BJC Health Saint Luke's

Spine Surgery Guidebook

Saint Luke's Marion Bloch Neuroscience Institute

Contents

Thank you for choosing Saint Luke's Hospital of Kansas City's Spine Surgery Program to help you get back to the life you love.

We are committed to providing you with the best health care experience by combining clinical excellence and patient-centered care that will get you back to your normal activity level as quickly as possible.

We strongly believe that you, as a patient, play a key role in ensuring a successful recovery. Our goal is to empower you with the necessary knowledge and involve you in your treatment plan at each step of your recovery. This guidebook is designed to provide you with the information needed to help you and your loved ones navigate the spine surgery process before, during, and after surgery.

Thank you for trusting Saint Luke's with your spine care. We look forward to serving you.

Your Surgery

Important contact information
Saint Luke's Neurosurgery Clinic: 816-932-2700
Spine Nurse Navigator: 816-932-2103

Surgery Date: _____

Surgery Time: _____

You will receive a call one week prior to surgery with check-in and surgery start time(s).

Surgery Location: _____

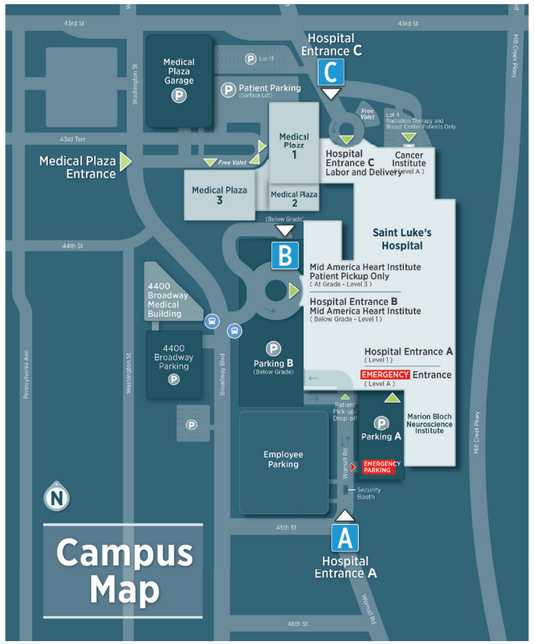
Saint Luke's Marion Bloch Neuroscience Institute
4401 Wornall Road
Kansas City, MO 64111

South side of campus. Follow signs to entrance A, and park in parking garage A (second entrance on the right, after security booth). Enter the hospital on level 1 and check in with registration.

Saint Luke's East Hospital
100 NE Saint Luke's Blvd.
Lee's Summit, MO 64086

Enter through main entrance, located in the middle of the horseshoe complex. Park in the large parking lot in front of the main entrance. Registration will be to the left once you enter the hospital.

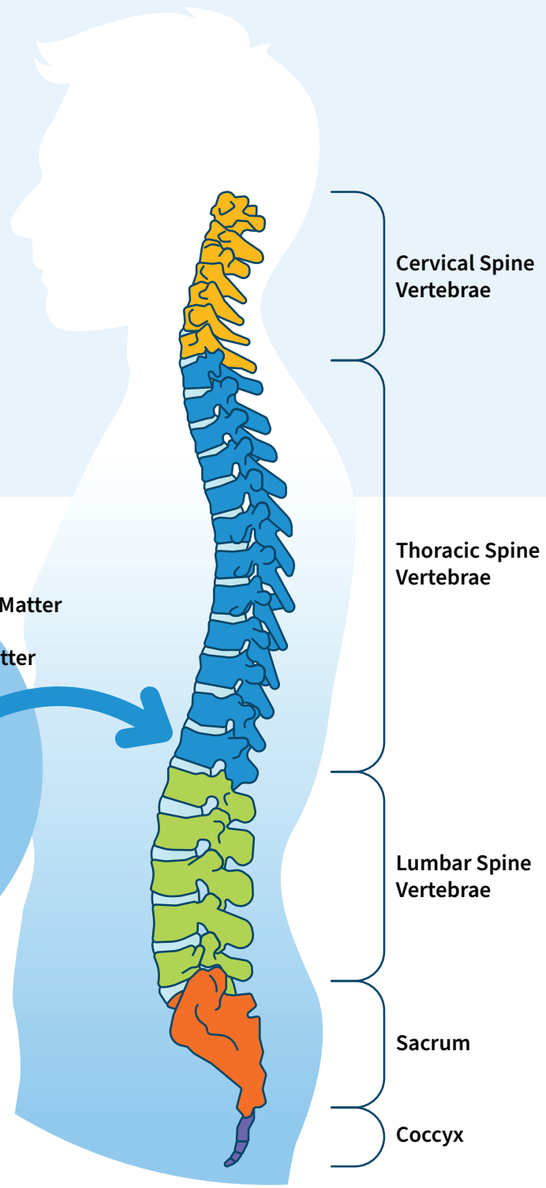
For directional assistance, call 816-932-5858.



We are offering a Spine Surgery Pre-Op Class to review how to best prepare for surgery and help you fully understand what to expect during your surgical process and recovery. Please call our office if you would like assistance with signing up for the pre-op class, which is offered in person and virtually.

Get to Know Your Spine

- **The spine is made of bones (vertebrae) and soft pads of tissue (disks).**
- **A healthy spine supports the body while letting it move freely. It does this with the help of 3 natural curves and strong, flexible muscles.**
- **The spinal column is made up of 7 vertebrae in the cervical spine, 12 vertebrae in the thoracic spine, 5 vertebrae in the lumbar spine, and 5 fused vertebrae in the sacral spine.**
- **When properly aligned, the 3 curves created from the cervical, thoracic, and lumbar spine help keep your body balanced.**



Common Surgery Procedures

Spinal fusions

A spinal fusion is a surgical procedure that is used to "weld or lock" together two or more vertebrae to stop painful motion, correct scoliosis, or relieve pinched nerves. Your surgeon will use screws, rods, and an interbody graft to fuse the targeted area in your spine.

Types of spinal fusion surgery

The level of a spinal fusion will depend on the location of your pain:

- The neck (cervical fusion)
- The midback (thoracic fusion)
- The lower back (lumbar fusion)

Anterior or posterior cervical decompression and fusion

- In an anterior cervical fusion, a herniated or degenerative vertebral disk in your neck will be removed and replaced with a bone graft. This can relieve painful pressure on spinal nerves.
- In a posterior cervical fusion, the spinous process and lamina will be removed to give your spinal cord and nerves more space.

Anterior or posterior lumbar fusion

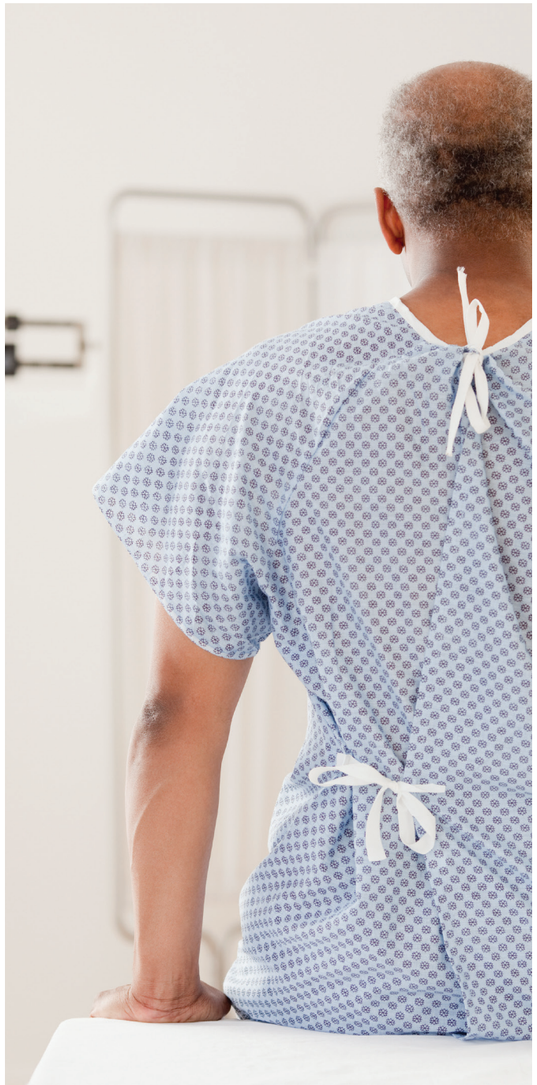
- This surgery is used to treat back and/or leg pain caused by degenerative disk disease, injury, scoliosis, unstable spine, etc. Your surgeon will stabilize the spine by fusing vertebrae together with bone graft material.
- This surgery can be done from the front (anterior) or back (posterior) of your body.
- If you are having an anterior lumbar fusion, you will also meet with vascular surgery prior to your surgery. You will have a slightly different postoperative plan so please ensure you understand this prior to your surgery.

Discectomy

- This surgery is designed to relieve pain caused by a herniated disk pressing on the nerve roots. This is usually performed on an outpatient basis, which allows the patient to leave the hospital same day.

Laminectomy and foraminotomy

- This procedure relieves pressure on the nerve roots in the spine. It is most commonly performed to relieve the pain from stenosis. This is a narrowing of the spinal canal that is often caused by the formation of bony growths that can press against the nerve roots. The surgeon may treat one or more vertebrae.



Preoperative Guide

Enhance your postoperative healing by taking steps before surgery

Stop smoking

- Stop smoking and using any nicotine products 6 weeks prior to surgery. Most insurance companies will require you to stop smoking prior to approving your surgery.
- Smoking can put additional stress on your body and lead to delayed wound healing after surgery.
- Please contact your primary care provider if you need assistance with smoking cessation.

Manage weight

- It is important to maintain a healthy weight before and after surgery.
- Your surgeon may recommend weight improvement prior to surgery.
- Being overweight or underweight can lead to complications post-surgery. Complications include difficulties with pain, blood clots, blood loss, increased risk for needing additional surgeries, etc.
- Notify your surgeon if you are interested in discussing resources for weight management.

Nutrition

- Nutritional health plays an important role in postoperative healing.
- It is important to understand a diet that can help your body heal and gain strength.
- Additional protein and supplemental Vitamin C and D can aid in healing.
- Foods high in fiber (vegetables, grains, fruits, etc.) can help to avoid constipation after surgery.
- It is also very important to stay hydrated.

Pre-surgery appointments/clearances

- Specialized appointments and testing may be requested by your surgeon prior to surgery.
- Cardiology: If you have heart problems or are currently taking a blood thinning medication (Plavix®, Eliquis®, Xarelto®, aspirin, Coumadin®), your surgeon will request clearance from your cardiologist.
- Pulmonology: If you are seeing a pulmonologist for any lung-related problems (COPD, asthma), your surgeon will request clearance from your pulmonologist.
- Primary care provider: Your surgeon may request clearance from your primary care provider.
- Prior to surgery, if you experience any new heart, lung, or heath-related issues, please notify your surgeon.
- Your surgeon may require labs within 30 days of your surgery.

Preanesthesia testing

- One week prior to surgery, you will receive a call from a preanesthesia testing nurse. You will discuss medications, and medical and surgical history.
- During this phone call, you will discuss what medications you need to stop taking on the morning of surgery and which ones you may continue.
- Any medications approved for you to take the morning of surgery can be taken with a sip of water.
- Additional lab draws or diagnostic testing may be recommended the morning of surgery.

Reminder: You will receive a call one week prior to surgery to receive your check-in and surgery start time(s).

Tips for Preparing for Surgery

At-home preparation

It is important to prepare your home and prepare for care after surgery. To help reduce your risk of falls and/or injury after surgery:

- Remove throw rugs, cords, and clutter from floor or stairs.
- Keep floors and stairs free of clutter and cords.
- Arrange furniture so there are clear pathways.
- Place all items you may need within reach.
- Arrange assistance with household activities: vacuuming, pet care, lawn care, laundry, etc.

Bathrooms

- Grab bars can be installed in tub or shower (this is not required).
- Apply a nonskid rubber mat in the tub or shower.
- Use shower chair if needed.

Arrange for help

- Depending on the type of surgery, the level of assistance you will require may vary. We recommend having a family member or friend stay with you for at least one week after surgery.
- A family member or friend is beneficial to help with cooking and cleaning.
  - Pre-plan meals
  - Keep in mind laundry, unloading the dishwasher, and vacuuming become difficult with postoperative spinal precautions.
- Help caring for your pet.
  - Avoid walking dogs on a leash, cleaning up after your pet, and refreshing dog bowls.

Kansas City-area hotels that offer prorated rates for patients:

- AC Marriott
- Hampton Inn

Insurance and surgery scheduling

- Our insurance authorization team will obtain pre-authorization for your surgery.
- It is important for you to call your insurance company as well to understand your benefits.
- For questions regarding your deductible or how much your insurance will pay, please contact your insurance company.
- Our authorization specialists may contact you via telephone with questions or additional information.

Family and Medical Leave Act (FMLA)/ Short-term disability (STD)

If you are scheduled for surgery, please notify our office if you are needing FMLA or short-term disability paperwork completed.

- Paperwork can be faxed to our office or sent in via the patient portal.
  Neurosurgery clinic fax: 816-932-2705
- Please allow for 7–10 business days for our office to complete your paperwork.
- We do not complete long-term disability requests.

Medication holds

Please stop all NSAIDs, vitamins, and supplements one week prior to surgery.

Commonly used NSAIDS:

- Ibuprofen (Advil®, Motrin®)
- Diclofenac (Voltaren®)
- Naproxen (Aleve®)
- Ketorolac (Toradol®)
- Celecoxib (Celebrex®)
- BC Powder®
- Meloxicam (Mobic®)

Please notify your surgeon if you are taking any blood-thinning medications.

Common blood-thinning medications:

- Aspirin
- Clopidogrel (Plavix®)
- Warfarin (Coumadin®)
- Apixaban (Eliquis®)
- Rivaroxaban (Xarelto®)
- Ticagrelor (Brilinta®)

Stop the use of diet pills, GLP-1 injections, and herbal or natural supplements.

Please notify your surgeon if you are taking any oral steroids or immunosuppressants (methotrexate, prednisone, Plaquenil®, azathioprine).

You may be asked to stop any blood thinning, steroid, or immunosuppressant medications with permission from your prescribing provider. Our office will work with your providers to determine appropriate medication hold.

Bathing

Bathe with chlorhexidine or antibacterial soap for five consecutive days prior to surgery, the fifth day being the morning of surgery. Target the surgical site and surrounding skin. You do not need to wash your face or genitals with the chlorhexidine soap.

This is important to reduce your risk of postoperative infection.

Fasting instructions

- Nothing to eat 8 hours prior to your arrival time.
- You can have clear liquids up to 2 hours prior to your arrival time.
- Please drink 20 oz. of a carbohydrate drink (Gatorade®, Powerade®, etc.) 2 hours prior to arrival time (any color but red).

Day of Surgery

- You can brush your teeth. No chewing gum, cough drops, or mints within 8 hours of arrival time.
- Shower with chlorhexidine (CHG) or antibacterial soap the morning of surgery.
- Do NOT wear any perfume, lotions, creams, deodorant, make up, etc. No artificial nails.
- Wear comfortable, loose-fitting clothing. Remove any piercings.
- Please bring your ID, insurance card, and form of payment (our billing department will notify you ahead of time with amount needed at the time of surgery). Do NOT bring any valuables to the hospital.
- Please bring a list of your current medications: name, dose, frequency, and the last time you took the medication.
  - Please do not physically bring any of your medications to the hospital.
- If you wear a CPAP for sleep apnea, please bring your own device to the hospital.
- Arrive at your scheduled arrival time. Check in with admitting.

Preoperative

- You will meet with your surgeon, advanced practice provider, and an anesthesiologist the morning of surgery.
- The care team will obtain vital signs, labs, and surgical consent and will insert your IV.
- MRSA decolonization: Your pre-op nurse will swab the inside of both of your nostrils with iodine-povidone for nasal decolonization of MRSA.
- **Intraoperative Neurophysiological Monitoring (IONM)** is a tool that may be utilized during your surgery but is not necessary for all surgeries. If your surgeon decides to use this, you will meet with the IOM technologist to discuss the procedure and place electrodes on your wrist and ankles. This procedure is used to monitor your brain, spinal cord, and nerves while the surgeon works in and around those sensitive areas. During your procedure, small acupuncture-like needles may be used on your legs, arms, trunk, and scalp. When you wake up you may see a small amount of blood or minor bruising in these areas.
- During surgery, your loved ones will wait in the surgical waiting room. Your surgeon will speak with you and your family/caregiver after surgery.

After Surgery

You will recover in the postanesthesia care unit for about two hours. There, you will begin taking sips of liquids and receive pain medications. Vital signs will be monitored. Visitation may be limited as you are waking up.

- If you are discharging home on the day of surgery, your pain will need to be controlled with oral medications; you will need to empty your bladder fully and be able to move safely.
- If you are staying the night, you will be transferred to a hospital room in the Neuroscience Institute.
- You are allowed to have visitors while you are in the hospital. One visitor may stay the night.

Postoperative pain management

We will ask your pain level from 1 to 10, 10 being the worst pain you could ever imagine. This will help us determine the best method to treat your pain and to help keep track of any improving or worsening pain.

You will be started on a multimodal pain regimen, this includes:

- Tylenol 1000mg every 8 hours (do not exceed 3,000mg in 24 hours)
- Narcotic pain medication such as oxycodone or hydrocodone
- Muscle relaxant
- An IV narcotic pain medication will be ordered that can provide quick pain relief

The oral and IV narcotic pain medication will be an as-needed (PRN) medication that you will need to ask for when you feel your pain rising.

- It is important to understand the multimodal pain regimen and discuss the difference between scheduled and as-needed medications with your nurse.

Other ways to manage pain: mobilization, ice, and repositioning.

Notify your surgeon, APP, or nurse if you feel your pain regimen is not adequately managing your pain. We do not expect you to be completely pain free after surgery. Our goal is for the pain medication to keep you comfortable.

What pain should I expect?

Incisional pain

Consistent pain surrounding the surgical site.

Muscular pain

Pain that comes and goes; may be sharp and spastic in nature.

Spasms

You may feel some muscle spasms or tightness surrounding the surgery site that move into your surrounding muscles or extremities.

- You can use heat on radiating pain. Do NOT apply heat to the incision.

Postoperatively, you will likely feel fluctuations of your preoperative pain, numbness, or tingling. This is normal as your body is healing.

The first days after your surgery

You may or may not have a drain near your incision after your operation. This drain is placed during surgery and helps drain any fluid or blood to prevent hematoma/seroma (postoperative fluid collection) and promotes healing.

You will be wearing special wraps on your calves, called sequential compression device (SCDs), to help decrease the risk of blood clots. You will also be given an incentive spirometer, which is a breathing exercise device that helps prevent lung infections such as pneumonia. Please perform 10 breaths every hour while awake.

Your goal is to start moving and keep moving. You may be at risk of falling immediately after surgery. Do not get out of bed on your own.

- Beginning day 1 after your operation, we encourage all patients to get out of bed with each meal and walk the hall three times a day.
- Walking can reduce the risk of multiple complications related to surgery, as well as reduce your pain.

Constipation

Anesthesia and pain medication will increase your risk for constipation. To help prevent this, you will be given a stool softener, laxative, and chewing gum.

- We recommend continuing stool softeners and laxatives for constipation post-discharge, as well as increasing your daily oral fluid and dietary fiber intake.

Anterior cervical fusion

It is common to have a sensation of a “lump in the throat” when swallowing following surgery. We recommend eating soft, cold foods, and taking time to eat and chew your bites.

Physical therapy

You may work with physical therapy in the hospital, either day of surgery or within 24 hours. Physical therapy helps you to understand proper body mechanics and how to navigate activity within postoperative restrictions. You may be referred to outpatient physical therapy at your initial follow-up appointment with your surgeon.

Postoperative activity

- No excessive bending or twisting at the waist for 6 weeks.
- Do not lift greater than 10 pounds for 6 weeks.
- Please discuss 6- to 12-week lifting restrictions with your surgeon.
- You will need to be cleared by your surgeon to advance any activity.
- Log roll when getting out of bed.
- Walk at least 10–15 minutes, 3 times a day. Reposition every hour while you are awake.
- Gradually increase walking as able.

Bracing

Your surgeon may order you to wear a brace postoperatively. Physical therapy will teach you how to properly put this on and take it off.

- If you are wearing a cervical neck brace, please always leave this on unless instructed differently. There may be a specific collar that we can provide for you to shower.
- If you have a back brace, this is to be worn when out of bed with activity. May be removed in bed and showers.

Bracing is used to stabilize and support your spinal posture. It will also promote healing.

Please discuss with your surgeon how long you will need the brace.

Discharge

Discharge readiness will be assessed and evaluated by our multidisciplinary team. You, your surgeon, nursing, physical therapy, and a care coordinator will work together to determine a safe discharge plan.

Discharge planning

There are different discharge options based on your needs:

- **Home self-care:** No additional medical assistance needed.
- **Home with home health:** Home health physical therapy or nursing ordered for some additional assistance at home.
- **Acute rehab facility:** Typically, 7–14 days of additional inpatient therapy. You must be able to complete 3 hours of therapy a day.
  - You will be evaluated by a rehab provider.
  - If you qualify, this will be submitted through your insurance for approval.
  - There is no guarantee that your insurance will approve a rehab stay.
- **Skilled nursing facility:** If you require a higher level of medical assistance or care, a skilled nursing facility maybe recommended.

Durable medical equipment

- Physical or occupational therapy may recommend equipment needed after surgery.
- If you need a walker, this can usually be run through insurance and provided to you in the hospital.
- You can buy your own toilet risers, grab bars, and other equipment in preparation for after surgery. These can be found online or at your local pharmacy. This is not required.

Note: Not all equipment will be covered by insurance.

Steps to Discharge

- ✓ **Tolerate foods and liquids**
- ✓ **Pain tolerable on oral medications**
- ✓ **Walking three times a day**
- ✓ **Urinating and passing gas**
- ✓ **Drain removed (if applicable)**
- ✓ **Safe discharge plan**

Discharge from the hospital

Please allow time for our team to place discharge orders and complete your discharge paperwork. Discharge typically occurs late morning. Nursing will review discharge education with you. Please ask any questions, we want you to fully understand all instructions prior to going home.

If you have a long drive home, try to break up the ride and take breaks every hour. Get out of the car to walk and stretch your legs.

Discharge medications

Your surgeon will prescribe pain medications on the day of discharge. Medications will be sent electronically to your preferred pharmacy.

- Medications can be sent to Saint Luke's Outpatient Pharmacy if you need to pick up medications prior to leaving the hospital.
- Nursing will review new medications with you.
- Some medications may require authorization from insurance. Our office will be notified and can complete the authorization.
- If you need refills after surgery, please contact our clinic: **816-932-2700.**
  - Keep in mind, medications are not refilled on weekends or holidays.
  - We will only provide refills on narcotic pain medication for 4–6 weeks after surgery. Please try to wean off these medications as soon as possible.

Postoperative Wound Care

- You may be discharged home with a drain, so please ensure you understand how to care for your drain prior to discharge. If you go home with a drain, DO NOT shower until drain is removed by your surgeon.
- Otherwise, you can remove the outer bandage on day 3 after surgery and shower.
- Do not allow direct water pressure to hit the incision—allow soapy water to roll down your back.
- No scrubbing or applying soaps and lotions directly to the incision.
- Pat dry after showers and leave incision open to air.
- Do not submerge incision in any pools of water (hot tubs, bath, swimming pools) for 6 weeks or until cleared by your surgeon.
- Monitor for infection—redness, swelling, purulent drainage, warmth, fevers, aches.
- If your incision was closed with external sutures/staples, they will be removed 2 weeks after operation.

Frequently Asked Questions

Q: Do I need to contact my insurance company and tell them about my surgery?
A: Yes. Our office will work with your insurance company to obtain pre-authorization for your surgery, but it is recommended you call to understand your benefits, deductibles, how much they will pay, etc.

Q: My surgery is scheduled but I am in a lot of pain. Will my surgeon prescribe pain medications prior to surgery?
A: Our providers typically do not prescribe pain medication prior to surgery. Please contact your primary care provider.

Q: I am only a few days out from surgery, and I am still experiencing pain. Is this normal?
A: Yes, it can take up to 12 weeks to recover. However, if you notice your pain is not controlled with pain medication or the pain is getting increasingly worse, please contact our office.

Q: My incision is swollen, is this normal?
A: You can expect some mild swelling and redness around the incision after surgery. You can use ice packs on the incision. If you notice any green or yellow drainage coming from the incision, if the incision is hot to touch, or you have a fever, contact our office immediately.

Q: What are my restrictions following surgery?
A: You will have bending, lifting, and twisting restrictions after surgery. Do not lift more than 10 pounds the first six weeks after surgery. Do not excessively bend or twist for 12 weeks. Please discuss with your surgeon for specific restrictions.

Q: Can I drive after surgery?
A: Your surgeon will let you know when it is safe to drive again. You cannot drive while taking narcotic pain medication.

Q: When can I return to work?
A: Returning to work will depend on the type of surgery you have as well as the type of work that you do. Discuss specific work activities with your surgeon. You will be required to be off narcotic pain medication prior to returning to work.

Q: When can I restart my vitamins/ supplements, blood thinners, NSAIDS after surgery?
A: Vitamins and supplements can be restarted day after surgery.

- NSAIDS—If you had any type of spinal fusion, please hold NSAIDs for six months after surgery, as these medications can delay bone regrowth and lead to fusion failure. If your surgeon did not place any hardware, you can restart NSAIDs 72 hours after surgery.
- Blood thinners—Please discuss with your surgeon when to restart blood thinners after surgery.

Q: Can I have chiropractic treatments before or after surgery?
A: Chiropractic treatments are typically not recommended, but please consult with your surgeon.

Q: Are the materials, components, or implants used during surgery MRI compatible?
A: In most cases, surgical staples, clips, plates, pins, screws are MRI compatible. They are usually made of titanium.

Q: Will my spinal surgery hardware set off the metal detectors at the airport?
A: No, this is unlikely as most spinal implants are made of titanium.

Q: When should I call the Neurosurgery clinic after surgery?
A: If you notice any signs of infection (redness, swelling, green or yellow drainage, warmth at the incision site, fevers), please contact our office immediately.

You can send a picture into the patient portal for nursing and your surgeon to review.

For general questions, call our clinic 816-932-2700 and follow the phone tree to speak with your surgeon's nurse. For emergencies, please go to your nearest Emergency Department.

FMLA/Short-Term Disability

You are qualified for FMLA/STD if you have had or are scheduled for surgery. Please reach out to your employer for the necessary paperwork to complete. Completed paperwork will need to be dropped off or faxed to our office.

- The recovery time following surgery is typically 6–12 weeks but may vary depending on procedure type and provider recommendation.
  - If you are a family member or caregiver seeking FMLA or STD, you may be allowed approximately 2–3 weeks or until the first postoperative appointment.
  - Spouses must be recognized under state law.
- Our office **DOES NOT** approve any requests for long-term disability (LTD). We recommend inquiring with your primary care provider, as they typically manage requests for LTD.
- Intermittent FMLA is only approved for special cases. Due to our postoperative restrictions, we promote the necessary time off for optimal healing. This applies to the caregiver as well. You may contact your primary care provider for further information regarding Intermittent FMLA.
- **Our office requires a $25 service fee** to be paid to the office prior to any completion of paperwork. This may be completed the day of your office visit, or over the phone. Our office does not accept cash.
- Please allow **5–7 business days** for paperwork to be completed.
- Our office is unable to provide any medical records. If your FMLA/STD company requires additional medical records, you may contact the hospital medical record department at **816-932-3366** or fax to **816-932-3415**.

If you have any further questions, please call our office at **816-932-2700**, and ask to speak to a medical assistant.

***Please leave the "provider" section of paperwork from your employer blank. If any information in the provider section is filled out when you submit your forms to our office, we will not be able to process your request and we will ask you to send in a new form.**

Follow-Up Appointments

You will find scheduled follow-up appointments on your discharge paperwork. Your surgeon may order an X-ray for you to complete prior to your appointment as well. Please call our office if you do not have a follow-up appointment scheduled.

We are invested in your health and success throughout this surgery process. We know the thought of spine surgery can be nerve-wracking and stressful. Understanding what to expect and what to plan for after surgery can help reduce stress and lead to a successful recovery.

Contact us before, during, or after surgery
Neurosurgery Clinic: 816-932-2700
Spine Nurse Navigator: 816-932-2103

You can also contact us through the patient portal for non-urgent needs.

Notes

Contact us

Saint Luke's Marion Bloch Neuroscience Institute
4401 Wornall Road
Kansas City, MO 64111

816-932-2000
SaintLukesKC.org/SLMBNI

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