA-C











Katie Hammel, BSN RN







What should I do to prepare for my surgery?

Stop blood thinning products – 7 days prior

- Aspirin & aspirin products
- Plavix
- Any non-steroidal anti-inflammatory medications, except Celebrex
 - Examples are: advil, aleve, voltaren, Mobic
- Any herbal supplements
- Vitamins (Vitamin E, C, K, etc)
- Fish Oil

Other blood thinning medications

Eliquis, warfarin, Xarelto

Please ensure you let your surgeon know of any specialized providers you are seeing- you may need a preoperative clearance



^{*}Defer to Primary Care Physician or Cardiologist Recommendations

^{*}Please discuss any plans for rheumatological medications with your rheumatologist and surgeon

What should I do to prepare for my surgery?

• TRANSPORTATION/HELP/SCHEDULE:

- Arrange for a family member or friend to accompany you to the hospital the day of your surgery
- Plan ahead for transportation home the day of your planned discharge
- Arrange for someone to stay with you at least the first few nights once you return home
- Start thinking about who will be helping you at home
 - Medication administration
 - Showering/getting dressed
 - Meals/grocery shopping
 - Household chores
 - Picking up meds/refills from the pharmacy

What should I do to prepare for my surgery?

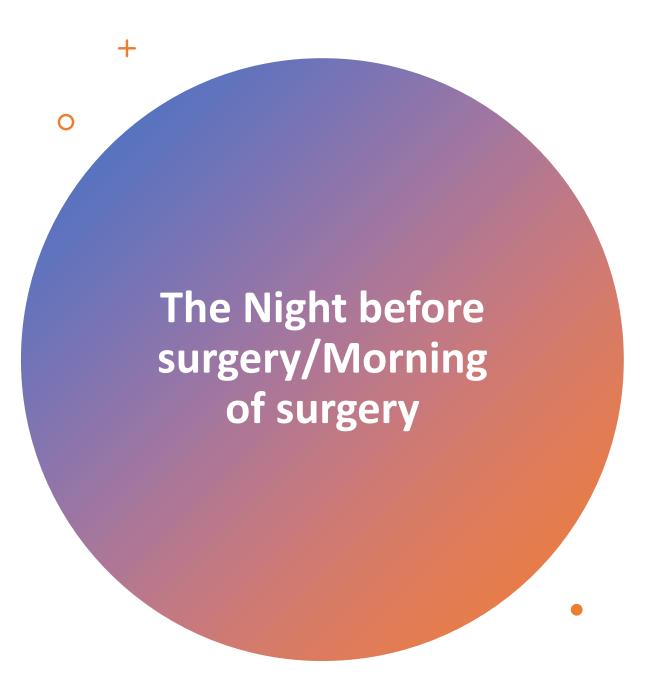
- Remove small throw rugs or other small obstacles that may be in your path.
- If you have pets, you may want to arrange for someone to assist in caring for them for a few days after you return home.
- Hydration and fiber consumption can help with post op constipation- stock up on fiber, fruits/veggies, stool softener & laxative
- Adjust your work/social schedule accordingly during your anticipated recovery time- we complete short term disability/FMLA

When will I find out my surgical time?

- You will receive a confirmation call from your surgeon's nurse 1 week before your surgery
 - Pre-Anesthesia Testing call
- If you do not receive a call, you can call the neurosurgery clinic at (816) 932-2700







• The Night Before Surgery

- Nothing to eat 8 hours prior to arrival time, clear liquids can be consumed up to 2 hours prior to arrival. Please drink a 16-ounce carbohydrate drink (Gatorade) 2 hours prior to arrival time.
- Shower with chlorhexidine/antibacterial soap
- Good night's sleep

The Morning of Surgery

- Shower with the Chlorhexidine soap
- Brush your teeth, but do not chew gum, mints, or candy
- Do not wear make-up, lotions, creams, perfumes, or powder, or nail polish; you may wear deodorant
- Can have sips of water with approved medications (per anesthesia)

What Do I Need to Bring With Me the Day of Surgery?

- Photo ID and insurance card
- Any imaging/study reports and/or surgical clearances you were asked to bring by your surgeon
- Updated med list if there have been any recent changes; <u>Do not bring your home</u> <u>medications unless you have been instructed</u> <u>to do so.</u>
- Hearing aids, glasses, CPAP, toiletries (deodorant, toothbrush, lotion)
- Dress appropriately
 - Loose-fitting pants, with an elastic waist band
 - Shoes with a non-skid sole, that you can easily put on
- Do not bring any valuables (money, jewelry, etc.)

Day of Surgery

- Arrival: park in parking garage A- enter the hospital on the first floor and check in with admitting
- You will be directed to pre op from there (C level in the neuroscience institute)
- Length of surgery- this varies depending on the type of surgery
- Post Anesthesia Care unit (PACU) You will recover in the PACU, we will closely monitor breathing, pain, and vitals
- If you are going home same day- you will have to meet criteria for discharge (stable vitals, pain controlled, walking, empty bladder)
 - Your surgeon will send pain meds to your preferred pharmacy
- If staying in the hospital- you will be transferred to a private room in the Neuro institute (Neuro 2)
 - Inpatient rooms only allow for one overnight visitor

Post Operative Physical Therapy

- Outpatient surgeries: you will likely start physical therapy after your initial follow up visit.
 - Use these slides as a guide for when you go home after surgery
- **Inpatient surgeries:** you will be evaluated by physical therapy and occupational therapy within 24 hours after your surgery.
- The sessions will consist of getting in/out of bed, standing, walking and going up/downstairs
- Friends and family are encouraged to attend your physical therapy session with you, as it is a great to have a motivated activity coach.
- Early mobility is KEY!
- Minimal mobility, such as continually lying in bed due to pain, causes deconditioning, which will prolong pain and your recovery!

Therapy in The Hospital



What to Expect



What to Expect from Physical Therapy and Occupational Therapy

PT and OT will evaluate you following your surgery. They will assess the following:

- Home layout and
- Availability of caregivers
- Barriers to a safe discharge to home
- Physical Therapy:
 - Getting in and out of bed
 - Sitting and standing from a chair
 - Walking
 - Stairs if appropriate
 - Potential need for assistive device
 - Getting in and out of a car
 - Balance
- Occupational Therapy:
 - · Activities of daily living
 - Dressing, bathing, grooming, cooking, housework, toileting, etc.



After Surgery



Post-Operative: Day of Surgery

- Mobility will be initiated by either nursing team or Physical Therapy depending on timing of your surgery and arrival to the unit.
- Attempt activity with assist from staff or family member (if you are home) as able
 - Sit at the edge of the bed
 - Sit up in a chair
 - Walk in room or hallway as appropriate.
- Education regarding spinal precautions and log rolling



Post-Operative Day #1 & 2 (if needed)

- Sit up in a chair for each meal with assist from staff
- Use restroom versus bedside commode as appropriate
- Walk within the room or in hallways with assist from staff
- Continued education regarding spinal precautions and log rolling
- Physical Therapy
 - will add to basic mobility that nursing staff provides
 - Practice stairs as appropriate
 - Determine need for assistive device (i.e. Rolling walker, Cane, etc)
- Occupational Therapy consultation, as appropriate
 - Determine need for assistive device (i.e. Reacher, shoe horn, sock aid, etc)
- If you are at home- ensure frequent ambulation/repositioning throughout your day. Get up and move every hour, aim for at least 30 minutes walking a day.



Spinal Precautions



Precautions

- Therapists will emphasize the pneumonic "No BLT"
 - Avoid repetitive Bending
 - Avoid Lifting >10lbs unless otherwise instructed by surgeon
 - Avoid Twisting at trunk, utilize log roll technique

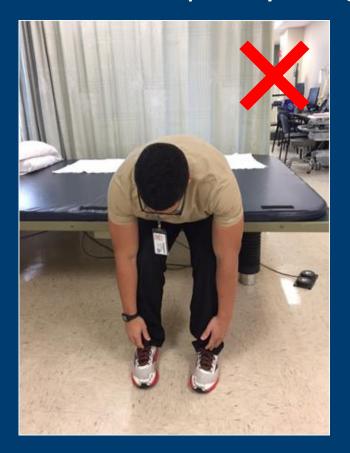


Bending

Correct: Rather, bring your foot to your body to put on your shoes and socks. This will avoid excessive bending.



Wrong: Avoid full bending through the spine. Avoid a fully rounded out back to protect your surgery.



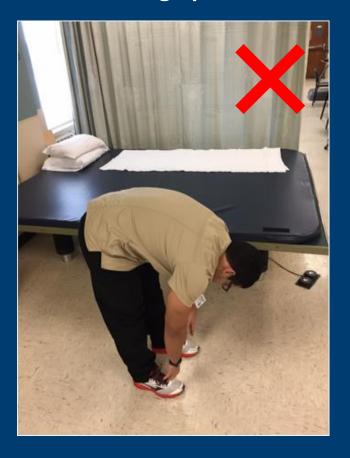


Bending and Lifting

Correct: Kneeling or using the golfer's lift, is a better option for reaching down to the floor.



Wrong: Do not bend through the back if you need to lift something up off of the floor.





Lifting



Do no lift anything greater than 10 pounds, until cleared by your surgeon

Approximate weights:

- •1 gallon of milk ≈ 8 pounds
- •12" stainless steel skillet ≈ 6 pounds
- •2 liter bottle of soda/water ≈ 4 pounds



Pack grocery bags light



Use a rolling bag or cart; ask for help with loading/unloading



Do not lift overhead

Place frequent used items at arms reach prior to surgery.

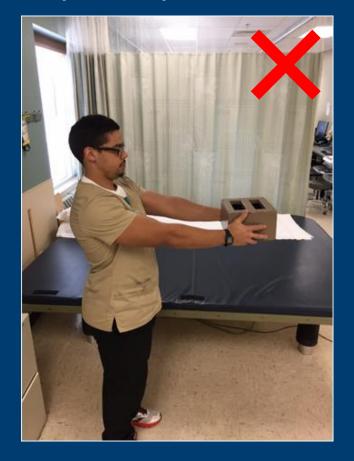


Lifting and Carrying

Correct: Only carry light objects and always keep them close to your body.



Wrong: Avoid carrying objects that are held away from your body.





Twisting



- Move your feet instead of twisting at your waist
- Turn your hips and shoulders together
- Take short steps around turns
- Imagine rods connecting your shoulders and your hips so that your whole body turns together
 - Turn your whole body to look behind you
 - Log roll when getting out of bed
 - Turn full body when getting out of the car, rather than just swinging your legs out



Getting out of Bed: Log Rolling

- Bend both knees, keep feet flat on bed
- Look in the direction you will roll and reach toward the edge of the bed
- Slowly roll onto your side with shoulders, hips, knees moving at the same time







- Bring legs off the side of the bed
- Push your torso up with your arms to come to sitting position at edge of bed
- Avoid low beds if able



Getting In and Out of the Car

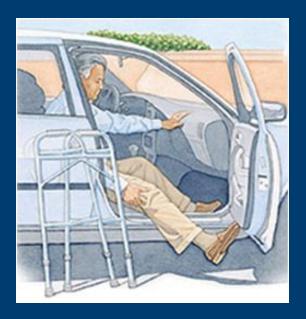
Sit Down

- •Back up to the car seat.
- •Hold on to the side of the car or the dashboard for support.
- •Lower yourself slowly onto the seat edge. Watch your head.



Bring your legs into the car

- •Slide back to the center of the seat.
- •Lift your legs one at a time into the car.





Proper Sitting

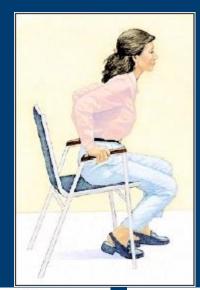
- Do not sit for longer than 30 minutes without changing positions
- Keep your feet flat. Don't cross your legs.
- Make sure your back and your legs are supported.
- Use a foot stool if needed.
- Support your arms.
- Avoid slouching or slumping.
- Avoid very soft or plush chairs and couches.





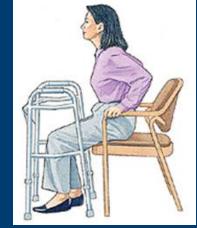
Sitting Down











- Follow these steps to sit down. Reverse them to get back up.
- Make sure the chair is behind you.
- Place one foot slightly behind the other.
- Tighten your stomach muscles. Bend forward from the hips, keeping your back straight.
- Hold the armrests or sides of the seat for support.
- Bend your knees. Use your leg muscles to lower yourself onto the seat.
- Scoot back in the seat until you are comfortable.

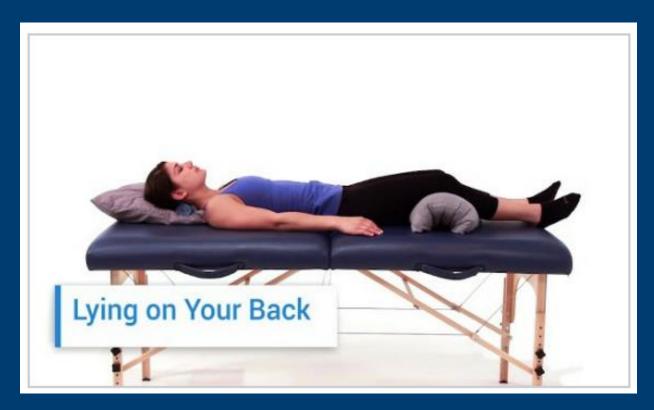


Sleeping Positions



On Your Back

- Pillow for head
- Pillow(s) under knees to relive pressure on your low back





Side-Lying

- Pillow between your knees
- Pillow in front to hug/support arm





Inpatient Care Pathways



Clinical Pathway for Post-Operative Spinal Surgery:

COMPLEX SPINAL SURGERY

Inpatient Care Pathways

- To facilitate a safe transition from surgery and in preparation for return to your home environment, we have developed daily goals for each day you are in the hospital.
- These goals include working with therapy (mobility), pulmonary function (incentive spirometer), bowel care (chewing gum), and transitioning diet and pain medication.
- Goal to reduce your risk and prevent post op complications (pneumonia, blood clots, constipation, etc.)



Inpatient Care Pathways

If you go home day of surgery, you can still use this as a guide to ensure you are accomplishing goals at home.

Areas of focus at home**ambulation, pain control, wound care, bowel & bladder**

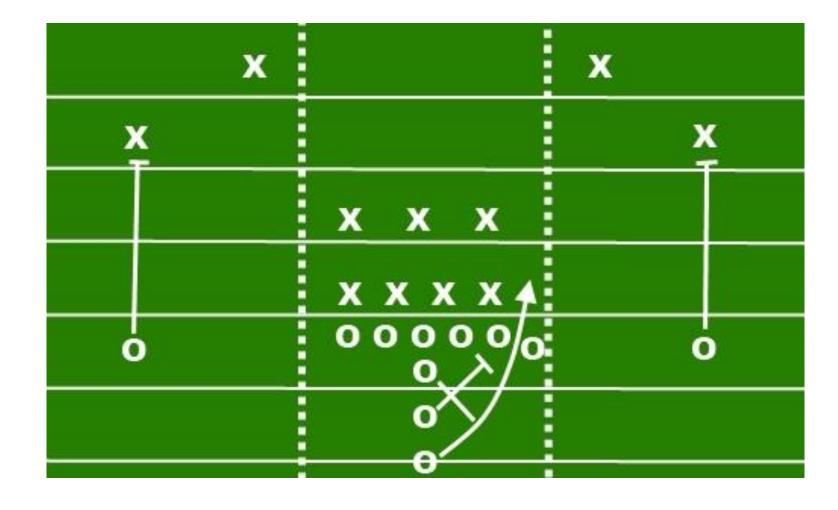
MY SPINE SURGERY RECOVERY PATHWAY (Intermediate Pathway)

Expected length of stay 2-4 days



Day of Surgery	Post op Day #1	Post op day #2-3	Day of Discharge
☐ Transferred to inpatient hospital bed	☐ I have been out of bed for meals, and I am ambulating with nursing and therapy.	☐ My pain is tolerable with oral pain medication.	☐ Safe discharge planning has been discussed & determined by myself and my care team.
☐ I am tolerating clear liquids, advance diet as tolerated.	☐ I can tolerate regular food and liquids without nausea.	☐ I am not needing any supplemental oxygen.	☐ My pain is well managed with current pain medication.
☐ I have been out of bed and walked to the restroom and/or sat in the chair.	☐ I am not experiencing any urinary retention.	☐ I am passing gas and understand to monitor for constipation.	☐ I understand the use of new medications that have been prescribed.
☐ I have been able to urinate after surgery.	My pain is tolerable with scheduled and as needed medication- this may require oral and IV pain medication.	☐ I have been out of bed for meals and have walked the hall 3 times today with nursing and/or therapy.	□ I understand my bending/lifting twisting restrictions. □ Follow up plan has been clearly
☐ Gum and Incentive spirometer at bedside & I understand use.	☐ Incentive spirometer goals are met	☐ If I have a drain, this has been removed <u>or</u> maintained per my surgeon's preference.	discussed. All questions and concerns have been answered at this time.
USE THIS AS A GUIDE TO BETTER UNDERSTAND WHAT IS EXPECTED DURING YOUR HOSPITALIZATION		☐ Post op x-rays complete (if applicable).	uns unie.

Your Inpatient Team



Inpatient Stay

- During your inpatient stay, you will meet our team of advanced practice providers (physician assistants or nurse practitioners), nurses, nursing assistants, and therapists will care for you.
- Your surgeon will direct your care during the acute care phase of your recovery. One of our advanced practice providers will see and examine you each day that you are in the hospital and keep your surgeon updated on how you are progressing.
- Licensed social worker or care coordinator will work with you during your hospital stay to develop a
 plan for discharge and transition to home or another level of care
 - o They will be able to answer questions about insurance coverage, medical equipment, and transportation
 - o Any durable medical equipment (DME) that you may need will be arranged upon discharge from the hospital
 - Some common DME that may be helpful during your recovery are a shower chair, cane, walker, toilet lift, bedside commode, reachers, and grabbers



Discharge Planning

- The next level of care will depend on several factors:
 - Therapy recommendations
 - Insurance coverage
 - Availability of service
 - Geographic preference



Discharge Disposition

- Following your stay at SLMBNI, you may be discharged to one of the following:
 - Home or self-care
 - Home with home health services.
 - Skilled nursing facility (SNF)
 - Acute care rehabilitation facility
- Hospital in your Home- you are considered admitted to the hospital, but at home!
 - To qualify, you must live within a 25 mile radius from one of the Saint Luke's hospitals
 - Insurance must accept





Outpatient Therapy

- Approximately 2-3 times per week for about 4-6 weeks
- Will require transportation if still taking narcotic
- It must be approved by your insurance
- Can send referral to any PT location
- Typically starts after your initial follow up appointment with your surgeon

Post-op Recovery

- Anterior cervical discectomy and fusion- may have some difficulties swallowing post op
- No bending, lifting, twisting, pulling, or pushing
 10 pounds for at least 6 weeks
- You will have BLT restrictions for 6-12 weeks post op
- Please be patient with your healing processrecovery time is at least 12 weeks
- No strenuous activity
- Walking and light activity is ok—at least 3 times a day
- If you were given a brace in the hospital, you should continue to wear the brace when you are out of bed until cleared by your surgeon

Post Op Pain

- Pain is expected post operatively: surgical pain, leg pain, muscle spasms
- Prior to surgery radiating pain/sensation may fluctuate as you are healing
 - It is normal to feel similar and/or slightly different sensation, pain post op as those nerves are irritated and healing
- The goal is that the pain regimen takes the edge off, we do not expect you to be completely pain free during your recovery period
- Pain regimen consists of a narcotic (oxycodone, hydrocodone), muscle relaxant, Tylenol, and ice.
- Walking and repositioning will also help reduce your pain!
- Pain may increase post op day 2-3 as inflammation sets in, anesthesia wears off, etc.
- Pain regimen can be individualized to you and your post op recovery if needed.
- We will prescribe pain medication up to 6 weeks post op if needed

Post-Operative Medications

- Please take medication as prescribed and do not increase the frequency of the medication unless instructed by your physician
- We will send pain medications to your desired pharmacy before you are discharged
- If you were taking Aspirin, Coumadin, Plavix, Xarelto, or any other blood thinner or anti-platelet agent prior to surgery, please discuss the date in which you should restart the medication with your surgical team
- Fusion patients should avoid taking non-steroidal anti-inflammatory medications (NSAIDs) until cleared to do so by your surgeon (3-6 months)



Wound Care

- Avoid direct sun exposure to your incision
 - Remove outer bandage and shower post op day #3
 - No tub baths or swimming for 6 weeks after surgery
 - Keep wound/incision clean & dry
 - Clean wound with mild soap and water only
 - Do not rub the wound/incision; simply pat dry
 - Do not apply any ointments or creams to the incision, unless instructed to do so by your surgical team
 - There is no need for additional dressings unless instructed prior to discharge
 - You may go home with a drain—please ensure you understands drain instructions prior to discharge



Wound Care





When to Call the Clinic

IF you experience the following:

- Signs of infection: Fever above 101.5, Increased drainage of clear fluid or pus, redness, or swelling, warmth around the incision
- Pain not controlled by pain medication
- Confusion or disorientation
- Chills, nausea, or vomiting
- Signs of medication withdrawal
 - Irritability
 - Agitation
 - Seizures



Clinic Follow up

- You will follow up with our office per your surgeon's preference
- Follow up can be anywhere from 1 week post op 6 weeks post op
- Please ensure your follow up appointment has been scheduled prior to leaving the hospital after surgery
- If you have had a spinal fusion: you may need an x-ray prior to your initial follow up appointment



Travel after Surgery

- DO NOT drive until you are no longer taking narcotic pain medication- you may need to plan for transportation to follow up appointments
- Avoid long car rides; if you have a road trip plannedstop and walk every hour
- It is ok to fly after surgery, as long as you maintain your restrictions of no bending, lifting, and twisting



Reminders for your Upcoming Surgery

- Make sure you understand what medications you are holding prior to surgery-blood thinners, NSAIDS, supplements, etc.
- Find your support system, determine a plan for assistance after surgery!
- Pack a bag if you are staying in the hospital.
- Bring your walker! No valuables.
- Ask questions along the way if you need clarification on goals and plan of care.
- Early mobilization is key to your recovery!!



Contacting our Clinic

For routine & procedure specific questions or concerns, please contact the clinic during business hours (Monday-Friday, 8:00am – 5:00pm) at **(816) 932-2700** or by MyChart for non urgent needs.

After hours, weekends, & holidays we are still available- call our clinic number above & get connected with the surgeon on call.

Katie BSN RN
Spine Program Manager
816-932-9869





Evaluation for "Spine Surgery What to Expect" class.





