Spine Center

Guide to Successful Spine Surgery

Sacred Heart Hospital on the Emerald Coast

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Spine Center Welcome

Welcome to the Spine Center at Sacred Heart Hospital on the Emerald Coast! The Spine Center team hopes you find this patient education guide very resourceful and encourages you to use it as a roadmap to help you before, during, and after surgery.

Overview
The Spine Center provides comprehensive care for patients receiving spine surgery. Our healthcare team of board certified-orthopedic spine surgeons, nurses, social workers, and physical and occupational therapists offer each patient a highly individualized treatment plan to help our patients return to a higher quality of life.

This program has been designed to assist you in making a successful recovery, and you will be involved each step of the way. Open communication among the patient, family and Spine Center team is very important. Your healthcare team may add or change some of the recommendations in this guide in order to personalize your care. Patients are encouraged to keep their guides as a reference for at least one year following surgery.

Keys to Success

- **Support**: It is strongly recommended to have a family member or friend that can assist you during the spine surgery process.
- **Education**: All spine surgery patients must attend the pre-operative education class called Spine Camp.
- **Medication Safety**: You need to take any medications prescribed by your surgeon as preparation for surgery.
- **Preparation**: Make every effort to perform the suggested preparations, including getting things ready around your home, arranging meals and nutritional plans, attending smoking cessation classes if necessary, etc. to ensure that you have the best chance for success.

Educational Guide
This guide includes useful information about spine surgery, surgery preparation guidelines, pre- and post-operative instructions, your inpatient stay, discharge planning information, and care at home. Please bring the guide with you anytime you come to the hospital, including pre-operative appointments, surgery day, rehabilitation sessions and follow-up appointments.

Thank you
Thank you for choosing the Spine Center at Sacred Heart Hospital on the Emerald Coast. Our goal is to provide you with excellent care, and we are honored to walk with you each step of the way.

Sincerely,

Your Spine Center Team
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Our Mission

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care, which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

Our Core Values

At Sacred Heart, we are called to:

- Service of the Poor: Generosity of spirit, especially for persons most in need
- Reverence: Respect and compassion for the dignity and diversity of life
- Integrity: Inspiring trust through personal leadership
- Wisdom: Integrating excellence and stewardship
- Creativity: Courageous innovation
- Dedication: Affirming the hope and joy of our ministry

Pastoral Care

Sacred Heart recognizes that patients and their families often have spiritual and emotional needs in addition to their physical needs. The Pastoral Care Department consists of staff chaplains, pastoral care volunteers, Eucharistic Ministers, Stephen Ministers, and on-call chaplains and priests from the community.

Pastoral support for you and your family may include:

- Prayer and regular visitation
- Support for spiritual questions
- Sacramental services for our patients upon request
- Advanced Directives/Living Wills (Project Grace)
- Bibles in each patient room
- Hospital chapel located on the first floor in the main lobby

Leaders from many faith traditions are welcome and available to minister to the spiritual needs of members who are hospitalized. If information regarding your church affiliation was not requested during the admitting process and you wish your religious leader to be notified of your hospital admission, please call the Pastoral Care Department at (850) 278-3639.
Meet Your Healthcare Team

At Sacred Heart Hospital on the Emerald Coast, we use a team approach to get you on the road to recovery. Each member of the team is specially trained to help you in the surgical and recovery process. There are many professionals participating in your care, including:

- **Spine Surgeon:** Your spine surgeon is the physician who will perform your surgery and will manage your care throughout your hospital admission. Your surgeon might work with a co-surgeon or assistant to help with your surgery.

- **Anesthesia Team:** You will meet the members of your anesthesia team the morning of surgery. They will ask you a few questions and answer any questions you may have about the anesthesia process. Your anesthesiologist, together with a Certified Registered Nurse Anesthetist (CRNA), will administer the medicines required to keep you asleep during your surgery.

- **Physician Assistant:** Your surgeon may employ a physician assistant (PA). The PA may come see you in your hospital room to check on your progress and will also work hand-in-hand with your surgeon to ensure that you receive the very best care.

- **Hospitalist:** In addition to your surgeon, you may have a hospital-based internal medicine physician that will monitor your care during your hospital stay. Hospitalists work together with your surgeon to make sure you have a successful recovery from surgery.

- **Spine Navigator:** Your spine navigator is a dedicated registered nurse whose main focus is ensuring that spine surgery patients receive high quality, coordinated care. The navigator serves as a resource from pre-surgery throughout the recovery process.

- **Nurses:** From the moment your surgery is scheduled at Sacred Heart to your day of departure, you will have many nurses participating in your care. You will receive a pre-admitting phone call from a nurse who will interview you about your health history. When you arrive to the hospital on surgery day, you will meet several pre-operative nurses who will prepare you for the operating room. There will be a designated nurse who will care for you the entire time you are in surgery. After surgery, you will have another nurse in the recovery room. Finally, when you are in your hospital room, you will have a team of nurses dedicated to your care and recovery.

- **Physical Therapist:** Your physical therapist is trained to help you gain strength and motion in your spine, and will help ensure that you do your exercises correctly. Your physical therapist will also help teach you how to properly and safely move around using a walker after surgery, if needed.
• **Occupational Therapist:** Your occupational therapist is trained to help you learn to safely and effectively perform activities of daily living, such as bathing and dressing. Your occupational therapist will also teach you how to use special equipment, such as grabbers or shoe horns, to help make your recovery easier. Your therapy team will make sure you incorporate good posture and safe body mechanics into your movements.

• **Patient Care Technician:** Your patient care technician will assist you with basic activities such as bathing, getting dressed, and using the bathroom. The technician is also able to help your nurse with duties such as checking your vital signs.

• **Social Services:** A member from our social services team will usually visit you on the first day after your surgery and will assist you in the discharge planning process to make sure your needs are met. The social worker can help you choose a facility for rehabilitation if necessary, set up a visit from a home-health nurse, or arrange for assistive devices if necessary.

• **Pastoral Care Representative:** Our chaplains are specially trained to serve your spiritual needs as well as those of your family, regardless of your religious denomination.

• **Support Person:** Having support is very important for a successful recovery! It will be beneficial for you to designate a person who is able to participate in your spine surgery process, from attending Spine Camp with you to helping you recover at home after discharge. Support members generally include a spouse, family member, friend, or even a combination of support members who make a support team.

• **Behind-the-Scenes:** There are many people participating in your spine surgery and recovery process that you may never meet, including associates from the lab, radiology, surgery, environmental services, food services, patient access, and many more. Our goal is to provide you with excellent care!
About Your Spine

Your spine serves many important purposes. Besides providing you with support, it allows you to stand upright, bend and move, and also offers protection to another important body part -- your spinal cord.

The spinal cord is a grouping of nerves which allow your brain to communicate with your entire body. It allows for body movement as well as the proper functioning of your organs.

Most people have 33 vertebrae in their spinal column divided by region, including the neck (cervical spine), mid-back (thoracic spine), and low back (lumbar spine). The sacrum and coccyx (tailbone) are located at the end of your spine.

When viewing a normal spine from the side, it should be curved in the shape of an ‘S.’ The curvature of the spine allows it to bear your body’s weight, with each section working together to allow for proper function.
Vertebral Column

Vertebral Column

The vertebrae are the individual bones that make up your spine. Besides performing the important task of protecting your spinal cord, they also support the majority of the weight placed on your spine.

The vertebral body is composed of soft, spongy bone (cancellous bone) covered in a hard exterior (cortical bone).

Together, the vertebrae create a protective passage for your spinal cord called the vertebral foramen. Your vertebrae are connected to each other by ligaments and to your muscles by tendons.

Discs

Your vertebrae are separated by discs, which act as shock-absorbing cushions. The discs resemble a jelly-filled doughnut in the sense that they have a soft, jelly-like center (nucleus pulposus) surrounded by a tougher outer ring (annulus).

The annulus is a ligament whose purpose is to hold the shock-absorbing jelly in place and to connect the vertebrae to the next vertebrae above or below it.
Nerves

The nerve fibers that compose your spinal cord branch off to form pairs of nerve roots that travel through the small openings between your vertebrae.

The nerves connect to specific parts of your body depending on which area they exit the spine. Damage to the nerves at that area can cause pain, tingling, or numbness in the area of the body where the nerve travels. When it travels along the nerve root to the arm or leg, it is referred to as radiculopathy.

Muscles

Healthy, balanced back and leg muscles help ensure a healthy spine. Our nerves communicate with specific areas on the arms and legs and, in turn, with the muscle groups of those extremities.

The diagram to the right shows the areas of the body where you may experience symptoms depending on the level of injury.

Source:

www.allaboutbackandneckpain.com
Common Conditions of the Spine

**Back Pain:** Back pain is a very common ailment. There are many factors contributing to back pain, including poor posture, poor body mechanics, obesity, excessive strain on the spine, smoking, poor nutrition and certain diseases. However, the biggest contributing factor is aging. Understanding the cause of your back pain is the key to proper treatment.

**Neck Pain:** Most neck pain is the result of normal aging; these changes are referred to as degenerative, and they can be accelerated by abnormal wear and tear. The neck experiences a large amount of stress and minor injury over the course of a lifetime, which also contributes to neck pain.

**Disc Herniation:** A herniated disc is the result of a tear in the outer layer (annulus) of the disc, allowing the jelly-like center (nucleus pulposus) to leak out, or rupture, causing a herniation. Depending on the location of the tear, the nucleus pulposus can put pressure on the spinal nerves/cord creating symptoms in your arms and legs, and can be very painful.

**Bulging Disc:** A bulging disc is different from a disc herniation in that the disc does not tear and rupture or herniate; it is also more common than a disc herniation. It results when the disc bulges out from between the vertebrae and may actually be painless. However, depending on the location of the bulge, it may put pressure on your nerves and cause you to have symptoms.

**Degenerative Disc Disease:** Disc degeneration is a result of the aging process and the everyday wear and tear we place on our spines. Over time, these stresses accumulate and symptoms may begin to develop. Chronic lower back pain that radiates to the hips, buttocks, and thighs is a common symptom. In your neck, you may feel pain that extends to your head, shoulders, arms and hands.

**Kyphosis:** Kyphosis is a type of abnormal alignment in the spine resulting in too much forward curvature. It is most common in the thoracic spine but is also seen elsewhere. The severity depends on the degree of curvature with a greater curve resulting in greater pain and discomfort.

**Muscle Strain and Sprain:** A muscle strain results when a muscle and/or tendon connected to your spine becomes too stressed and causes a partial or complete tear. A sprain results from injury and damage to a ligament that connects to your spine. These ailments can cause you to experience pain and muscle spasm at the injury site and cause difficulty bending and/or twisting. It is also possible that your spine may twist into a deformity.

**Osteoporosis:** As we age, our bones can lose some of their mass (quantitative, not qualitative) resulting in a loss of height and weight and a change in posture. As the bones thin, they can begin to deteriorate, increasing the risk of fractures of the spine, hips, and other bones. Spinal fractures are the most common type of osteoporotic fractures.
**Radiculopathy:** Radiculopathy describes the irritation of a nerve as it leaves the spinal canal, creating sensations of pain, numbness, weakness, or loss of sensation. It can be caused by anything putting pressure on a nerve or “pinching” it, such as a herniated disc. Although people often use the term “sciatica,” this is actually a misnomer. Radiculopathy may travel along the sciatic nerve in the back of the thigh, but the nerve roots are most likely to be the cause, not the sciatic nerve itself. In the cervical spine, radiculopathy can cause symptoms in your shoulders, arms, or hands. In the thoracic spine, it can cause symptoms in the chest. In the lumbar spine, it can cause symptoms in the buttocks and legs.

**Scoliosis:** A normal spine curves from front-to-back in an “S” shape. When it curves abnormally from side-to-side in an “S” shape, it is referred to as scoliosis. The abnormal curve can affect either the thoracic or lumbar spine, or both. Scoliosis is divided into categories based on the age when it was diagnosed: infantile (diagnosed before age 3), juvenile (diagnosed from age 3 to puberty), adolescent (diagnosed during puberty, usually ages 10-15), and adult (diagnosed after the spine has stopped growing). Adults can develop or have worsening of scoliosis as a result of degeneration.

Adult scoliosis is usually painless; however, you may notice some of the following things about your body:

- One shoulder, arm or hip may be higher than the other, which can sometimes create the appearance of uneven hemlines in your clothing.
- One shoulder blade may be higher and stick out farther than the other.
- These deformities are more noticeable when bending over.
- A "rib hump" may occur, which is a hump on your back that sticks up when you bend your spine forward. This occurs because the ribs on one side angle more than on the other side.

As the condition worsens, the abnormal curvature may create pressure on your nerves or spinal cord possibly resulting in pain. Pain occurs usually due to a trunk shift, or sideways displacement of the chest cavity, or when the spine is pushed too far forward into kyphosis (kypho-scoliosis).

**Spondylolysis and Spondylolisthesis:** Spondylolysis is the result of a crack in the bony ring of the spinal column. If there is a crack on both sides, your spine may slip forward causing spondylolisthesis. The condition may be painless but could possibly cause low-back pain. Spondylolisthesis can also occur due to degeneration or arthritis and loss of disc height, which often leads to stenosis (see below), and surgery (a spinal fusion) is often required to restore alignment and decompress the nerves.

**Stenosis:** Spinal stenosis is the result of your spinal canal narrowing with aging. As we age, ligaments and joints near the spine can become enlarged. As this happens, the space inside the spinal canal narrows and can create pressure on the spinal nerves. Typically, this is observed in adults over the age of 60, but can also be seen as a result of infection, tumors, trauma, arthritis, and bone spurs.

*Source: www.allaboutbackandneckpain.com*
About Spine Surgery

**Laminectomy:** A laminectomy is performed to take pressure off the back part of your spinal cord and nerves. It is performed on the cervical spine or the lumbar spine. The surgeon makes an incision down the center of the back over the spine, confirms the location with X-ray, and then removes the lamina at the affected area.

**Discectomy:** A discectomy is performed through an incision in the neck or lower back. The surgeon removes the herniated disc that is placing pressure on the nerves. Only the herniated fragments are removed and the rest of the disc is left behind to reduce the risk of accelerating degenerative disc disease. This could potentially lead to the remaining disc material herniating in the future (this risk is less than 5%). Depending on the amount of bone removed, this procedure may be done with a spinal fusion to prevent instability.

**Kyphoplasty:** Kyphoplasty is a minimally invasive surgical procedure that involves a special balloon and cement injected into the spine to stabilize a broken vertebra and to restore its height and stability. By attempting to restore the height of the affected vertebra, kyphoplasty is able to correct spinal deformity caused by the collapsed vertebra. Most people are able to go home the same day.

**Spinal Fusion:** A fusion is performed by joining separate vertebrae together to grow into one bone, thereby stopping the movement between the bones and easing pain. Spinal fusion may be recommended for conditions such as spondylolisthesis, spondylolysis, degenerative disc disease, deformity, or for recurrent disc herniation despite multiple surgeries. Spinal fusion may also be used to treat segmental instability, to correct spine curvature, and to relieve pressure on nerve roots or your spinal cord caused by bone spurs or spinal stenosis. Depending on your condition, there are a number of different surgical approaches to spinal fusion, including:

- **Anterior Cervical Fusion:** An incision is made in the front of your neck beside your trachea (windpipe). The disc is removed all the way back to your spinal cord and the space is filled with a bone graft. The bone is from a donor and has undergone special testing, sterilization and storage treatment. All live tissue is removed from donor bone prior to sterile processing. The donor bone merely acts as a scaffold, to be replaced naturally by the patient’s own bone over 3-6 months. Great care is taken to not damage your spinal cord, nerve roots and vessels. The vertebrae and bone grow together, making a solid piece of bone or fusion and, thereby, giving stability to the spine.

- **Posterior Cervical Fusion:** An incision is made in the back of your neck. A bone graft is placed on the back surface of the problem vertebrae.

- **Anterior Lumbar Fusion:** The anterior, interbody approach is done through an incision in your front abdomen, and a bone graft is placed between the vertebrae. The organs and vessels in your abdomen are carefully moved to the side to allow your doctor to see the
front of your spine. Your doctor then locates the problem disc, removes it and replaces it with the bone graft.

- **Posterior Lumbar Fusion:** The posterior approach to lumbar spinal fusion is done through an incision in your back. If your surgeon removes the disc, it will be replaced with a bone graft. This procedure is called a posterior lumbar interbody fusion.

When you have a spinal fusion, the doctor is joining the vertebrae in your spine to make it stable. This occurs when the bones fuse together through new bone growth. If the fusion is unsuccessful, an unstable spine may result. When new bone growth fails to occur, this can potentially loosen the hardware, such as screws and rods, that may have been implanted to aid in the fusion, resulting in increased pain (usually severe) and a greater likelihood that you will need a revision surgery. You can increase your chances of having a successful spinal fusion by following all pre/post-operative instructions, including quitting smoking, avoiding strenuous activity, following proper nutrition guidelines, etc.

A minimum of three months is needed for the bones to fuse together and become solid. Yet, the bone graft will continue to mature for one to two years. Limit your activities to avoid doing too much too soon. Avoid bending, lifting, twisting, and driving for at least six weeks.

*Source: [www.allaboutbackandneckpain.com](http://www.allaboutbackandneckpain.com)*
Risks of Spine Surgery

Risks for spine surgery can include, but are not limited to:

- Anesthesia complications
- Blood loss
- Blood clots
- Infection
- Nerve injury
- Muscle weakness
- Dural tear
- Pneumonia
- Loss of bowel or bladder control
- Bone graft failure
- Limited range of motion

Please discuss the risks of surgery with your surgeon prior to your scheduled procedure. The anesthesia team will discuss the potential complications from anesthesia prior to surgery.

SMOKING CESSATION CAN GREATLY REDUCE THE RISK OF COMPLICATIONS FOLLOWING ANY SURGERY!!!
Surgery Preparation Checklist

Please note: These items are described in detail on the following pages.

2-3 Weeks Prior to Surgery
- Schedule your pre-operative history and physical with your primary care physician.
- Plan your pre-operative testing (blood work, EKG, X-ray, etc.). No appointment is needed for blood work at the outpatient lab at Sacred Heart Hospital on the Emerald Coast, which is open Monday through Friday from 6 a.m. to 6 p.m.
- Obtain special pre-operative clearance if necessary, such as from a cardiologist, etc.
- Stop smoking.
- Begin making home preparations.
- Begin making arrangements with family and/or friends to assist you in your recovery.
- Attend Spine Camp. You are encouraged to bring a family member or support person to this class.

1 Week Prior to Surgery
- You will receive a pre-admitting phone call.
- Discontinue medications as instructed per your surgeon or primary care physician.
- Consider options for care after discharge from the hospital, including home health, rehab facility, etc.
- Reduce or stop alcohol consumption.
- Practice post-operative movements, which are found towards the end of this guide.

Day Before Surgery
- Wash with a special antibacterial soap as instructed by your surgeon. Do not apply any lotions, creams, powders, or perfumes afterwards.
- Do NOT shave or wax around the surgical site area.
- Make sure you have your bag packed for your hospital stay.
- Do not eat, drink, or smoke after midnight.

Day of Surgery
- Do not eat or drink anything!
- Take any medications as instructed by your doctor with the smallest sip of water possible.
- You may brush your teeth, but be mindful not to swallow any toothpaste or mouthwash.
- Wash once more with the special antibacterial soap.
- Do not wear make-up or dark fingernail polish.
- Apply ointment to nostrils as instructed by your surgeon.
- Please arrive on time to the admitting department at the hospital.
Pre-Operative Instructions

History and Physical Exam
For your safety, your doctor may advise you to see your family doctor or specialist for a check-up prior to surgery in order to make sure that you have no medical issues that would prevent you from safely having spine surgery. The exam usually consists of a complete medical history as well as a physical exam. Your surgeon will review these results to create a plan of care with the anesthesiologist and surgery team, in addition to making sure you are healthy and ready for surgery.

***If you see a specialist for any reason, please make sure they are aware of your impending spine surgery, and obtain their clearance if necessary!***

Pre-Admission Screening
Your surgeon’s office will give you instructions for pre-admission screenings at the hospital, including lab work or imaging studies. These screenings can take place the week before your scheduled surgery, but are sometimes done up to 30 days in advance. You may find it convenient to have your pre-operative testing done the same day you attend Spine Camp. Keep in mind that no appointment is necessary for blood work, but appointments are required for X-rays, EKG’s, etc. Please contact your surgeon’s office if you do not receive any information regarding pre-admission screenings. Additionally, the anesthesia team may require further testing if they feel it is necessary to ensure a safe procedure.

Pre-Admission Phone Call
Within one week prior to surgery, a nurse from the hospital will call you to collect all of the necessary pre-operative information, including:

- Patient’s social security number
- Name of primary person on insurance card, address and phone number
- Name of insurance company, mailing address, policy number and group number
- Secondary insurance information, if applicable
- Patient’s employer, address, phone number and occupation
- Emergency contact person’s name, address and phone number
- Medical history information
- ALL current medications including supplements

The nurse will also provide you with any final pre-operative instructions, as well as give you a time to arrive at the hospital. Should your arrival time change due to changes in the surgical schedule, you will receive an additional phone call the day before surgery.
Smoking Cessation

Every attempt to quit the use of nicotine should be made at least two weeks prior to your scheduled surgery. Nicotine use greatly impacts the outcomes of spine surgery. Many studies have shown that nicotine has negative effects associated with pain management, rehabilitation, infection, and the overall success of the fusion. Please do YOUR part in the spine surgery process and quit smoking as soon as possible!

If you are identified as a current smoker upon admission, you will be referred for a smoking-cessation consultation from our Respiratory Care team.

Effects of Smoking on Spine Surgeries
Smoking greatly inhibits bone growth as well as blood circulation. When you have a spinal fusion, the doctor is joining the vertebrae in your spine to make it stable, which occurs when the bones fuse together through new bone growth. If the fusion is unsuccessful, an unstable spine may result. When new bone growth fails to occur, this can potentially loosen the hardware, such as screws and rods, that may have been implanted to aid in the fusion, resulting in increased pain (usually severe) and a greater likelihood that you will need a revision surgery.

Nicotine use also affects the healing process of your surgical wound because of its negative impact on blood circulation. Adequate blood circulation is necessary for proper wound healing; therefore, your healing time may be delayed, and there is a greater potential for infection. Infection can result in the need for further antibiotic treatment and/or additional surgery.

Smoking-Cessation Assistance
Talk to your primary care physician about your desire to quit smoking. Your doctor can help you develop a plan that will work for you. Please refer to these resources for additional help:
- West Florida Area Health Education Center: (877) 678-6766
- American Cancer Society: www.cancer.org
- American Heart Association: www.heart.org
- American Lung Association: www.lung.org

Sacred Heart Hospital on the Emerald Coast is smoke-free facility. Smoking is NOT permitted anywhere on hospital grounds, including electronic “smokeless” cigarettes (often called “e-cigarettes”).
Home Preparation

Support Person(s)
One of the most important factors contributing to your success is the designation of a support person(s) to help you along the road to recovery. Discuss your needs with family, friends or a neighbor and designate a supportive person(s) who can help you through the entire process, from making home preparations to attending Spine Camp with you, helping you when you return home, etc.

Consider Your Home Environment
Around the house:
- Rearrange items in your house to have the most commonly needed items within easy reach.
- Arrange furniture in a way that you are able to easily move around your house.
- Remove loose rugs.
- Remove or tape down electrical cords to prevent tripping.

In the bedroom:
- Use nightlights, especially if you usually get up during the night.
- Keep your phone at your bedside.
- Keep assistive devices at your bedside.
- Always sit at the edge of the bed for a few moments before standing up to help prevent dizziness and falls.

In the bathroom:
- Use a non-skid bathmat.
- Make sure all personal care items are within easy reach.
- Use a seat booster for low toilets.
- Do not soak in the bathtub after surgery!

Chores:
- Cook and freeze meals ahead of time in order to avoid standing for long periods while cooking. Choose lean PROTEIN, such as chicken and/or protein drinks; low-fat foods; and drink plenty of water.
- Arrange for someone to help you with chores involving bending, lifting and twisting, such as cleaning, laundry, grocery shopping, etc.
- Arrange pet care if necessary, especially if you have a large pet requiring vigorous walks or frequent bathing.
Nutrition

Pre-operative Nutrition
Making healthy choices at home BEFORE surgery can increase your chances of success. Begin increasing protein intake a few weeks before surgery to build up both your strength and your tissues. Eat high quality proteins such as fish, poultry, eggs, nuts and seeds; high-fiber foods such as whole grains, vegetables, fruits and legumes; calcium-rich foods such as nuts, fruits, some leafy greens, and small amounts of dairy products; and foods containing essential fatty acids such as some nuts, seeds, or vegetable oils.

Try to avoid a lot of dairy products, sweets and baked goods, as well as high-saturated fatty foods, such as fried foods, heavy meats, and cured meats. Your diet can usually be a little lighter a few days before surgery, emphasizing more fruits, vegetables, and liquids, which will help ease the stress on your digestive system. Avoid stimulants, such as coffee, and sedatives, such as alcohol, prior to surgery. Notify your health care team if you suffer from constipation as this may worsen post-operatively due to the combined effects of anesthesia, limited mobility, and narcotic use. Additional measures, such as stool softeners, may be necessary.

***Remember: DO NOT EAT OR DRINK ANYTHING 8 hours prior to surgery, which usually means after midnight, including water, ice, coffee, candy, gum, mints, etc.!!!***

Post-operative Nutrition
Eat small, light, low-fat meals throughout the day when recovering from surgery. Include foods like whole wheat toast, yogurt, kefir, custard, pudding, fruits, soup, and fortified shakes. If a soft or liquid diet is necessary following surgery, consider protein and/or nutrient powders, broths, fresh juices, light soups, and pureed fruits or vegetables, such as squash, mashed potatoes, bananas or applesauce. Eat fresh, healthy foods that are rich in nutrients and trace minerals. Protein is particularly important as it will help build your tissues. A protein-rich multivitamin shake may be a good way to start getting more protein after surgery. Eating fiber can help prevent constipation. Good natural sources include prunes, prune juice, figs, apricots, berries and other fruits, vegetables, legumes, and whole grains.

Aim for eight 8-ounce glasses of fluids a day unless your doctor tells you that you need to restrict fluids. Drinking water helps prevent dehydration, helps fiber work better, and flushes out the bladder. Drink caffeinated beverages sparingly. Avoid junk food, especially foods that contain processed fats such as hydrogenated oils. Olive oil is excellent for easing inflammation following surgery.

Source: www.preparingforyoursurgery.org

Nutrition in the Hospital
Your nutrition at Sacred Heart is carefully planned in a joint effort among your surgeon, a registered dietician, and food services. Your surgeon may order a special diet for you depending on your health care needs. You may dial FOOD (3663) from your room to order meals from the menu provided.
Medications

Discontinuing Medications
Talk to your surgeon and primary care physician about any medications you are currently taking. Some medications may cause bleeding, and your doctor may ask you to stop taking them up to one week before surgery. Examples include aspirin products, Coumadin, vitamin E, anti-inflammatory drugs, Motrin, Ibuprofen, Plavix, Aggrenox, Ticlid, Toradol, Excedrin, herbal supplements, etc.

If you are currently taking Tylenol for pain, do not take more than 3,000mg, or 6 extra-strength Tylenol, in 24 hours. Please check with your doctor before discontinuing any medications. Discuss with your surgeon your options for pain relief before surgery.

Also, discontinue all herbal supplements one week before surgery. Discuss ALL medications you routinely take with the pre-admitting nurse when the nurse calls you for a phone interview. The nurse will review which medicines you should discontinue, as well as tell you which to take the morning of surgery.

Drug-Level Testing
For drugs that require a level test (digoxin, seizure medicines, drugs requiring therapeutic ranges), this should be done within 30 days prior to your surgery. If you have not done this, call your doctor/surgeon’s office and they will write you a prescription for a test, which you can bring to the hospital lab as soon as possible.
Discharge Planning

Discharge planning begins on admission. We want you to return home to your usual life and activities as soon as possible. We want you to achieve the following goals before discharge from the hospital:

- Get in and out of bed safely using the proper technique.
- Get up and down from chair and toilet safely.
- Get in and out of the shower safely.
- Walk with a walker, if needed, on level surface for 150 feet.
- Be able to go up and down stairs if you have them at home or wherever you will be recovering.
- Get dressed. If you have help at home, your support person may assist you.
- Get in and out of your car safely.

There are several options when it comes to your continued recovery after leaving the hospital. Choosing the best option for you will be a joint effort among your nurses, doctor(s), physical therapist, social-services representative, and YOU. Options include:

- Outpatient Rehabilitation: Patients who have met their goals and have enough support are typically able to return home. They travel to and from physical therapy rehabilitation with transportation help from a support person.

- Home Health: Some patients are able to return home but may need some additional assistance with tasks such as bathing and dressing changes. Arrangements can be made for a home health-nurse or physical therapist to come visit you in your home.

- Inpatient Rehabilitation: These facilities are helpful when you require extra assistance with your daily care and it is too much of a burden for your support person. You may require assistance with getting in and out of bed, toileting, and walking.

- Skilled Nursing Facility: If you require a more inclusive level of care after discharge from the hospital, a skilled-nursing facility may be appropriate. You may be unable to walk functional distances, perform personal care tasks, or tolerate extended rehabilitation activities beyond what you did at the hospital.

***If possible, arrange to call or visit a facility before your surgery so you can make the best choice. Please refer to the list of facilities found at the end of this guide book. ***
Packing for the Hospital

Items to Pack in Your Bag
Please use the following list as a guide of suggested items to bring with you to the hospital. You may either leave these items in the car or ask one of your family members or friends to hold them for you until you move into your inpatient room following surgery.

- Spine Camp Guide
- Personal-care items such as toothpaste, toothbrush, mouthwash, deodorant, etc.
- Hairbrush or comb
- Makeup, if desired
- Loose-fitting clothing, such as gym shorts, tops, t-shirts, exercise pants, socks, etc. Please do not bring anything excessively baggy that might get tangled around your feet or ankles.
- Comfortable shoes with non-slip soles and closed heels for your discharge home. Please do not bring flip-flops, open-back shoes or slippers.
- If you use a CPAP or BIPAP machine, please bring it with you to the hospital. Upon arrival, it will be checked by our BioMed services team for approval of use in the hospital.
- Assistive device(s) if you use one, including a cane, walker, etc.

Items to Bring to the Pre-operative Area:
Please use the following list as a guide of suggested items to bring with you to the pre-operative area:

- Any imaging media, including discs with x-rays, CT, MRI scans, etc. You may have already given these to your surgeon, which is fine.
- Glasses, hearing aids and any other item you use on a daily basis, as well as their protective cases. Never wrap dentures in paper towels or napkins as they can be mistaken as trash by staff.
- Cervical collar from surgeon’s office, if applicable
- Picture ID, insurance information, Living Will/Advance Directive, etc.
- A list of any allergies and associated reactions to medicine, food, clothing, latex, etc.
- A list of any medicine you take at home, including the strength of each dose
- Something to occupy your time, such as a book, magazines or tablet/laptop. The hospital provides complimentary Wi-Fi access. Please leave valuable items with your support person or security as they CANNOT go to surgery with you.
- Please do NOT bring money and valuables, such as jewelry and wallets.
Surgery Day

Personal Care
On the morning of surgery, take an additional shower with antibacterial soap. Do not put anything on or around the surgical site following your shower, including lotion or powder. Apply the ointment from your surgeon to your nostrils. Brush your teeth, but do not swallow any water or mouthwash. Do not wear make-up and/or dark fingernail polish. Follow any pre-admission instructions regarding medications to take the morning of surgery. If you are diabetic, do not take your oral medications or insulin unless otherwise instructed.

Scheduled Arrival
During your pre-operative phone call, the nurse will tell you when to arrive at the hospital, which is usually around two hours before your scheduled surgery time. If you are late, your surgery may be delayed or cancelled. Please call the pre-operative nurse if something comes up unexpectedly prior to your arrival. Upon arrival to the hospital, please check in at the Admitting Department in the main entrance.

Pre-Operative Area
After arrival, you will be taken to the pre-operative area of the hospital. Your family will be asked to wait in the waiting room located directly outside the pre-operative area; however, one person may stay with you. Several tasks will be performed in pre-op, including:

- Changing into hospital gown and removing ALL items of personal clothing
- Receiving an assessment by the pre-op nurse(s), who will check vital signs, perform a quick health assessment, listen to your heart/lungs, etc.
- Receiving TWO IVs by the pre-op nurse
- Signing any necessary paperwork, including consents, fall-risk agreement, etc.

The pre-op area is crowded with many team members verifying the final details of your procedure. Once all the preparations are complete, additional family members may come back to join you. For your safety, you will be asked many of the same questions repeatedly, including your name, date of birth, procedure, etc. You will talk to many people in the pre-op area, including several nurses, an anesthesiologist and certified registered nurse anesthetist (CRNA), an operating room circulating nurse, a neuro-monitoring technician, the spine navigator, and your surgeon.

Anesthesia
The anesthesia team consists of several anesthesiologists and certified registered nurse anesthetists (CRNAs) who will thoroughly assess and interview you prior to your surgery. They will participate in your care before, during, and after your procedure, and their goal is to tailor the anesthetic to the individual patient in order to provide you with the safest anesthesia and the most sufficient amount of pain relief. The anesthesiology team works closely with the other members of the team to provide you with high-quality care.
Depending on your current health status and the procedure you are about to undergo, they may deem it necessary for you to have special IV’s in addition to the two placed by the pre-op nurses.

If possible, sedation is given for the insertion of these lines:
- Arterial Line (A-Line): A thin catheter is inserted into an artery, usually in the wrist. This type of insertion is most commonly used in intensive care medicine and anesthesia to monitor the blood pressure real-time rather than by intermittent measurement, and to obtain samples for arterial-blood-gas measurements. It is not generally used to administer medication.
- Central Line: A catheter is placed into a large vein in the neck (internal jugular vein), chest (subclavian vein or axillary vein), or groin (femoral vein). It is used to administer medication or fluids, obtain blood tests (specifically the mixed venous oxygen saturation), and directly obtain cardiovascular measurements, such as the central venous pressure.

The anesthesia team will review their processes with you, explain the risks associated with anesthesia, and answer any questions you may have before you go to surgery. They will also require that you sign a consent giving your permission to receive anesthesia.

***Please alert your anesthesia providers if you, or any of your family members, have had life-threatening issues associated with anesthesia.***

**Operating Room**
When you are wheeled into the operating room, you will notice immediately that it is very cold (usually around 59°), and your nurse will provide you with a warm blanket. Your surgical team will be making final preparations around the room, and will be wearing scrubs, hats, and facemasks to help keep the environment free from germs and bacteria. You will also notice bright lights and a variety of instruments and equipment. Even though patients are awake upon arrival to the operating room, it is not uncommon to have no memory of these events as a result of the anesthesia medicines.

The anesthesiology team will give you any additional pain medicine as discussed previously prior to the start of surgery. You will be attached to monitoring equipment via cold stickers, and you will be watched closely by anesthesia and neuro-monitoring throughout the entire procedure. After you are asleep, the nurse will typically insert a Foley catheter into your bladder, you will be carefully positioned, and your surgical site will be thoroughly cleaned.

Although the surgeon will give you the best estimate of his working time (add roughly one hour to his estimate for beginning and ending preparations), spine surgery usually lasts at least 1.5 to 2 hours. The OR nurse will keep your family updated throughout the procedure. Either the surgeon or the OR nurse will notify your family when the surgery has ended and you are headed to the recovery room.
**Blood Products**
Your anesthesia team and surgeon may find it necessary to administer blood products to you. This can be autologous blood (your own blood lost during surgery, which has been cleaned and given back to you) and/or homologous blood products (blood donated from other people, such as packed red blood cells, platelets, fresh frozen plasma). If you have religious or spiritual beliefs that may prohibit you from receiving blood products, please alert the members of your healthcare team prior to surgery. The red arm band placed on you at your pre-operative lab appointment correlates to the blood products that have been set aside for you. It is very important that you do not remove this band. To prevent losing the red stickers at home, try wrapping your wrist in plastic cling wrap before showering.

**Neuro-monitoring in the Operating Room**
Neurophysiologic monitoring is the use of electrophysiologic methods to assess and monitor the function of specific structures of the nervous system. Depending on the location of your procedure, your surgeon may deem it necessary to monitor one or more structures. Commonly monitored structures include the anterior spinal cord (motor tracts), the posterior spinal cord (sensory tracts), the cauda equina (bundle of nerves at the end of the spinal cord in the lumbar spine), individual nerve roots, and peripheral nerves of the arms and legs. During the procedure, if the surgeon inadvertently pulls on or bumps a nerve, the neurophysiologist can see muscle activity on his or her computer screen and immediately inform the surgeon, alerting him to back away from the area of neural tissue.

If your surgeon has ordered neuro-monitoring for your procedure, you will meet the neurophysiologist in the pre-operative area to discuss the following:

- The neurophysiologists will explain the specific tests they will be performing. Most common tests include sensory and motor tests. To perform sensory tests, neurophysiologists use small electric stimulators to stimulate peripheral nerves of the arms and legs, and they record the sensory impulses from the sensory-receptive areas of the brain. To perform motor tests, neurophysiologists use sub-dermal (small needle) electrodes to stimulate the motor portion of the brain, and they record the impulses from the muscles of the hands and feet. In this way, neurophysiologists can assess the function of the spinal cord as information travels up to the brain (sensory) as well as down to the body (motor).
- The neurophysiologists will require an informed consent to perform the tests the surgeon has ordered. If you receive any relaxation medications or pain medications prior to the neurophysiologist’s arrival, a family member may sign the consent form for monitoring.
- The neurophysiologists may place stimulator electrodes (stickers) on your wrists and ankles.
- The neurophysiologists often require additional information regarding your history and physical. They may look at the doctor’s notes in your chart, as well as ask you questions about your symptoms.
• The neurophysiologists must understand any sensory or motor deficits (numbness or weakness) you may have pre-operatively, in order to adequately reassess you post-operatively. They often perform neurological sensory and motor examinations in the pre-operative phase. For example, they may touch your leg in various locations and ask you to identify the sensation, and they may perform basic strength testing of your extremities.

The neurophysiologist will reassess you post-operatively in the PACU to make sure you have maintained your baseline level.

Post Anesthesia Care Unit (PACU)
After your surgery is complete, you will be placed on your hospital bed and woken up while still in the operating room. However, most people do not remember this and will instead remember ‘waking up’ in the recovery room or PACU. Here, the nurses will closely monitor your vital signs and pain level before sending you to your hospital room. In the PACU, you can expect the following:
• Pain: You should expect to have pain and discomfort upon waking up from spine surgery. Your PACU nurse will do everything reasonably possible to make your pain MANAGEABLE.
• Foley catheter: A Foley catheter will be in place, and many people report the sensation of the urge to urinate.
• Oxygen: You may have a nasal cannula or oxygen mask in place.
• Drain Tube: You will have a drain tube in place at the surgical site.
• SCD (Sequential Compression Device): SCD cuffs will be on your legs from your thighs to your ankles.
• Surgical-site dressing: A dressing will be over your surgical incision.
• Eyesight: Your eyes may be swollen, and your vision may be cloudy as a result of eye ointment used by anesthesia to keep eyes moist and protected.
• Face: Your face may be swollen for back patients who lay face down during surgery.
• Cervical collar: If you had neck surgery, you will be wearing a cervical collar.
• Water: Ice chips or water will be provided as tolerated.

During the recovery process, you may have side effects from the anesthesia, such as drowsiness, nausea, vomiting, headache, dry mouth, thirst, sore throat, shivering/coldness, soreness, and/or general discomfort. PACU nurses will do their best to alleviate the symptoms, which may require staying in the PACU up to one to two hours.

After Surgery and Recovery
After surgery and recovery, you will be taken to your private hospital room. Depending on your current health history, a small number of patients need to be sent to Intensive Care Unit (ICU); however, most patients are sent to either the Progressive Care Unit (PCU) or the Medical/Surgical Unit (2 East). The first evening after surgery is dedicated to rest and recovery. Activity and visitors are kept at a minimum, and the focus is on stabilization and pain control.
Pain Management

Most surgical procedures will result in pain of some kind. Spine surgery, particularly back surgery, can be especially painful. The pain tends to be the worst immediately following surgery and on the first post-operative day (POD1).

Unfortunately, your healthcare team is unable to take away ALL of your pain; doing so would likely result in respiratory arrest and you could end up in a much more dangerous situation. However, we don’t want you to be in so much pain that it impedes your recovery process. With less pain from illness or surgery, you can increase your daily activities, sleep better, eat better and feel more positive overall. Our goal is to work with you towards a pain level that is MANAGEABLE. We want your pain to be at an acceptable level that is compatible with your activities of daily living.

Some steps that you should take as a patient to achieve proper pain control are to:

- Ask your doctor or nurse what to expect.
- Discuss pain-relief options with your doctors and nurses to let them know what has or hasn’t worked well for you in the past, in addition to sharing any side effects from pain medicine that you have experienced before.
- Work with your doctor and nurse to make a pain-relief plan.
- Ask for pain relief when pain first begins.
- Help the doctor and nurse to measure your pain (see scale below).
- Tell the doctor or nurse about any pain that will not go away or becomes more severe.
- If you are worried about developing an addiction to pain medication, please talk to your doctor, PA, or nurse about your concerns.

A variety of healthcare workers will be involved in your pain-management plan, including your physician, a pain specialist if necessary, your nurse, a rehabilitation specialist (physical or occupational therapist), social worker, pharmacist, spiritual or religious counselor, and a dietitian. In addition to physical pain, a person’s pain can also include his or her emotions and attitude. Positive feelings and thoughts may keep a person from focusing on pain or help him or her take more steps to control it. To create a pain-management plan, your healthcare team will most likely ask you the following questions:

- When and where do you have pain?
- What does your pain feel like?
- Have you had any other types of pain?
- How is the pain affecting your daily activities, including working, sleeping, taking part in physical activities, etc.?
At Sacred Heart, we use a standard pain scale throughout the hospital to help everyone who cares for you understand your level of pain. The pain scale also helps your health care team know how much medication you need and how often you need it in order to have adequate pain control. Our goal is to keep your pain at a tolerable level. You are the only one who knows how much pain you feel, so please be honest with your health care team. Your tolerable pain level is also called your “Comfort Function Goal.”

Once the pain treatment begins, your nurse will periodically reassess your pain. Your comfort function goal number helps your nurse determine how well your pain management plan is working. To assess your pain, your nurse, physical therapist, and doctor will ask you:

- What is the intensity of your pain right now on a scale of 0 to 10? *0 means no pain and 10 means the worst possible pain.*
- What is your comfort function goal on a scale of 0 to 10? *3 to 4 is a reasonable goal for many patients after surgery.*

**Complementary Nursing Care Program at Sacred Heart**
This program blends the science of traditional medicine with the art of healing to enhance the level of care and promote healing. Through techniques such as breathing exercises, restorative positioning, stretching, meditation, and aroma therapy, complementary nursing care can help patients who are experiencing pain, nausea, anxiety, insomnia, immobility, and/or constipation. If you are interested in this free service, which is provided by a dedicated registered nurse with specialized training, please alert your nurse or the Spine Navigator so they can make a referral for you.

**Managing Pain at Home**
Prior to discharge, take time to talk to your doctor or nurse about how to manage your pain at home. Prescriptions for pain medications will be given by your doctor before discharge.
The following table lists medications you may receive while in the hospital, their indications, as well as their most common side effects.

<table>
<thead>
<tr>
<th>Indication for Medicine</th>
<th>Medicine Names Generic (Brand)</th>
<th>Most Common Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain Relief</td>
<td>• Hydromorphone (Dilaudid)</td>
<td>• Decreased respirations</td>
</tr>
<tr>
<td></td>
<td>• Morphine</td>
<td>• Dizziness</td>
</tr>
<tr>
<td></td>
<td>• Oxycodone/Acetaminophen</td>
<td>• Constipation</td>
</tr>
<tr>
<td></td>
<td>(Percocet)</td>
<td>• Queasiness/vomiting</td>
</tr>
<tr>
<td></td>
<td>• Hydrocodone/Acetaminophen</td>
<td>• Rash</td>
</tr>
<tr>
<td></td>
<td>(Vicodin, Lortab)</td>
<td>• Confusion</td>
</tr>
<tr>
<td></td>
<td>• Fentanyl</td>
<td>• Dry mouth</td>
</tr>
<tr>
<td></td>
<td>• Tramadol (Ultram)</td>
<td>• Decreased appetite</td>
</tr>
<tr>
<td>Nausea/Vomiting</td>
<td>• Ondansetron (Zofran)</td>
<td>• Headache</td>
</tr>
<tr>
<td></td>
<td>• Promethazine (Phenergan)</td>
<td>• Constipation</td>
</tr>
<tr>
<td></td>
<td>• Scopolamine patch</td>
<td>• Drowsiness</td>
</tr>
<tr>
<td>Heartburn/Reflux</td>
<td>• Esomeprazole (Nexium)</td>
<td>• Headache</td>
</tr>
<tr>
<td></td>
<td>• Famotidine (Pepcid)</td>
<td>• Diarrhea</td>
</tr>
<tr>
<td></td>
<td>• Lansoprazole (Prevacid)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Omeprazole (Prilosec)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pantoprazole (Protonix)</td>
<td></td>
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<tr>
<td></td>
<td>• Ranitidine (Zantac)</td>
<td></td>
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<tr>
<td>Lower Cholesterol</td>
<td>• Atorvastatin (Lipitor)</td>
<td>• Headache</td>
</tr>
<tr>
<td></td>
<td>• Lovastatin (Mevacor)</td>
<td>• Muscle pain</td>
</tr>
<tr>
<td></td>
<td>• Pravastatin (Pravachol)</td>
<td>• Upset stomach</td>
</tr>
<tr>
<td></td>
<td>• Rosuvastatin (Crestor)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Simvastatin (Zocor)</td>
<td></td>
</tr>
<tr>
<td>Blood Thinner (to prevent or break down blood clots)</td>
<td>• Enoxaparin (Lovenox)</td>
<td>• Increased risk of bleeding</td>
</tr>
<tr>
<td></td>
<td>• Dalteparin (Fragmin)</td>
<td></td>
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<tr>
<td></td>
<td>• Heparin</td>
<td></td>
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<tr>
<td></td>
<td>• Warfarin (Coumadin)</td>
<td></td>
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<tr>
<td>Prevention of Blood Clot Formation</td>
<td>• Aspirin</td>
<td>• Upset stomach</td>
</tr>
<tr>
<td></td>
<td>• Clopidogrel (Plavix)/(Arixtra)</td>
<td>• Increased risk of bleeding</td>
</tr>
<tr>
<td>Abnormal Heart Rhythm</td>
<td>• Amiodarone (Pacerone)</td>
<td>• Dizziness</td>
</tr>
<tr>
<td></td>
<td>• Digoxin (Digitek)</td>
<td>• Headache</td>
</tr>
<tr>
<td>Indication for Medicine</td>
<td>Medicine Names Generic (Brand)</td>
<td>Most Common Side Effects</td>
</tr>
<tr>
<td>-------------------------</td>
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</tr>
</tbody>
</table>
| Lowers Blood Pressure/Heart Rate | Calcium Channel Blockers:  
• Diltiazem (Cardizem, Cartia XT, Tiazac, Dilacor XR)  
Beta Blockers:  
• Atenolol (Tenormin)  
• Carvedilol (Coreg)  
• Metoprolol (Lopressor, Toprol XL) | • Dizziness  
• Headache |
| Lowers Blood Pressure | ACE Inhibitors, Angiotensin Receptor Blockers:  
• Benzapril, Captopril, Enalapril, Lisinopril, Quinapril, Ramipril  
• Irbessartan (Avapro)  
• Olmesartan (Benicar)  
• Valsartan ( Diovan) | • Dizziness  
• Cough |
| Antibiotics (for prevention/treatment of bacterial infections) | • Amoxicillin/Clavulanate (Augmentin)  
• Cefazolin (Ceftin)  
• Ceftriaxone (Rocephin)  
• Cefotetan or Cefoxitin  
• Clindamycin (Cleocin)  
• Ertapenem (Invanz)  
• Levofloxacine (Levaquin)  
• Metronidazole (Flagyl)  
• Pipercillin/Tazobactam (Zosyn)  
• Vancomycin (Vancocin) | • Upset stomach  
• Diarrhea  
• Rash/flushing  
• Headache |
| Reduce Inflammation | • Celecoxib (Celebrex)  
• Dexamethasone (Decadron)  
• Hydrcortisone (Cortef)  
• Ibuprofen (Motrin)  
• Ketorolac (Toradol)  
• Prednisone | • Upset stomach  
• Sleeplessness |
| Reduces Anxiety or Induces Sleep | • Diazepam (Valium)  
• Lorazepam (Ativan)  
• Midazolam (Versed)  
• Oxazepam (Serax)  
• Temazepam (Restoril)  
• Zolpidem (Ambien) | • Dizziness  
• Drowsiness  
• Headache  
• Confusion |

Source: Information adapted from Health One Sky Ridge Medical Center
After Surgery

Nursing Units
When you leave the PACU, you will be sent to a nursing unit. The unit where you are placed is determined by several factors such as your health status before surgery and the procedure performed. The health care team chooses the appropriate level of care on an individual patient basis. In all units, nursing assessments are performed regularly around the clock to closely monitor your vital signs and pain level. Please refer to the end of this book for the Sacred Heart visitation policy and hours for each unit. The patient care units include:

- Medical/Surgical Unit (2 East) and Progressive Care Unit (PCU): Most spine surgery patients will go to 2 East or PCU. All patient rooms at Sacred Heart are private, and you may have one person stay with you if you wish.
- Intensive Care Unit (ICU): Some patients may go to the ICU and may possibly be transferred to 2 East or PCU after one or two days. These patients may have pre-existing health issues requiring a higher level of care, or they may require continued ventilator assistance after surgery.

What to Expect
In general, most spine surgery patients can expect the following:

- Dietary: After surgery, you will be given ice chips, water, and clear liquids for the rest of the day. Your diet will then advance as you are able to tolerate it.
- IV Medication: You will receive antibiotics for 24 hours after surgery and your PCA pain pump will be discontinued the day after surgery. You will also receive IV fluids and pain medicine. Once you are able to tolerate these orally, your IVs will be discontinued. However, your IV port(s) will be left in place to ensure venous access if needed.
- Oxygen: Once your blood oxygen levels are stabilized after surgery, your oxygen can be removed.
- Therapy: Physical therapy and occupational therapy will see you the morning after surgery to start getting you up and moving and performing daily activities as soon as possible. Participating in your scheduled therapy is very important for recovery; remember, “MOTION IS LOTION!”
- Lab Work: Blood samples are drawn in the early morning and also as ordered by your doctor.
- X-ray: A radiologist technician will bring you down to the radiology department for your post-operative X-ray on post-op day one or two.
- Foley Catheter and Surgical Drain: Your Foley catheter will be removed when you are safely able to transfer to and from the bathroom. Your surgical drain will be removed when the output has fallen to less than 50mL in 12 hours.
- Dressing Change: The nurse will change your dressing on post-op day one (necks) or post-op day two (backs).
- Incentive Spirometer – Your nurse will show you how to use this every hour to keep your lungs fully active. Continue to use it at home after discharge as well.
Nursing

Bedside Reporting
At Sacred Heart Hospital on the Emerald Coast, we conduct a bedside report to keep you better informed about your plan of care, medications, tests and progress while you are here. The nurses will perform bedside reporting in your presence at each shift change to ensure proper communication of all important information and to introduce you to your new nurse.

In the event that you have visitors in your room at the time of the bedside report, or anytime you feel uncomfortable about any information being discussed, please let your nurse know and other arrangements will be made at that time. If you are sleeping during the shift-change report, a nurse will check on you later, and the verbal report will be done elsewhere to permit your continued rest, unless you have asked us to wake you for the report.

We know the bedside report will benefit you, the patient, by keeping you better informed of your condition. It also allows us to continue to maintain the high quality of care that you expect as a patient at Sacred Heart Hospital on the Emerald Coast.

Patient Safety
Your safety, and that of all our patients, is one of our top priorities at Sacred Heart. For this reason, you may notice nurses and other healthcare team members performing the same practices repeatedly. You will be asked your name and birthdate before every procedure, medication, or treatment. You will notice staff implementing fall-risk precautions after surgery. You should notice staff members either washing their hands or utilizing the hand-sanitizing foam every time they enter or exit your room.

If, at any time, you notice that these practices are not being performed, it is your right as a patient, or a family member, to request that they be done. It is also your right to expect the best care possible at Sacred Heart.
Fall Prevention Guidelines

Your safety is important to us, and we need your help to prevent falls. Some patients are at greater risk of falling than others, and the risk is highest during the first few days in the hospital. Falls may even occur with patients who do not have a history of falling or who were independent and safe before coming to the hospital. Patients will be asked to sign a “Fall Prevention Agreement” upon admission.

Falls are more likely to occur in the hospital because:

- You are sick or recovering from surgery and may feel weak.
- Fall risk rises with age, especially if you are 70 years old or older.
- Certain medications may make you at high risk for falls.
- Certain diagnoses may make you at high risk for falls, including previous falls.
- You may have tubes or machines hooked up that make movement more difficult.
- The toilet may be further away than you are used to at home.
- It may be darker in the room than you are used to at home.
- The lights are in a different place.
- You are away from your loved ones.
- The people helping you are unfamiliar.

Help prevent falls by following these tips:

- When you need to get up to go to the bathroom, press the nurse call button and wait for your nurse to arrive. Your nurse will also help you get back in bed.
- Take your time when you need to get up from the bed or a chair. Before you get up from bed, sit on the side a few minutes to make sure you do not get dizzy.
- Give yourself enough time to get to the bathroom, including allowing time for your nurse to arrive if you need help. Use the bathroom before going to sleep at night.
- Learn where things are in your room, especially the nurse-call button.
- Learn how to safely use hospital equipment, such as wheelchairs or walkers. Make sure that the wheelchair is locked in place before getting in or out of it.
- For your safety, do not lean on your bedside table or stand for support. Only lean on heavy, stable objects.
- For your safety, do not wear loose-fitting shoes or socks when walking that might cause you to slip accidentally. Non-skid slippers are available if you need them.
- Please keep the top two side rails up on your bed at all times.
- Be careful when opening doors.
- Go around corners slowly.
- Report any spills on the floor.
- To prevent from getting dizzy, do not tilt your head back sharply.
Fall-Prevention Guidelines for Families and Support Team Members

We ask that all visitors join with us in our efforts to promote and maintain a safe environment of care. If your family member has been evaluated and identified as a person who may be at risk for falling, please pay special attention to the following information.

Fall-Risk Initiatives
In order to reduce the risk of falls and prevent potential injury to our patients, Sacred Heart is joining the nationwide effort to make all fall prevention warning signs and labels a standardized bright yellow, signaling CAUTION. During your visit, you will notice a number of fall-risk initiatives used to alert healthcare workers, family members, and visitors of the patient’s increased risk of falling, including:

- Fall-risk patients will wear yellow socks at all times.
- Fall-risk patients will wear a yellow armband displaying “FALL RISK.”
- A yellow “CALL, DON’T FALL” sign will be located in the patient’s room to remind patients to hit the call button when they need assistance getting up.
- The healthcare team will ask fall-risk patients about the “4 P’s” before leaving the room, including Pain, Potty, Position and Possessions.

How can family members and visitors help?
At the end of your visit with the patient, please assist us with the following:

- Notify the nurse or technician when you are leaving.
- Make sure the patient has useful items within reach, including eyeglasses, hearing aid, telephone, etc.
- Alert the nurse if the bed is not in the lowest position or if the upper side rails are not in the raised position.
- Make sure that chairs and other obstacles are not in the way, especially in the path between the patient’s bed and the bathroom.
- Let the staff know if you notice that there is not a light on in the patient’s room or bathroom at night.
- Please notify a staff member if you notice any unattended patients with yellow socks so that we can assist them back to a safe location.
- Please share any comments or concerns you may have regarding the patient’s safety with a nurse.
Physical and Occupational Therapy

It is important that you fully participate in therapy in order to make a full and speedy recovery. Inactivity after surgery can lead to serious complications, such as pneumonia. Please refer to the end of this manual for descriptions and pictures of exercises and proper body mechanics.

Physical Therapy
Physical therapy is an important part of the recovery process. The physical therapist will see you on the first day following your surgery to evaluate your strength and range of motion. In order to set rehabilitation goals for you to achieve before leaving the hospital, the therapist will ask you several questions about your home environment, including:

- Are you already using a cane or a walker?
- Do you have steps or stairs to climb as you enter your home or within your home?
- Do you live alone or do you have help at home?

Inpatient physical therapy generally focuses on walking and learning how to safely transfer from the bed to a chair in order to safely move around at home. Your physical therapist will teach you exercises to begin strengthening and improving your range of motion. The physical therapist will show you how to use special equipment during the recovery process.

As your therapy progresses, you will become more independent getting in and out of a bed or a chair, and you will begin walking greater distances with a walker. You will also become more independent with your exercise program. After leaving the hospital, patients discharged to home will continue physical therapy under the supervision of a physical therapist. Patients who are discharged to a rehabilitation facility will continue physical therapy sessions as well until they are able to independently perform daily activities.

If you require an assistive device, such as a cane or walker, and do not currently have one, please be aware that Medicare will NOT pay for the device if Medicare has paid for one for you within the last FIVE years. If you previously had a cane, but now need a walker, then Medicare will cover the cost. However, if you need a walker, but had one paid for by Medicare within the last five years, then Medicare will not cover it. You may wish to check with family members or area thrift stores if you cannot get a device through Medicare.

Occupational Therapy
The goal of occupational therapy is to educate patients and encourage independence in daily activities. When you are recovering from spine surgery, it can be difficult to pick things up off the floor, reach your feet, or get dressed without some type of assistance. Occupational therapy helps patients with reduced reaching and bending capabilities continue to maintain independence at home.
Home Instructions After Discharge

Please follow all discharge instructions provided by your surgeon’s office and discharge nurse. If you have any questions, call your surgeon’s office. If you have a medical emergency, dial 911.

Follow-up Appointment
Regardless of where you go upon discharge from the hospital (home, rehabilitation facility, etc.), call your surgeon’s office to schedule and/or confirm your first post-operative follow-up appointment. It is usually scheduled for 10-14 days after surgery. Your stitches/staples will likely be removed at this appointment.

Medications
You will likely be sent home with medication prescriptions, and you can have them filled wherever it is most convenient for you. Take all prescriptions as indicated by your doctor. If you are given an antibiotic, it is important that you finish ALL of the prescription as directed. It is normal to occasionally feel nauseated, drowsy, and/or constipated with narcotic pain relievers, and you can use a stool softener or laxative if needed. Do NOT take NSAIDs (such as Motrin, Advil, Ibuprofen, Naprosyn, etc.) until directed by your surgeon. You MAY take Tylenol, as directed on the package, but do not exceed 3000mg/day. Never drive or consume alcohol while taking pain medication!

Driving
Do not drive until cleared by your surgeon, which typically happens four weeks after surgery. Arrange for transportation to and from all follow-up and physical therapy appointments. Remember, never drive while taking pain medication!

Exercise
Light exercise is an important part of the recovery process. In addition to the exercises given to you by the physical therapist, walking is the best exercise you can do after spine surgery.

Wound Care
Your dressing needs to be changed daily until your follow-up appointment. Keep the dressing dry, and do NOT use ointments such as Neosporin. A small amount of bloody drainage is normal for the first few days following surgery. Dressings can be discontinued 24 hours after the incision stops draining, but some people prefer to keep their wound covered. Once the wound is dry for three consecutive days, or if the staples/sutures have been removed, then you may take a shower. Always pat wounds dry, and never rub over them. Never apply lotions, powders, or perfumes over your surgical wound. Do NOT soak your wound in baths, pools, hot tubs, ocean, etc., for at least FOUR weeks following surgery. Notify your surgeon if you notice redness around the edges of your wound or any thick yellow or green drainage or odor. Report any fever or chills, including a temperature over 101°F.
What to Avoid Following Spine Surgery:
As with any surgery, there will be some slight limitations when you return home. There are several actions you should avoid to ensure a successful recovery, including:

- **BLTs:** No **B**ending, **L**ifting, or **T**wisting! You may, in fact, eat a BLT sandwich, but avoid any activity that involves these actions! Do not lift items weighing more than **10 pounds.** Please refer to the next page for examples.
- **Housework:** Avoid heavy housework, especially any chores that involving bending, lifting, and twisting like laundry, mopping, grocery lifting, etc. Try to arrange for someone to help you with these tasks.
- **Sports/Strenuous Exercise:** Do not participate in recreational activities that cause strain or pain to your neck or back until permitted by your surgeon. Comfortable walking and light exercise are permitted.
- **Traveling:** If you must travel long distances, you should change position or stand every hour.
- **Low Furniture:** Avoid chairs, sofas, beds, and toilets that are excessively low to the ground as it can be difficult to get up. You may wish to get a toilet booster seat.
- **Smoking:** Smoking has a negative impact on the healing process.
- **Sexual Activity:** Do not have sexual relations for the first four to six weeks following lumbar surgery or two to four weeks following cervical surgery. You may resume sexual activity after being cleared by your doctor.
- **Soaking:** Avoid soaking or submerging your wound for at least **FOUR** weeks following surgery! This includes NO pools, bathtubs, hot tubs, oceans, lakes, etc.! Hot tubs can be cesspools for bacteria, and the Gulf, ocean and lakes contain many micro-organisms that can cause an infection of your surgical site.
Post-Surgical Care Home Instructions

No BLT!!!!

- No Bending
- No Lifting
- No Twisting

Post-Surgical Care Home Instructions

Do NOT lift more than 10 lbs.!
For example:

- 12-pack of soda...10lbs
- Gallon of milk...8.8lbs
- 2Liter soda...7.8lbs
- Large saucepan...1-2lbs

Also, NO lifting children, pets, groceries, laundry, trash, etc.!!!
Helpful Information: Nursing Homes & Funding

Skilled-Nursing Facilities
Skilled-nursing facilities are located in area nursing homes. A patient may be admitted to a skilled-nursing facility upon the written order of his/her physician and determination by the Medicare coordinator that the skilled-nursing care or skilled-rehabilitation services are required.

Medicare Benefits
Medicare pays up to 100 days in a skilled-nursing facility as long as the patient meets Medicare’s skilled-nursing facility criteria. Medicare pays 100% of the cost on days 1 - 20. Following day 20, there is a co-pay up to $109.50 per day for days 21-100. Some Medicare supplemental policies pay this co-payment. Some Medicare supplemental policies also pay for skilled care after 100 days if the patient still qualifies under Medicare criteria.

Medicaid Benefits
The State of Florida Medicaid program assists patients with nursing home costs when assets are limited and the patient’s individual gross income does not exceed $2,000 per month. This is a general guideline for Medicaid assistance. For more information, please call Children and Family Services Centers at the following numbers:
- Crestview: (850) 689-7700
- Fort Walton Beach: (850) 833-3700
- DeFuniak Springs: (850) 892-8600

Know Your Options
When considering a skilled-nursing facility or nursing home for your loved one, it is important to know your options. In addition to reviewing your options, take time to support the patient before, during and after the admission process. Transferring to a skilled nursing facility or nursing home can be a very stressful time for patients, and they need the full support of their family members.
Facility Resource Information

Home Healthcare Agencies - Serving Okaloosa & Walton Counties

• Amedisys Home Health of the Panhandle
  Phone: (850) 650-6377 (Destin)
  Fax: (850) 654-8066
  Phone: (850) 682-1803 (Crestview)
  Fax: (850) 682-1831

• Angel’s Care
  Phone: (850) 862-5424
  Fax: (850) 862-5131
  Alt Fax: (850) 314-6671

• Gentiva Health Services
  (Accepts BCBS)
  Phone: (850) 862-3240 (FWB)
  Fax: (850) 863-1345
  Alt Fax: (850) 314-6671
  Phone: (850) 682-9615 (Crestview)
  Fax: (850) 682-6785

• Healthmark Home Health Agency
  (Nursing Only)
  Phone: (850) 951-4550
  Fax: (850) 892-0406

• Interim Healthcare of NW FL
  (Nursing Only; Accepts Medicaid)
  Phone: (850) 243-1152
  Fax: (850) 862-8548

• Medi Home Health Agency
  Phone: (850) 475-5392 (Pensacola)
  Fax: (850) 475-5396
  Phone: (850) 315-4980 (FWB)
  Fax: (850) 315-4984

• Medical Services of NW FL
  (Will not bill Medicare)
  Phone: (850) 936-0400
  Alternate: (800) 273-6566
  Fax: (850) 936-0450

• Okaloosa Regional Home Health
  (Accepts Medicaid & BCBS)
  Phone: (850) 682-9244
  Fax: (850) 682-6816

• Peoples Home Healthcare
  (Accepts BCBS)
  Phone: (877) 470-9288 (Pensacola)
  Fax: (850) 432-2996
  Phone: (850) 682-5500 (Crestview)
  Fax: (850) 423-0427

• Senior Home Care
  Phone: (850) 434-8662 (Pensacola)
  Fax: (850) 434-8689
  Phone: (850) 344-2340 (FWB)
  Fax: (850) 344-2348
  Phone: (850) 682-0644 (Crestview)
  Fax: (850) 682-0216
Home Healthcare Agencies – Serving Bay County

- Care South  
  Phone: (850) 522-4211  
  Fax: (850) 522-4207

- Gentiva Health Services  
  (Accepts BCBS)  
  Phone: (850) 769-3398  
  Fax: (850) 769-4877

- Interim Healthcare of NW FL  
  (Accepts BCBS; Will not bill Medicare)  
  Phone: (850) 747-0080  
  Fax: (850) 747-0920

- Lisenby Home Care, Inc.  
  Phone: (850) 769-0440  
  Fax: (850) 784-0218

- Medical Services of Northwest FL  
  (Nursing only; will not bill Medicare)  
  Phone: (850) 233-3384  
  Fax: (850) 233-2701

- NHC Homecare Panama City  
  (Accepts BCBS)  
  Phone: (850) 769-5256  
  Fax: (850) 763-9927

- Suncrest Omni Home Care  
  (Medicare only)  
  Phone: (850) 215-4061  
  Fax: (850) 215-4064

- Med South  
  Phone: (850) 547-5549  
  Fax: (850) 547-5458

- Tender Touch Healthcare Services  
  Phone: (850) 913-1500  
  Fax: (850) 913-1584
**Durable Medical Equipment**

**Serving Okaloosa and Walton County**
- American Home Patient  
  Phone: (850) 863-1100  
  Fax: (850) 863-2711  
- Barnes Healthcare/Optioncare  
  Phone: (850) 622-5525  
  Fax: (866) 790-0148  
- Gulf Medical Services  
  Phone: (850) 314-9955  
  Fax: (850) 314-9927  
- Health Care Solutions  
  Phone: (850) 862-1154  
  Fax: (850) 863-1154  
- J&B Medical  
  Phone: (850) 729-2559  
- Lincare  
  Phone: (850) 863-4630  
  Fax: (850) 863-4648  
- Mash Medical  
  Phone: (850) 863-4515  
  Fax: (850) 863-1319

**Serving Bay County**
- American Home Patient  
  Phone: (850) 265-6565  
  Fax: (850) 265-6562  
- Apria Healthcare  
  Phone: (850) 747-8070  
  Fax: (850) 913-0704  
- Barnes Healthcare  
  Phone: (850) 785-2480  
  Fax: (888) 276-7882  
- Gulf Medical Services  
  Phone: (850) 914-2489  
  Fax: (850) 914-2490  
- Health Care Solutions  
  Phone: (850) 769-4821  
  Fax: (850) 769-0321  
- Lincare  
  Phone: (850) 769-4700  
  Fax: (850) 769-3903  
- Patient’s Choice Medical Services  
  Phone: (850) 913-9513  
  Fax: (850) 915-9164  
- Superiaire Oxygen & Medical Equipment  
  Phone: (850) 769-0080  
  Fax: (850) 785-3661
Outpatient Rehabilitation Facilities

Destin/Santa Rosa Beach

- Sacred Heart Hospital
  Outpatient Rehabilitation
  7720 US HWY. 98W, Suite 220
  Miramar Beach, FL 32550
  Phone: (850) 622-5192
  Fax: (850) 622-5196

- Select Physical Therapy
  1008 Airport Rd.
  Destin, FL 32541
  Phone: (850) 837-3349
  Fax: (850) 837-3158

- Orthopedic & Sports Physical Therapy Center
  12671 HWY. 98W
  Destin, FL 32550
  Phone: (850) 650-4186
  Fax: (850) 650-4188
  86 Lynn Dr.
  Destin, FL 32550
  Phone: (850) 267-9010
  Fax: (850) 2670677

- Quinn Physical Therapy
  623 Harbor Blvd.
  Destin, FL 32541
  Phone: (850) 654-8588
  Fax: (850) 654-8758

Crestview

- Crestview Physical Therapy Clinic
  577 Brookmeade Dr. (PO Box 2010)
  Crestview, FL 32536
  Phone: (850) 682-7466
  Fax: (850) 682-6591

- Orthopedic & Sports Physical Therapy Center, PA
  550 Redstone Avenue W., Suite 390
  Crestview, FL 32536
  Phone: (850) 683-0077
  Fax: (850) 683-0099

- Pediatric Therapy & More
  4100 S. Ferdon Blvd.
  Crestview, FL 32536
  Phone: (850) 682-8388
  Fax: (850) 682-7463

Fort Walton Beach

- Physical Therapy at Westwood Center
  1001 Mar Walt Dr.
  Ft. Walton Beach, FL 32547
  Phone: (850) 862-1537
  Fax: (850) 862-1795

- Complete Rehab Services
  2104 Lewis Turner Blvd.
  Ft. Walton Beach, FL 32547
  Phone: (850) 862-3728
  Fax: (850) 862-6270
  (Speech and language therapy only)

- Ft. Walton Beach Medical Center Rehabilitation Services
  928 Mar Walt Dr.
  Ft. Walton Beach, FL 32547
  Phone: (850) 863-7581
  Fax: (850) 863-7549

- Florida Elks Children’s Therapy Services
  1890 Greystone Ln.
  Ft. Walton Beach, FL 32547
  Phone: (850) 315-1870

- Horizons of Okaloosa County
  123 Truxton Ave.
  Ft. Walton Beach, FL 32547
  Phone: (850) 863-1530


Fort Walton Beach (continued)
- Fort Walton Rehabilitation Center
  1 LBJ Sr. Dr.
  Ft. Walton Beach, FL 32547
  Phone: (850) 863-2066
  Fax: (850) 863-2310

- Pediatric Therapy Center
  339 NW Racetrack Rd., Suite 9
  4 Jackson NE
  Ft. Walton Beach, FL 32547
  Phone: (850) 862-7227
  Fax: (850) 862-2421

- Primecare
  339 NW Racetrack Rd.
  Ft. Walton Beach, FL 32547
  Ft. Walton Beach, FL 32547
  Phone: (850) 863-7900
  Fax: (850) 863-3094

- White Sands Physical Therapy, Inc.
  600 Opp Dr.
  Ft. Walton Beach, FL 32548
  Phone: (850) 301-1935
  Fax: (850) 301-1937

DeFuniak Springs
- Select Physical Therapy
  931 US HWY. 331 S.
  DeFuniak Springs, FL 32433
  Phone: (850) 892-7644
  Fax: (850) 892-0420

Niceville
- Select Physical Therapy
  554 Twin Cities Blvd.
  Niceville, FL 32578
  Phone: (850) 729-3325
  Fax: (850) 729-2052

- Manor at Bluewater Bay
  1500 North White Point
  Niceville, FL 32578
  Phone: (850) 897-0501
  Fax: (850) 897-0501

- Orthopedic & Sports Physical Therapy Center, PA
  1950 Bluewater Blvd., Suite 101
  Niceville, FL 32578
  Phone: (850) 897-3334
  Fax: (850) 897-7855

- Twin Cities Hospital Wellness Center
  2190 Hwy. 85 N.
  Niceville, FL 32578
  Phone: (850) 729-9463
  Fax: (850) 729-9462

- Twin Cities Physical Therapy
  550 Twin Cities Blvd, Suite B
  Niceville, FL 32578
  Phone: (850) 678-2004
  Fax: (850) 678-5028

Panama City Beach
- Sacred Heart Outpatient Rehabilitation
  120 Beckrich Rd., Suite 130
  Panama City Beach, FL 32407
  Phone: (850) 235-6360
  Fax: (850) 235-8871
Skilled-Nursing Facilities

Destin
- Grand Boulevard Health & Rehabilitation
  138 Sandestin Ln.
  Destin, FL 32550
  Phone: (850) 267-2887
  Fax: (850) 267-3718

- Destin Healthcare & Rehabilitation
  195 Mattie M. Kelly Blvd.
  Destin, FL 32550
  Phone: (850) 654-4588
  Fax: (850) 654-3944

Fort Walton Beach
- Emerald Coast Center
  114 3rd St., SE
  Ft. Walton Beach, FL 32548
  Phone: (850) 243-6134
  Fax: (850) 243-7932

- Fort Walton Rehabilitation Center
  1 LBJ Sr. Dr.
  Ft. Walton Beach, FL 32547
  Phone: (850) 863-2066
  Fax: (850) 863-2310

- Westwood Healthcare Center
  1001 Mar Walt Dr.
  Ft. Walton Beach, FL 32547
  Phone: (850) 863-5174
  Fax: (850) 863-4731

Niceville
- Manor at Bluewater Bay
  1500 N. White Point Rd.
  Phone: (850) 897-5592
  Fax: (850) 897-0501

Crestview
- Crestview Rehabilitation
  1849 1st Ave. E.
  Crestview, FL 32539
  Phone: (850) 682-5322
  Fax: (850) 682-5489
- Shoal Creek Rehabilitation Center
  500 S. Hospital Dr.
  Crestview, FL 32539
  Phone: (850) 689-3146
  Fax: (850) 689-2286

- Silvercrest Manor
  910 Brookmeade Dr.
  Crestview, FL 32539
  Phone: (850) 682-1903
  Fax: (850) 682-8689

DeFuniak Springs
- Chautauqua Rehab & Nursing Center
  785 S. 2nd St.
  DeFuniak Springs, FL
  Phone: (850) 892-2176
  Fax: (850) 892-4870 or 0781

Panama City
- Bay Center
  1336 St. Andrews Blvd.
  Panama City, FL 32405
  Phone: (850) 763-3911

- Community Health and Rehab
  3611 Transmitter Rd
  Panama City, FL 32404
  Phone: (850) 747-9688
Panama City (continued)

- St. Andrews Health & Rehab
  2100 Jenks Avenue
  Panama City, FL 32405
  Phone: (850) 763-0446

- Glencove Nursing Pavilion
  1027 E Business Highway 98
  Panama City, FL 32401
  Phone: (850) 872-1438

- Lisenby on Lake Caroline
  1400 W 11th Street
  Panama City, FL 32401
  Phone: (850) 785-6121

- Panama City Nursing Center
  924 W 13th St.
  Panama City, FL 32401
  Phone: (850) 763-8463

- Sea Breeze Health Care
  1937 Jenks Avenue
  Panama City, FL 32405
  Phone: (850) 769-7686

Calloway

- Emerald Shores Health and Rehab
  626 North Tyndall Parkway
  Calloway, FL 32405
  Phone: (850)871-6363

Springfield

- Clifford Chester Sims State
  Veteran’s Nursing Home
  4419 Tram Rd.
  Springfield, FL 32404
  Phone: (850)747-5401
Acute-Rehabilitation Facilities

Acute rehabilitation offers the most aggressive form of rehabilitation. These facilities require a minimum of three hours of therapy each day, including physical, occupational and speech therapy. Please ask your physician, therapists and social worker to assist you if you are interested in considering acute rehabilitation.

- Ft. Walton Beach Medical Center Acute Rehab
  928 Mar Walt Dr.
  Fort Walton Beach, FL 32547
  Phone: (850) 863-7642
  Fax: (850) 863-1852

- Healthsouth Acute Rehab
  1847 Florida Ave.
  Panama City, FL 32405
  Phone: (850) 914-8638
  Fax: (850) 914-6038

- West Florida Rehabilitation Institute
  8391 N. Davis Hwy.
  Pensacola, FL 32523
  Phone: (850) 494-6169
  Fax: (850) 494-5124
Visitor Information

We know how important it is for patients to have the support of family and friends during their hospital stay. Our visiting policies have been designed to meet the needs of our patients and their visitors, while also ensuring our patients receive the rest and care they need. Visiting hours are as follows:

Medical/Surgical Unit
Open visitation hours from 7 a.m. to 9 p.m.

Progressive Care Unit
Open visitation hours EXCEPT during the following hours:
- 6 a.m. to 9 a.m.
- 6 p.m. to 8 p.m.

Intensive Care Unit
- 9 a.m. to 9:30 a.m.
- 11 a.m. to 11:30 a.m.
- 1 p.m. to 1:30 p.m.
- 3 p.m. to 3:30 p.m.
- 5 p.m. to 5:30 p.m.
- 8:15 p.m. to 9 p.m.

One visitor is permitted to stay after 9 p.m. with the patient, if needed. We ask that children be at least 12 years of age in order to visit patients at the hospital. Exceptions to this policy may be granted by discussing it with one of the Patient Care Managers or House Supervisors. We ask that you take special care to allow your loved one to get rest, which will help promote recovery. We welcome members of the clergy to visit at any time.

Tobacco-Free Campus
Sacred Heart is a smoke-free campus, and smoking is not permitted anywhere on hospital grounds.

Paradise Café
Located on the first floor of the hospital just beyond the main lobby, the café offers nutritious and delicious dining options for visitors and staff. Hours of operation:

<table>
<thead>
<tr>
<th></th>
<th>Monday - Friday</th>
<th>Saturday &amp; Sunday</th>
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</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>7:30 a.m. - 10:30 a.m.</td>
<td>9:00 a.m. - 10:30 a.m.</td>
</tr>
<tr>
<td>Lunch/Dinner</td>
<td>11:15 a.m. - 2:30 p.m. (full service)</td>
<td>11:15 a.m. - 4:30 p.m. (limited menu)</td>
</tr>
<tr>
<td></td>
<td>2:30 p.m. - 4:30 p.m. (limited menu)</td>
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</tbody>
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Post-operative Exercises and Movement

**Ankle Pumps**
- Relax leg gently - bend and straighten ankle.
- Move through full range of motion.
- Repeat 30 times.
- Do three sessions per day.
- Increase repetitions as tolerated.

**Quad Sets**
- Tighten muscles on top of thigh (quads) by pushing knees down into bed or floor.
- Hold 3-5 seconds.
- Repeat 30 times.
- Perform this exercise three sessions per day.
- Increase reps by 5 over the next four weeks.
Log Roll Technique

Glut Sets
- Tighten bottom muscles by squeezing cheeks together.
- Hold 3-5 seconds.
- Repeat 30 times.
- Perform this exercise three sessions per day.
- Increase reps by 5 over the next four weeks.

Getting Into Bed
- Sit at the edge of your bed, towards the head of the bed.
- Scoot your hips as far back onto the bed as you can.
- Lower yourself onto your side using your arms for support, and simultaneously bend your knees and bring your legs up to bed.
- Keeping your knees bent, roll your entire body onto your back (always keep shoulders, hips, and knees pointing in the same direction).

Getting Out of Bed
- Bend your knees, and roll your entire body to your side (always keep shoulders, hips, and knees pointing in the same direction).
- With your bottom hand underneath your shoulder, and your top hand in front of you at chest level, slowly push yourself up to a sitting position while bringing your legs to the floor.
- Always sit at the edge of the bed for a moment before standing to prevent dizziness.

Rolling and Side Lying

- When rolling from your back to your side, first bend your knees toward you until they are flat on the bed.
- Then place a pillow between your legs.

Walker Ambulation

- Move the walker forward a comfortable arm’s length.
- With all four walker legs firmly on the ground, step forward with the weaker leg. Place the foot in the middle of the walker area.
- Do not move it past the front feet of the walker.
- Support your weight on your hands as needed, and step forward with your stronger leg.

NOTE: Place and plant all four legs of your walker firmly on the ground before you take a step.
**Work Positioning**

Keep your back straight, elbows bent, and your computer straight in front of you. Use a chair with proper height and back support.

When picking up objects from the floor, avoid bending at the waist. Rather, bend at your knees and keep your back straight. Lift with your legs.

Avoid twisting your trunk to perform tasks. Position your body in alignment with a straight back.
Work Positioning

When standing at a work station, choose high counters and tables to avoid bending. Stand with your back straight and tuck your chin down.

Car Travel

When getting into a low vehicle, turn your back to the seat, and lower yourself onto the seat by bending your knees and keeping your back straight. Lift one leg at a time into the car. Perform these steps in reverse when getting out of the car.
Outcome Measuring

It is very important for both you and your healthcare team that you make progress towards your recovery goal and achieve the best outcome possible. We measure your progress throughout the spine surgery and recovery process with the use of tools called “Disability Indexes.” These indexes consist of at least two questionnaires (totaling approximately 52 questions) that we request you to fill out at various intervals, including pre-operatively, three months post-surgery, six months post-surgery, and one year post-surgery.

The questionnaires help us measure the ways in which your life is/was affected by your pain, and the ways in which spine surgery improved your quality of life. You will fill out your pre-operative evaluation either at Spine Camp or at the hospital, and the three and six month evaluations will be filled out at your surgeon’s office. The Spine Program Navigator will contact you at the approximate one year mark for your final evaluation.

Your participation is greatly appreciated by your surgeon and the rest of your healthcare team. Your personal information always stays private and is not included in any type of reporting. We thank you for your cooperation!
For Your Support Person

Before Surgery
Your loved one’s surgery can be a very stressful time for you, as well as for them. Make preparations ahead of time to ensure a smooth recovery process for all persons involved. You may wish to assist your loved one with the following activities in advance of surgery:
- Preparing, cooking and freezing meals
- Making adjustments to the home environment to ensure safety (see page 17)
- Encouraging smoking cessation and proper nutrition
- Adjusting your personal or work schedule to assist your loved one around the house, as well as to transport them to appointments
- Visiting inpatient-rehabilitation facilities, if necessary

During Surgery
After your loved one is taken to the operating room, you may wait in the surgical waiting room. Please check in with the volunteer so he/she may pass along to you any updates. Spine surgery typically lasts for several hours so please bring something to occupy your time such as a book, magazine, or tablet device (complimentary WiFi access provided). If you would like to leave the hospital during this time, please leave a phone number with the volunteer where you can be reached for updates. Please do not be alarmed by delays in the surgical process; you will be updated periodically on your loved one’s condition.

After Surgery
After surgery, the surgeon will contact you either in person or by telephone to let you know the procedure has been completed. You will be informed of your loved one’s hospital room as soon as it is available. One visitor may stay in the patient’s room in the PCU or Medical/Surgical unit, if needed. Please discourage large numbers of visitors immediately following surgery as the focus is on your loved one’s rest and recovery.

Discharge
When your loved one is discharged from Sacred Heart Hospital on the Emerald Coast, please arrange for transportation in a vehicle that is not excessively difficult to get into or exit, such as large, high trucks or especially low, compact cars. Encourage your loved one to follow all discharge instructions provided while also encouraging him/her to be as independent as possible. You can best assist your loved one by remaining supportive and reassuring during the spine-surgery process.
Comments and Feedback

At Sacred Heart, we are committed to exceeding expectations and providing excellent care for our patients. We strive to continually improve upon our processes and services to better meet the needs of our patients and their families. Therefore, your input regarding your experience is very important to us, both during your stay and following your discharge. If there is anything we can do to make your stay more comfortable, please let our healthcare team know right away.

Comments
If you would like to send a card or letter to recognize any Sacred Heart employees or to share comments regarding your hospital stay in general, please send your note to:

Administration
Sacred Heart Hospital on the Emerald Coast
7800 US Highway 98 West
Miramar Beach, FL 32550

Patient Satisfaction Survey
After returning home, you may receive a phone call to conduct a patient-satisfaction survey. We would truly appreciate you taking a few minutes to complete the survey.

Spine Program Navigator
If you have any questions about the spine surgery process, please contact our dedicated nurse, the Spine Program Navigator at (850) 278-3261.

Thank you for choosing the Spine Center at Sacred Heart Hospital on the Emerald Coast!