

# Beebe Medical Center Spine Surgery Program



Beebe Medical Center

## Table of Contents

	Page
Mission Statement	3
Welcome	4
Preparing for Surgery	5
Helpful Terms	6
Spine Anatomy	7
Stress-Less Surgery	8
Caring for the Spirit/Pastoral Care Services	9
Day of Surgery	10
Postoperative Nursing Care	11
Postoperative Pain Management	12
Physical Therapy	13
Preparing Your Home	14
Falls Prevention	15
Incentive Spirometer	16
Nutrition	17
Case Management/Discharge Planning	18
Discharge Information	19



Beebe Medical Center

## **Our Mission**

Beebe Medical Center's charitable mission is to encourage healthy living, prevent illness, and restore optimal health with the people residing, working or visiting the communities we serve.

## **Our Values**

Safety  
Respect for the individual  
Patient/Customer satisfaction  
Commitment to quality  
Personal responsibility  
Financial responsibility  
Teamwork  
Integrity

## **Our Ten Customer Service Standards**

“We are caring people serving with compassion, integrity and excellence.”

Caring attitude  
Courteous behaviors  
Anticipation of needs  
Adherence to confidentiality/privacy  
Active listening and communication  
Positive professional image  
Safety and care of our environment  
Commitment to teamwork and the organization  
Service recovery  
Exceptional telephone and elevator etiquette

## Welcome to Beebe Medical Center

Thank you for choosing our facility for your back or neck surgery.

Our goal is to provide you with the best postoperative outcome by preparing you physically, mentally, and emotionally for your surgery.

Our comprehensive, multidisciplinary team is highly skilled and has received national recognition.

You are the most important member of the health care team.

We know the better prepared you are for your surgery the easier and faster you will recover.

Please review this information and ask us any questions you may have (645-3623 or 645-3104).

### **General Hospital Information**

#### Visiting Hours:

8am – 9pm

Two visitors at a time per patient

Do not visit if you are sick

Mornings are busy; please be patient while your loved one receives care

### **Helpful Phone Numbers**

Beebe Medical Center	302-645-3300	Orthopaedic Nursing Unit	302-645-3720
Same Day Surgery*	302-645-3502	Pre-op Nurse/Anesthesia	302-645-3366
Orthopaedic Services	302-645-3623	Chaplain	302-645-3759
Stress Less Surgery	302-645-3528	Case Management	302-645-3313
Patient Advocate	302-645-3547	Rehabilitation Services	302-645-3235

\*Call Same Day Surgery the day before your surgery (between 2:00pm and 4:00pm) to find out what time to report to hospital

## Preparing For Surgery

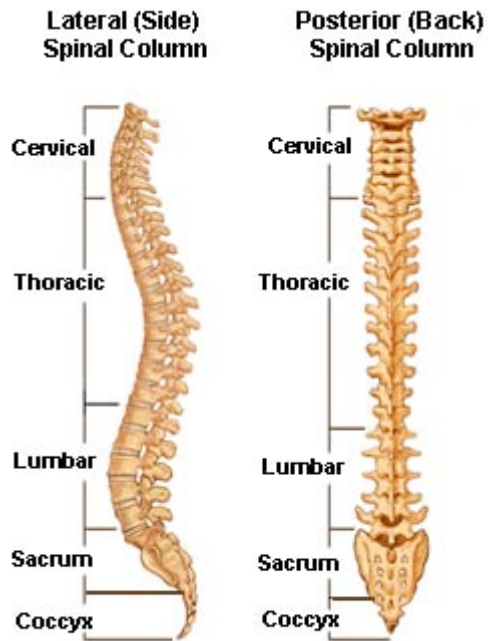
Complete this preoperative checklist:

- Pre-op nurse will call prior to your surgery: 645-3366
- Orthopaedic nurse will review this booklet with you: 645-3623
- Stop taking medications such as aspirin, ibuprofen, or blood thinners as directed by your physician
- Obtain medical clearance/blood work/EKG as ordered
- Call the hospital (302-645-3502) the day before your surgery between 2:00-4:00PM for your arrival time
- Do not eat or drink anything after midnight the day before your surgery
- Bring all medications in their original containers to the hospital
- Leave all valuables such as jewelry or money at home
- Prepare your home and support system for going home
- If you smoke, now is the time to stop
- Notify your surgeon of any infection, fever or if any change in your medical conditions occurs

## Helpful Terms

1. Vertebrae: Bones that make up the spine.
2. Disks: Cushions between the vertebrae, the body's shock absorbers.
3. Lamina: Part of the vertebrae that form the back of the spinal canal.
4. Laminectomy: Removal of part or all of the lamina to relieve pressure on a nerve.
5. Diskectomy: Removal of the portion of the disk that puts pressure on a nerve.
6. Spinal fusion: Locks two or more vertebrae together to decrease pain. Bone graft used may be your own bone stock or bone from a bone bank. Your surgeon will choose what is best for you.
7. Instrumentation: Extra support used if necessary during a spinal fusion. May include: plates, screws, rods or cages. Your surgeon will discuss this with you.

## Spine Anatomy



- Cervical Spine: The neck area of the spine. Includes 7 vertebrae C1-C7
- Thoracic Spine: The chest area of the spine. Includes 12 vertebrae T1-T12
- Lumbar Spine: The lower back. Includes 5 vertebrae L1-L5
- Sacral Spine: One vertebra S1

**Stress-Less Surgery**  
**Integrative Health/Complementary and Alternative Medicine**  
**302-645-3528**

Beebe Medical Center's Integrative Health Department offers a stress-less surgery program designed to help ease tension and reduce anxiety.

**Please call the Integrative Health office for an appointment at least one week prior to your scheduled surgery date.**

**The Four -Step Plan**

1. Make an appointment to learn relaxation methods
2. Listen daily to relaxation audio
3. Bring CD player and CD with you to listen before, during and after surgery
4. Return audio materials prior to discharge from the hospital

Medical literature indicates that people who prepare for surgery have less pain, fewer complications and faster recovery. This results in reduced hospitalization costs and other medical expenses.

You will be introduced to many relaxation methods, aromatherapy, as well as the use of an acupuncture patch proven to reduce post-op nausea.

Tell your surgeon and anesthesiologist if you are taking any over the counter herbs or supplements. Some herbs may need to be stopped prior to surgery.

*Gradually reduce and discontinue all herbs and supplements by the minimum days suggested.*

- Echinacea 8 days
- Ephedra (Ma huang) 24 hours
- Evening primrose oil 7 days
- Feverfew 7 days
- Fish oil or cod liver oil 7 days
- Flax seed oil 7 days
- Garlic (*Alium sativa*) 7 days
- Ginger 7 days
- Gingko biloba 36 hours
- Ginseng 7 days
- Goldenseal 7 days
- Kava Kava 24 hours
- Licorice 7 days
- Saw Palmetto 7 days
- St. John's Wort 5 days
- Vitamin E 7 days
- Valerian 1-2 days

*Taper doses gradually before surgery, call physician if withdrawal symptoms occur.*

# Caring For The Spirit PASTORAL CARE SERVICES

## OUR SERVICES

### COUNSEL AND PRAYER

We can meet with you privately, or with your family and friends to share in prayer and to talk about spiritual and religious concerns. You can ask us to provide emotional and spiritual support in times of crisis or during important meetings with family and/or hospital staff. Appointments can be made for pastoral care prior to and following medical procedures. Our team practices under the standards and guidelines of the Association of Professional Chaplains.

### PASTORAL REFERRALS

The Chaplaincy Team maintains a network of connections with area clergy and religious organizations. At your request, we can contact persons or groups who can best meet your spiritual and sacramental needs.

### CHAPEL

The inter-faith chapel is open to patients and visitors as a sanctuary for quiet reflection and personal devotional practices. It is open during regular visitation hours, and located on the first floor between Integrative Health and the X-ray Department.

### CHAPLAINS' PRAYER BOOK

Each morning and evening, we pray for the people listed in our Chaplains' Prayer Book. If you wish to be remembered in our daily prayers, please contact the chaplains' office. In keeping with the hospital's guidelines for safety and privacy, confidentiality is assured.

### CATHOLIC COMMUNION

The Extraordinary Ministers of Communion from St. Jude the Apostle Catholic Church seeks to visit all Catholic patients daily. For details, please contact the chaplains' office

## WHEN SHOULD I ASK FOR A CHAPLAIN?

Life's path takes us across many ups and downs. It takes us to places of certainty and doubt, and on the way we often feel sorrow and joy. Wherever we might be on this path, we do not have to go it alone.

Chaplains are available to support your spiritual and emotional needs during your time in the hospital. Call on us when you...

- are facing a crisis
- want to share in prayer
- feel stressed, angry, lonely or sad
- need to talk about your faith life
- are preparing for medical procedures
- have concerns about family, work or friends
- desire the blessing of a sacrament or desire the inspiration of scripture
- are ready to voice your feelings of joy, praise or thanksgiving
- need help reaching people from your faith community.

To request the services of a member of the Chaplaincy Team, please speak with your nurse or another member of the hospital staff. They can arrange for a page to the Chaplain on duty. **If you would prefer to leave a personal and confidential phone message for the chaplain, please call extension 3759. From outside the hospital, call 302-645-3759.**

## **Day of Surgery**

*Enter the parking garage using the West entrance*

Park on the 2<sup>nd</sup> level and go to the doors marked Same Day Surgery

Go up 3 steps and turn to the right for the Registration area

If you cannot climb the 3 steps

Park on the 1<sup>st</sup> floor of the garage

Enter the hospital from the 1<sup>st</sup> floor

After entering the hospital, take the 1<sup>st</sup> right turn

There is an elevator on your right across from the information desk to take you to the registration area

### **Same Day Surgery**

After registration you will be taken to the Same Day Surgery Area to be prepared for surgery. An armband with your name and date of birth is placed on your wrist. This will be used to verify your identity prior to any treatment or medication being given to you. After your IV is started, your family can wait in the holding area with you until you are taken back to the Operating Room. The Anesthesiologist in charge of your care will meet with you and answer any questions that you might have. Please inform the anesthesia department of your previous anesthesia experiences. After all of your questions have been answered, a sedative is given to help you relax. You may not remember much after the medication is given. Preparation, surgery, and recovery take between 3 and 4 hours.

### **Anesthesia**

Tell the anesthesiologist any prior anesthesia history, any anesthesia related problems, or any preferences you have regarding your anesthesia.

### **Operating Room**

You may notice the temperature in the Operating Room is cooler than other areas, but you will be kept warm with a special hot air blanket.

### **Post Anesthesia Care Unit (PACU) or Recovery Room**

You will be monitored closely in the PACU for at least an hour.

*Family is not allowed to visit in this area. You may have to wait longer than an hour if your room is not available. The surgeon will call and talk with family after surgery is completed.*

## Postoperative Nursing Care

- Vital signs assessed frequently on arrival to the nursing unit
- Foley catheter in place overnight
- Nasal oxygen on and pulse oximeter to determine adequate oxygenation
- Compression device on feet or legs to promote blood flow
- Do frequent ankle pump exercises
- Incentive spirometer to keep lungs clear
- On arrival to nursing unit, a liquid diet is started and will progress to solid food the next day as tolerated
- See pain management section for pain control explanation
- Dressing changes per physician order
- Stool softeners ordered to prevent constipation
- Laxative, suppository/enema as needed prior to discharge



## Postoperative Pain Management

We care about your comfort and are committed to managing your pain after surgery.

In order to be successful with managing your pain, it is important that you communicate with your health care team. You are the only person who knows what your pain is, and if the medication that your surgeon has ordered is doing the job!

The Pain Scale is used to gauge the intensity of your pain/discomfort before and after you receive pain medication. Please take a minute and become familiar with YOUR acceptable level of pain. Your pain will be assessed frequently throughout your hospitalization.



- ∞ **Face 0** is very happy because he or she doesn't hurt at all.
- ∞ **Face 2** hurts just a little bit.
- ∞ **Face 4** hurts a little more.
- ∞ **Face 6** hurts even more.
- ∞ **Face 8** hurts a whole lot.
- ∞ **Face 10** hurts as much as you can imagine, although you don't have to be crying to feel this bad.

[http://www.mosbysdrugconsult.com/WOW/graphics/wong\\_faces0-10.gif](http://www.mosbysdrugconsult.com/WOW/graphics/wong_faces0-10.gif)

Your surgeon will order pain medicine to be given intravenously either by the nurse or by pain pump (PCA) after your surgery. You will progress to oral pain medicine the day after surgery.

### Patient Controlled Analgesia (PCA)

- Pain control pump attached to IV if ordered by physician
- Pump is controlled by the patient with a push button
- Provides quick pain relief
- Has safety feature built in to prevent overdosing
- Notify the nurse if:
  - Medication is not relieving the pain
  - Side effects such as itching or nausea occur
  - If you feel constipated. You will be encouraged to eat a fiber rich diet and drink plenty of fluids. Your surgeon has certain medications ordered to help if necessary.

# Physical Therapy

Helps you regain your mobility, range of motion, and strength after surgery

Reinforces safety awareness

Begin preoperative exercises @ home

- Quad sets
- Gluteal sets
- Ankle pumps

After surgery:

- Bedside evaluation by the physical therapist
- Testing of circulation, sensation and motor function
- Instruction in exercise program
- Progress from sitting @ bedside to standing and ambulating with a walker

After low back surgery:

1. Use care when twisting at the waist
2. Avoid bending at the waist to pick up items
3. Do not lift anything heavier than 5 pounds

After neck surgery:

1. You may wake up with a soft cervical collar around your neck
2. Wear the collar as ordered by your surgeon

Sleeping Positions

1. You may sleep on your back with a pillow under your knees and one pillow under your head
2. You may sleep on your side with a pillow between your knees and one pillow under your head.
3. Avoid lying on your stomach unless your surgeon says it is okay

Physical therapy will work with you to help you walk further, increase your strength, and teach you how to climb stairs.

## **Preparing your home for when you are discharged:**

1. Pick up throw rugs
2. Buy a cordless phone and keep it near you
3. Move frequently used items to waist level
4. Remove clutter
5. Keep walkways well lighted
6. Prepare food ahead of time and freeze
7. Set up your support system for when you are discharged to home

## **Beebe Medical Center Falls Prevention Program**

Everyone having surgery is at risk to fall due to the surgery, the medications, and an unfamiliar environment. A green leaf sticker near your bed and a green armband will alert hospital staff and visitors that the potential for falls exists.

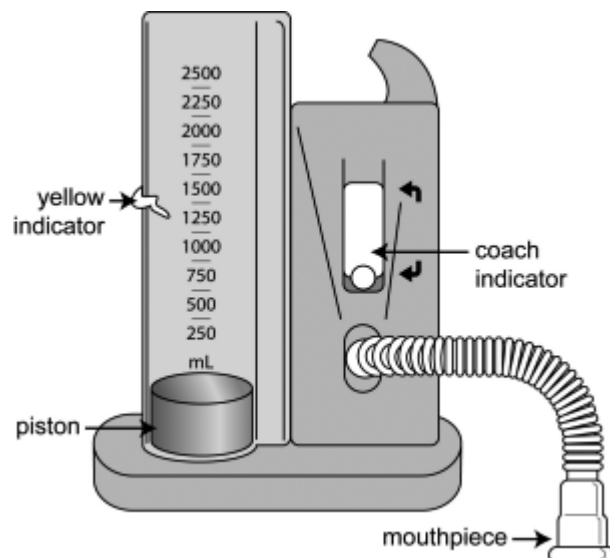
### **Safety Guidelines for Preventing Falls**

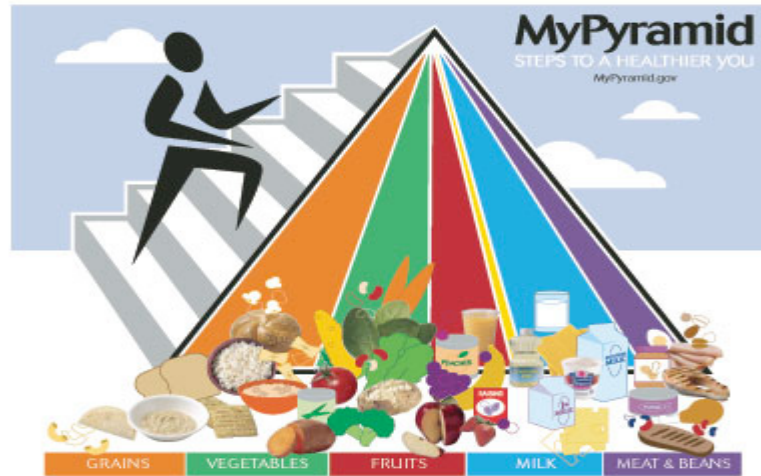
- Always follow your physician's orders and the nurse's instructions regarding whether you must stay in bed or require assistance to go to the bathroom.
- When you need assistance, use your call light by your bed or in the bathroom and wait for the nurse/assistant to arrive to help you.
- Remain lying or seated while waiting for assistance. Please, be patient, someone will answer your call as promptly as possible.
- Ask the nurse for help if you feel dizzy or weak getting out of bed. Remember you are more likely to faint or feel dizzy after sitting or lying for a long time. If you must get up without waiting for help, sit in bed for a period of time before standing. Then rise carefully and slowly begin to walk.
- It is recommended you wear rubber-soled or crepe-soled slippers or shoes whenever you walk in the hospital. If you do not presently have any, a pair of slipper socks with a non-skid bottom will be provided.
- Walk slowly and carefully when out of bed. Do not lean or support yourself on rolling objects such as I.V. poles or your bedside table.
- Never attempt to get off of a stretcher or out of a wheelchair unaided. Unless brakes are engaged they are very unstable, and will roll freely away from you.
- Do not tamper with side rails or restraints that may be in use. If restraints need adjustment, ask your nurse. Side rails and restraints are reminders to stay in bed and are designed to ensure your safety.
- Family members and visitors should make sure that phone, call bell, water, and personal items are within sight and reach of the patient before leaving the room. It may help to leave the bathroom light on also.
- Keep your nurse and doctor informed on how you are feeling. If you feel weak, dizzy, or unsteady, let them know.

## Using Your Incentive Spirometer

*The Incentive Spirometer helps you get back to breathing your best, and avoid complications such as pneumonia or a collapsed lung. The Incentive Spirometer (IS) will show you how well you are breathing.*

1. Sit upright, or as far upright as you can.
2. Breathe normally a few times.
3. After you exhale normally, close your lips around the mouthpiece.
4. Breathe in slowly and steadily through your mouth until your lungs are full. The volume indicator will rise to show how much air you have breathed in.
5. Hold your breath until the volume indicator goes back down to the bottom.
6. Breathe out slowly.
7. Take a few normal breaths
8. Repeat steps 3 – 6 approximately ten times per hour and cough to help clear the mucus out of your lungs.





**Good Nutrition Is Essential While Your Body Is Healing From Surgery!**

<b>Grains</b>	<b>Vegetables</b>	<b>Fruits</b>	<b>Milk</b>	<b>Meat and Beans</b>
Eat 6 oz every day	Eat 2 ½ cups every day	Eat 2 cups every day	Get 3 cups every day	Eat 5 ½ oz every day
Eat at least 3 oz of whole-grain cereals, breads, crackers, rice or pasta every day.  1 oz. is about 1 slice of bread, 1 cup of breakfast cereal, or ½ cup of cooked rice, cereal or pasta	Dark green veggies like broccoli, spinach and other dark leafy greens.  Eat more orange vegetables like carrots and sweet potatoes.  Eat more dry beans and peas like pinto beans, kidney beans and lentils	Eat a variety of fruits  Choose fresh, frozen, canned or dried fruit  Go easy on fruit juices	Go low fat or fat free when you choose milk, yogurt and other milk products.  If you don't like milk or can't consume milk, choose lactose free products or other calcium sources such as fortified foods and beverages.	Choose low-fat or lean meats and poultry.  Bake it, broil it or grill it.  Vary your protein routine- choose more fish, beans, peas, nuts, and seeds.

(Based on a 2,000 calorie diet)

(Reprinted from [www.mypyramid.gov](http://www.mypyramid.gov))

## Case Management

### What does a Case Manager do?

Assist with discharge planning

Obtain necessary equipment if ordered by your surgeon

1. Walker
2. 3 in 1 commode

Insurance liaison while in the hospital

1. Approval for needed services at time of discharge
2. Verifies benefits
3. Informs of co-pay for services

### Discharge:

The morning of discharge very busy and usually occurs @ mid-day

1. AM physical therapy session needed – possible PM
2. Final visit from case manager
3. Delivery of equipment if ordered
4. Written discharge instructions given
5. Final teaching if needed (incision care, etc.)

### Goals To Meet For Safe Discharge to Home

1. Able to get out of bed with minimal or no assistance
2. Able to get on and off a toilet
3. Able to walk about 120 ft. with assistive device
4. Able to negotiate steps

## Discharge Information

Keep your dressing dry and intact.

You may shower the day after discharge from the hospital. Keep showers short and try not to get your dressing wet.

If you have had cervical neck surgery, wear your soft collar as ordered by your surgeon. You may be able to remove the collar for an hour at a time, while sitting in a chair and awake. Once you get up, the collar must be put back on. Wear the collar while sleeping if instructed to do so.

Keep pets away from your incision.

### Activities After Discharge From the Hospital

1. Short walks to enhance circulation, keep your lungs clear, and promote healing
2. You may drive a car when cleared by your surgeon

Refer to your discharge list of medications to know what medications you are to take.

Call your doctor if:

- If you are taking your pain medication and you still have uncontrolled pain
- Weakness, numbness or tingling of your legs or arms
- Bright red bleeding from your incision (clear, pink oozing may be normal)
- Signs of infection; including fever greater than 101°, pus, excess warmth, swelling or redness/streaking
- Pain in either calf
- Shortness of breath
- Abdominal distention/constipation
- Diarrhea lasting longer than 72 hours
- Difficulty urinating

