Mission Vision and Values

Coordinated Quality Care

Today, Hartford HealthCare is creating a better future for healthcare in Connecticut and beyond. We are a community of caregivers engaged in developing a coordinated, consistently high standard of care, using research and education as part of care delivery. We create and engage in meaningful alliances to enhance access to services and invest in technology and training to develop new pathways to improve the timeliness, effectiveness and accuracy of our services.

Mission
To improve the health and healing of the people and communities we serve.

Vision
Most trusted for personalized coordinated care.

Values
Hartford HealthCare’s vision of excellence and leadership is driven by its core values, which are shared by all members of Hartford HealthCare.
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Welcome to St. Vincent’s Medical Center

On behalf of the Connecticut Orthopaedic Institute at St. Vincent's Medical Center (SVMC) and the Ayer Neuroscience Institute, we welcome you and extend our thanks for choosing us to be your spine surgery provider. We recognize you have a choice when deciding where to receive care and appreciate you giving us the opportunity to exceed your expectations.

Our goals at St. Vincent’s are to ensure the highest standards of medicine and to provide a high quality experience for you. We are committed to keeping you informed and helping you become an active participant in your healthcare. We will do everything we can to make your stay with us as pleasant as possible.

In this patient education guidebook, you will find important instructions and information to prepare you for your upcoming surgery. The guidebook is intended to answer many of the questions you may have. It outlines the things you need to do before, during, and after surgery. Planning tools, advice on medications, diet recommendations, and exercise recommendations are also included. We encourage you to read the entire guidebook carefully.

Please keep in mind this is a guidebook, and your surgeon may specify certain aspects of your experience throughout this journey.
Driving Directions to St. Vincent’s Medical Center

St. Vincent’s Medical Center is readily accessible from the Connecticut Turnpike (I-95) and the Merritt Parkway (Rt. 15). The Medical Center, which occupies a full city block, is located in Bridgeport’s residential North End.

Via the Connecticut Turnpike, From either direction (NYC or New Haven)
Take Exit 27A in Bridgeport onto route 8/25 (toward Trumbull) to exit 4 (Lindley St.). Turn left onto Lindley St and proceed 3 blocks to Hawley Ave. Turn left onto Hawley and proceed two blocks to Medical Center driveway on right. (Ten-story white Medical center building is a landmark, highly visible from Route 8/25).

Via the Merritt Parkway, from New York City
Take exit 48 (Main Street). Turn right onto Main (toward Bridgeport). Proceed 2.5 miles to the Medical Center, which will be on the left. Turn left onto Hawley Ave (first street past Medical Center). Proceed one block to Medical Center driveway on left.

Via Merritt Parkway, from New Haven
Take exit 52 onto Route 8 (toward Bridgeport). Keep to right after merge with Route 25. Take exit 5 (Boston Ave). Turn left at light and then bear left onto Summit St. Proceed to end of Summit and turn left onto Main Street. Proceed three blocks, passing Medical Center on left, and turn left onto Hawley Ave. Proceed one block to Medical Center driveway on left. (Alternate route is to remain on the Merritt parkway to exit 48, turn left onto Main Street and proceed 2.5 miles to Medical Center).

Complimentary valet parking is available for patients when you arrive to the hospital

Lodging
Trumbull Marriott
Located 4 miles from St. Vincent’s, the Trumble Marriott offers comfortable and convenient accommodations. For online reservations: Marriott.com – use code: SSU.
If you are calling directly, please mention our St. Vincent’s rate.

Trumbull Marriott
180 Hawley Lane
Trumbull, CT 0611
203.378.1400

Transportation
We understand that traveling to and from the hospital may be difficult for some patients. We have partnered with a local travel company to set up transportation for patients. If you have a transportation issue, please contact your surgeon’s office and they can set up the necessary transportation needs to or from our facility.
RecoveryCOACH™

An interactive online coach designed to help you feel prepared and comfortable throughout your surgical journey.

It’s designed to help you every step of the way, right when you need it—before, during and after your surgery:

- Review educational materials prior to surgery.
- Communicate with your St. Vincent’s team about preparation for surgery, and then later, your recovery progress.
- Understand what to expect after surgery and manage your recovery with exercises and self-care.
- Share information with family members so they can better support you.

How do you access RecoveryCOACH?

Your orthopaedic navigator will automatically enroll you when your surgery is scheduled. You will receive an email with login instructions. This is a personalized tool you or a designated family member can use on any computer, tablet or smartphone.

For technical support, or to reset your password, contact the Help Desk at 1.833.419.2509 or patientcare@myrecoverycoach.com.

The mobile app is available for iPhone users on the App Store and on the Google Play Store for Android users. Search RC-COACH to download.

www.myrecoverycoach.com
Spine Surgery Preparation Class

It is the expectation of your surgeon that you attend one of the pre-op classes offered every month. For your convenience, these classes are offered at various locations and times as well as online. In the class, you will learn how to prepare for surgery and what to expect during your hospital stay. It is recommended that you attend class at least two weeks before your surgery.

Our Orthopaedic Navigators will be in touch with you to schedule your class and collect some information from you. Please bring this guidebook and a family member or Coach with you to class. **COACH support is strongly encouraged throughout the process** (see page 8).

My class

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
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<tbody>
<tr>
<td>Location</td>
<td>Time</td>
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</table>
PREPARING for Surgery at St. Vincent’s Medical Center

Pre-Admission Center (PAC)

Your surgeon may request certain tests before surgery and possibly medical clearance from your primary care physician and/or specialists. The Pre-Admission Center at St. Vincent’s Medical Center offers comprehensive pre-operative testing and medical clearance for all patients scheduled for elective surgery.

All spinal fusion patients will make a visit to the Pre-Admission Center before the surgery for the following:

• Anesthesia evaluation.
• Patient education for enhanced recovery after surgery.
• Pre-op nasal screening for reducing infection risk.
• Blood draw for type and screen if required for your procedure.
• A physician or APRN can provide a medical clearance exam.

In addition, the Pre-Admission Center Testing can complete any needed testing for medical clearance including EKG, blood draw for labwork and chest x-ray if needed. Please indicate to your surgeon’s office or Primary Care Provider that you would like your pre-op testing completed here.

Appointments

• Patients may schedule an appointment by calling 475.210.5682.
• Surgical coordinators may schedule for you.

Location

St. Vincent’s Medical Center
2800 Main Street, Bridgeport CT 06606
– Enter via Main Entrance, report to Registration
– Parking will be validated for this visit

Hours

Monday to Friday 8am to 3pm.
Closed weekends and major holidays.
Preparing Your Body for Surgery

Tobacco
STOP smoking at least six (6) weeks BEFORE surgery. Smoking is a modifiable risk factor that can increase complications, especially infections, after surgery. Nicotine delays the healing process and the bone needs time to grow on the new implant. Smoking cessation education programs can help combat these complications and facilitate recovery. If you have not stopped smoking, your surgeon may postpone your surgery. For more information on smoking cessation, please contact the orthopaedic navigators.

Alcohol
NO alcohol use one week prior to surgery. Also, please inform your healthcare team of your drinking history because serious harm can result from alcohol withdrawal when not properly managed.

Dental Care
If you need dental work (including routine dental cleanings), it is recommended to complete it at least two (2) weeks before surgery. Avoid any major dental work for about six weeks after surgery. Please check with your surgeon about any special instructions regarding dental work after your spine surgery.

Exercise
Keeping your muscles toned will help you to recover faster after surgery. Be as active as your comfort level allows until your surgery. Continue doing any exercises recommended by your surgeon or physical therapist.

Nutrition
Proper nutrition is important before surgery and after surgery. Proper nutrition will help ensure you have the strength for rehabilitation. You are encouraged to eat healthy, well balanced meals.

Examples include:
• Iron rich foods (meat, fish, poultry, whole grain foods).
• Vitamin C to help absorb iron (multivitamins, juices and fruit).
• High fiber foods (raw fruits and vegetables, beans, whole grain foods).
• Always drink plenty of fluids, especially in the days just before and after your surgery.
• If your appetite is decreased after surgery, include protein in your diet. Protein shakes are a good addition to your daily intake if needed.

Depending on your nutritional status prior to surgery, your doctor may request that you see a nutritionist.

A blood test performed prior to surgery is called Hemoglobin A1c. This measures how well your blood sugar has been controlled over the past three months. An elevated Hemoglobin A1c may cause your surgeon to postpone surgery in order to prevent complications. Maintaining control over your blood sugar level is important after surgery for proper healing.
**Importance of having a COACH**

**C**oordinate **O**rthopaedic **A**wareness & **C**ollaborate **H**ealing

It is important that you choose a family member or friend as your **COACH**. **COACHes** are people who help you throughout this journey. It should be someone who can assist with your daily activities in the immediate post-operative period, especially when you return home. **COACHes** should be available to drive you to appointments or therapy sessions until you are cleared by your surgeon to drive yourself.

The St. Vincent's Orthopaedic and Spine team believes patients respond well to the assistance of their **COACH**. Their encouragement and support will help you progress during recovery. If you live alone, it is important that you plan to have someone stay with you for a few nights at home. You will need to plan for this before surgery happens. Some people will have a team of “**COACHes**” who are available to help with errands, meals, household chores and rides, in addition to having one of them stay with you for the first few nights at home.

Please identify here who you can rely on after surgery and note their phone number for your convenience:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
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</tbody>
</table>
Preparing Your Home Before Surgery

It is a good idea to prepare your home for your hospital discharge BEFORE you go to the hospital. Here are some items that may be recommended to help you during your recovery; these will vary based on your surgery and mobility afterwards:

- Rolling walker and/or straight cane.
- Back brace or cervical collar, if your surgeon indicates a need for one.

Making your home safe

Here are some things you can do before surgery to better prepare your home when you return from the hospital:

1. Light all walkways throughout the house especially on stairs and along the area between the bedroom and bathrooms. Be sure walking areas are wide enough for you to get through with a walker in case one is recommended after surgery.
2. Remove all throw or scatter rugs.
3. Tie up loose lamp cords, electrical cords or extension cords so your foot or the bottom of the walker or crutch cannot get caught.
4. Make sure the railings on all stairs are secure.
5. Wear footwear that fits well and has a nonskid sole, such as sneakers. Shoes that close with Velcro® and have a flat heel are recommended. Women should avoid wearing high-heeled shoes.
6. Have floors fixed that are uneven or in disrepair.
7. Apply non-slip surfaces to the bathtub and shower floors. A railing may be installed in the shower area for assistance.
8. In winter, have all sidewalk and driveway surfaces maintained in a dry condition clear of ice and snow.
9. Avoid highly polished floors.
10. Remove clutter in all walkways and from the stairs.
11. Chairs and sofas should be of a height to permit easy sitting and standing.
12. Arrange your kitchen work center for convenience. Keep all utensils, dishes, pots, and pans in a reachable area – not too high or too low.
13. Be cautious with pets – if you can, ask someone else to care for them temporarily. If they remain at home, consider adding a bell to the collar so you know their location easily. Even well-trained pets, large or small, can trip you accidentally.
14. If you are planning for same day discharge, you will need someone present at home with you for the first 24 hours.
**Medications Before Surgery**

- **Carry a list of all current medications**, including prescription, over-the-counter, and supplements to all appointments (see sample medication list below).

- If you are on a blood thinner (anti-coagulant) **CURRENTLY**, you will be directed by your surgeon when you should **STOP** taking that medication, usually about **7-10 days BEFORE surgery**.

- After surgery, follow your surgeon’s directions on when to resume taking your usual blood thinner.

- Please hold Aspirin or NSAIDS (anti-inflammatory medications for **one week prior to surgery**). This includes Advil, Motrin, ibuprofen, Aleve, naproxen and any prescribed anti-inflammatories. **DO NOT** restart until approved to do so by your surgeon.

- Please hold all vitamins and herbal supplements for **one week prior to surgery**. Your surgeon will indicate when you can restart these.

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Dosage (mg)</th>
<th>Frequency</th>
<th>Reason for medication</th>
<th>Prescribing Doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisinopril</td>
<td>10mg oral tablet</td>
<td>1 orally once daily</td>
<td>Hypertension</td>
<td>Dr. Smith</td>
</tr>
</tbody>
</table>

**Example**:

1) Lisinopril

Medication Allergies:  ❑ Yes ❑ No

**Allergic to**

**Reaction:**

**Pharmacy Info:**

**Name**

**Address**

**Phone**
Surgery Preparations Showers

Pre-op Bathing
Before surgery, you can play an important role in your own health. You can reduce the number of germs on your skin by carefully cleansing before surgery. Following the instructions provided will help you to ensure that your skin is clean before surgery to prevent infection.

Bathing Instructions
You will need to shower with a special anti-bacterial soap called Chlorhexidine Gluconate (CHG). Common brand names for this soap include Dynahex or Hibiclens; any brand of CHG is acceptable to use.

- You need to shower with CHG soap the night before your surgery and the morning of surgery before coming to the hospital.
- You will receive a bottle of CHG soap at your pre-operative spine surgery class or when you visit the Pre-Admission Center. CHG soap, called "Hibiclens," can also be purchased in any store with a pharmacy.

**CAUTION: CHG is not to be used by people allergic to chlorhexidine.**
- If you have an allergy to chlorhexidine please speak with your surgeon regarding alternative anti-bacterial soaps.

Turn the shower on and rinse off your entire body.

1. Using a clean, wet, washcloth, pour some Hibiclens onto the cloth and wash from your **NECK DOWN**. Scrub gently. The CHG cleanser does not produce a rich lather.
   - **DO NOT** use the CHG cleanser near your eyes, ears, or private parts to avoid permanent injury to those areas.
2. Wash completely from the neck down, avoid the private areas.
3. Allow the solution to dry for two-three (2-3) minutes.
4. Turn the shower back on and rinse off completely.
5. **DO NOT** use perfume, deodorant, powders, or creams after using the skin cleanser on the day of surgery.
6. **DO NOT** shave the surgical site (neck or back) for at least three (3) days before surgery. Any needed hair removal will be done at the hospital with surgical clippers.
The NIGHT BEFORE your surgery:

- Shower as instructed with the CHG skin cleanser.
- **DO NOT eat anything eight hours prior to surgery.**
  
  Exception: You may drink up to eight ounces of water only, finishing two hours before your hospital arrival time. If you need to take medications at home on the morning of surgery, please **DO NOT** exceed eight ounces of water.
- No food, hard candy or gum on the morning of surgery.

The MORNING OF your surgery:

- Shower using the CHG solution per instructions on the previous page.
- You may brush your teeth.
- **DO NOT** use perfume, deodorant, powders, creams, makeup or nail polish.
- Wear comfortable clothing that is easily removed. Pack a clean, comfortable outfit for the next day.
- Wear comfortable non-skid or rubber soled shoes.
- **DO NOT** bring any home equipment (canes, walkers etc.) to the hospital unless you currently require them to walk.
What to Bring

- Two forms of identification.
  - Picture Identification (Drivers License).
  - Insurance Cards.
- Complete list of your medications including doses, supplements, and over the counter medications.
- Eyeglasses, with case (NO CONTACTS).
- Hearing aids, or dentures, with case – these will be removed and stored during surgery.
- Cane or walker (if needed to walk into the hospital the day of surgery).
- Cell Phone, tablet, Kindle etc. Please have your family member hold these for you while in surgery.
- CPAP/BiPAP Mask & Machine for patients with Sleep Apnea.
  Please bring your device with you if you expect to spend the night at the hospital.
  - If you do not bring your machine, please bring your CPAP/BiPAP settings.
- Clothing/Footwear.
  - Loose fitting clothing (sweatpants or gym shorts).
  - Slip resistance shoes (rubber soles) with backs.
  - NO open-back shoes, flip flops or loose slippers.
- Brace or corset – if your surgeon provided you with any type of brace, collar or corset to wear after surgery, please be sure to bring it with you to the hospital.

What not to Bring

- DO NOT bring large amounts of money or valuables. You will only need a form of payment for any surgical copays or to fill discharge prescriptions at our Outpatient Pharmacy.
- DO remove all jewelry (wedding rings must be removed).
Arriving at St. Vincent’s Medical Center

When you arrive at St. Vincent’s, you may park yourself or use the free valet service. Enter through the Main Entrance and take the Main Lobby elevators to the third floor Galleria. The Registration Associate will check you in and verify your information. It is important to have your identification and insurance cards with you. Once you are checked in, please remain in the Galleria until the team calls for you.

A staff member will escort you inside the Pre-op Holding Area and begin asking questions about your health history. You will be asked to change into a hospital gown and there is a brief physical exam. Your family will join you once this is completed. Your nurse will start an IV in your arm. The anesthesia team will introduce themselves and explain their part of the procedure. Your surgeon or the physician assistant working with your surgeon will talk with you and mark the surgical site with a special pen. Please DO NOT mark yourself; regular pens interfere with cleansing preps and may leave tiny openings that allow germs to enter. You will be provided with chlorhexidine wipes and an oral rinse as part of the infection prevention protocol. Your nurse will explain how to use them and apply an antimicrobial solution (povidone-iodine) to the inside of your nose as a final step before entering the OR.

When it is time to enter the Operating Room, your family will be directed to the waiting area. The team can send updates via text to a person you choose. Your surgeon will contact the person you choose after surgery is complete and you are in the PACU, either by phone or in person.

Valet parking services

St. Vincent’s Medical Center offers all patients convenient access to the hospital with free valet service provided by LAZ Parking.

Valet parking business hours

• 5 am – 8pm, Monday – Friday.

Valet parking during business hours

• Patient vehicles that pull up to the curb outside the main entrance will receive a ticket from a parking ambassador.
• All valet vehicles will be parked on the campus.
• When it is time to retrieve your car, return to the valet podium with your valet ticket.

How to retrieve your vehicle after business hours

• Any keys left after 8pm will be turned over to the Security Department.
• Please ask any staff member to call Security at 210-5543 for assistance – have your valet ticket available.

stvincents.org
Meet Your Care Team at St. Vincent’s Medical Center

**Surgeon:** The surgeon is responsible for evaluating the need for surgery and performing the surgery itself. They will manage your care during your hospitalization and in the office for months following surgery.

**Hospitalists:** Hospitalists are internal medicine physicians, physician assistants or APRNs who specialize in seeing patients only in the hospital. Hospitalists have the same training as other internal medicine doctors including medical school, residency training, and board certifications. A hospitalist may be included to assist in managing any medical concerns during your hospital stay.

**Advanced Practitioners:** These are healthcare professionals including Physician Assistants (PAs) and Nurse Practitioners (APRNs) who practice under the supervision of a physician. When your surgeon is not available for immediate hands-on care, the PA or APRN will round daily on patients to assist with medication adjustments, dressing changes, and test-result monitoring. They communicate daily with the orthopaedists and neurosurgeons on patient care needs. At SVMC, we have a dedicated team of Orthopaedic Physician Assistants on site 24 hours per day, 7 days per week. The hospitalist team includes PAs and APRNs who are also available with 24 hour coverage. The anesthesia team also includes APRNs.

**Anesthesia Team:** Responsible for safely monitoring anesthesia during surgery and in the recovery room, including any post-operative care related to anesthesia.

**Nurses:** Nurses are essential to care in the recovery of all patients after surgery in both the recovery room and after surgery. They have expertise in the care of Orthopaedic and Neurosurgical patients and will work with you to manage your postoperative needs. Many of our nurses have an orthopaedic certification – a mark of excellence among those in the profession who are committed to providing the best care for orthopaedic patients.

**Clinical Care Associate:** Under the direction of a licensed RN, they provide care to you in the hospital including vital sign monitoring, bathing, or toileting assistance.

**Physical Therapists/Occupational Therapists:** Physical Therapists are trained providers who teach patients and families how to walk and exercise after surgery to regain mobility and improve overall physical strength and ability. Occupational Therapists work with you to ensure you can accomplish daily activities like bathing and dressing with any physical limitations during the recovery process. Both will ensure you follow any activity precautions you may have as directed by your surgeon.

**Case Management and Orthopaedic Navigators:** These are licensed staff who assist in the planning, coordination, and monitoring of medical services for the patient with emphasis on quality of care, continuity of services and cost effectiveness. The Orthopaedic Navigators will be in contact with you prior to surgery, throughout the process and then up to 90 days after your surgical procedure. Your navigator is there as a resource for you; please do not hesitate to call with any questions before, during or after your hospital stay. The Ortho Navigators work as a team and will be assigned to you based on which pre-op class you attend.
Anesthesia

You and your anesthesiologist will discuss all necessary factors prior to surgery. You will meet your anesthesiologist in the pre-operative holding area the day of your surgery.

General Anesthesia

• This anesthesia affects the whole body. You are completely unaware of your surroundings and will not respond to stimulation.

• This type of anesthesia is used for all spine surgeries. Some patients may also receive a regional nerve block. Your anesthesia team will discuss this option with you before going into surgery.

Intubation

• This is routinely done with patients who receive general anesthesia. A flexible breathing tube is inserted into your mouth and then into your airway. This tube allows your anesthesiologist to monitor your breathing throughout the surgery.

• You will be monitored by the anesthesia team constantly while you are in the Operating Room.

Regional Nerve Blocks

• This is a technique used to help provide additional pain relief after surgery. In some spine surgeries, local anesthetics are injected into the area around your incision during the procedure to reduce pain once you are awake. This can last up to 48 hours (two days) after your surgery. Your anesthesia team will review this with you before surgery.

Intraoperative Neurophysiologic Monitoring (IONM)

• Many spine surgeons use this monitoring while they are in the operating room to assess your nervous system during spine surgery and reduce the risk of developing any new neurological deficits after the procedure.

• Very small needles are placed into the skin in designated areas of your body that a skilled technician uses to continuously monitor your nerve function throughout your surgery. You may notice some small marks that may be tender where the monitors were placed.
After Surgery

Recovery—Post Anesthesia Care Unit (PACU):
The Post-Anesthesia Care Unit is also referred to as PACU.

• After your surgery you will be brought to the PACU, where you will be closely monitored as anesthesia wears off.

• The length of stay in the PACU will be determined by many factors including the type of procedure and the nature of the anesthetic used. You may be in the PACU between 1-2 hours, but it will depend on your clinical need.

• While you are in the PACU the nurses will monitor your blood pressure, temperature, respirations, heart rate and oxygenation levels, as well as assess your pain level.

• You may have a urinary catheter in place during your surgery, which may be removed at the end of your case. Some patients will keep the catheter overnight and it will be removed the next morning.

• Visitation will be limited and there is no food or drink allowed for visitors.

If You are Being Admitted:
Once the staff determines you are ready to be transferred to your inpatient room, they will contact the unit and provide a report of your surgical case and time spent in the PACU.

If You are Going Home After Your Surgery:
Discharge instructions will be provided in writing. Your nurse will review them with you and your COACH or escort.
Welcome to the St. Vincent’s Medical Center Inpatient Unit

Inpatient Unit:
Congratulations! You are now ready to start the journey to recovery. Once you have been transported to the inpatient unit, you will be greeted by staff members who will be providing direct care to you as you remain in the hospital.

• These staff members include your nurse, certified nursing assistant, physical therapist and occupational therapist. They will help you get settled in your room, perform assessments and notify your family member when it is safe to enter the room to be with you.
• You will be working with your physical/occupational therapist the day after your surgery. Expect mobilization (getting in and out of bed, going to bathroom, transferring to a chair) will happen the day of your surgery with help from the nursing staff.
• You will receive a physical and/or occupational therapy evaluation and a customized therapy program will be developed.

Mobility

Mobility is Medicine
• Research has shown that early mobilization following surgery decreases complications and improves recovery time.

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<th>Mobility Includes</th>
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<tbody>
<tr>
<td>Transfers (includes car transfer training)</td>
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<tr>
<td>Toileting</td>
</tr>
<tr>
<td>Stair training</td>
</tr>
<tr>
<td>Walking with an assisted device if needed (cane or walker)</td>
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• You may have certain precautions following your spine surgery that your physical therapist and/or occupational therapist will review with you. These may include avoiding excessive bending, lifting, or twisting.
  – Make sure you wear your collar or your brace as directed if your surgeon has instructed you to do so.

• DO NOT get out of bed on your own, even if it is to use the bathroom or get up from the bed to the chair. ALWAYS ask for assistance from a staff member until you have been cleared to do these activities on your own safely.
Getting Out of Bed Using the Log Roll Method (Three Steps)

1. Roll onto your side with your knees bent.
2. Move feet off the bed; push up to sit.
3. Sit on the side of the bed before standing.

Reverse – Getting into Bed Using the Log Roll Method (Three steps)

1. Sit on the bed, towards to the top. Sit deep into the mattress – your calves should be touching the bed.
2. Lower your body down to your elbow, then your shoulder. Lift your legs with your knees bent.
3. Roll onto your back with your knees bent.

Lung Exercises—Coughing and Deep Breathing

You will be encouraged to perform simple lung exercises like deep breathing and coughing after your surgery. This prevents lung complications, like pneumonia, from occurring.

What is an Incentive Spirometer?

• An incentive spirometer is a device that helps with deep breathing.
• It is best to use it 5-10 times every hour when awake for the first few days after surgery to help improve lung function, especially after surgery.
Pain Management: Keeping You Comfortable

You will experience pain following surgery. However, we will work with you to help manage your pain appropriately. If you are in pain or have discomfort, please tell us. We want to help you to feel comfortable. Good pain control is a partnership between you and your caregivers. Managing your pain will help you recover more quickly.

Our Goals

• Develop a pain relief plan.
• Decrease pain to a level that is tolerable.
• Determine if pain medication is needed and the appropriate amount.
• Develop a plan to transition you off of narcotic pain medication.

Pain Assessment

• To help us minimize your pain after surgery you will be asked to rate the intensity and type of your pain through the use of a pain scale of 0-10.
• 0 is no pain, 10 is excruciating pain.
• Knowing that after surgery 0 is not attainable, a score between 4-5 is an attainable and acceptable score for most patients.
• It is best if you obtain medication when your pain level starts to rise. DO NOT allow your pain to get severe. If you maintain pain control, it takes less medication and less time to manage the pain.
• Some of the best non-medication pain management techniques include deep breathing, listening to music/distraction, and using ice near the incision.

Pain Scale (0-10)

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
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<tbody>
<tr>
<td>0</td>
<td>Pain is present but does not limit activity</td>
</tr>
<tr>
<td>1-2</td>
<td>Can do most activities with rest periods</td>
</tr>
<tr>
<td>3-4</td>
<td>Unable to do some activities because of pain</td>
</tr>
<tr>
<td>5-6</td>
<td>Unable to do most activities because of pain</td>
</tr>
<tr>
<td>7-8</td>
<td>Unable to do any activities because of pain</td>
</tr>
<tr>
<td>9-10</td>
<td></td>
</tr>
</tbody>
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Blood Clot Prevention

Deep Venous Thrombosis (DVT) is a blood clot in a vein. The biggest danger is a clot that breaks off and travels to the lungs. This is called a Pulmonary Embolism (PE) and it can be life-threatening.

- Here are some of the signs of a blood clot:
  - DVT (clot in an arm or leg) – pain, swelling, warmth, numbness/tingling.
  - PE (clot in the lungs) – difficulty breathing, chest pain, fast heart rate.

- Ambulation is the key to blood clot prevention.
- Avoid sitting or lying in one position for long periods of time.
- Additional medical devices and for some patients, medications will be provided to decrease the risk of a blood clot.

Sequential Compression Device

Also known as pneumatic compression stockings or “SCD pumps”, these stockings inflate and deflate automatically via a pump at the end of the bed. They assist in the prevention of blood clots by squeezing your calves to help the blood in your legs continue circulating throughout your body. They are worn while you are in bed until you are walking frequently.
Transitioning Home—Post-Operative Instructions

Your post-hospital recovery begins the day you are discharged from the hospital and go home.

Medication/Pain Management Instructions

Pain management is an important part of your post-operative recovery. It is important to understand that pain is expected following your surgery and, at times, may feel very different than what you are experiencing before surgery. Pain is an “alert system” of sorts and is vital to protect your body following your procedure. Having a pain management plan in place following your surgery will:

• Reduce stress and allow for a greater level of comfort.
• Improve mobility.
• Reduce surgical risks including respiratory complications and blood clots.
• Improve your overall healing and recovery time following surgery.

Remember that everyone perceives pain differently, so it is important not to compare what you are feeling to what others ‘think you should feel’ or someone else’s experience. While opioids have been a mainstay in postsurgical pain control, they are also at the center of an ongoing national crisis. We have developed a multimodal regimen, which means pain is treated in a number of ways. There are a variety of medications prescribed as well as non-medication pain control techniques following your surgery. This varies depending on the actual surgery performed. Opioid medications will be prescribed for one-two (1-2) weeks only following your surgery and will be used in conjunction with non-opioid pain medications such as muscle relaxants, Tylenol and anti-inflammatory medications (NSAIDS) when appropriate.

**If you are under the care of a pain management physician who is prescribing you opioid medications for chronic pain condition, please notify them of your upcoming surgical procedure. You should schedule an appointment with your pain provider within two weeks of your surgery for continued long term pain management.

Alternative forms of pain control should also be considered such as:

• Ice to the surgical area for short periods of time.
• Resting between activities.
• Positioning for comfort.
• Stress reduction techniques such as deep breathing exercises, listening to music, and meditation.
• While you are at home, keep your mind busy with activities such as reading or watching TV/Movies. Keep in communication with friends and family.
Activity Instructions *(These are based on your procedure)*

**Cervical Spine (Neck)**
- No driving until approved to do so by your surgeon.
- Do not lift/carry more than (5) five pounds.
- No overhead lifting.
- No prolonged computer work or keying to avoid an increase in neck spasm and pain.
- No repetitive head/neck movements.
- Please take several short walks each day.
- You may climb stairs but avoid doing so repetitively. Plan out your activities.
- **DO NOT** resume an independent exercise program until approved to do so by your surgeon. Follow any prescribed physical therapy exercises.

**Thoracic/Lumbar (Middle or low back)**
- No driving until approved to do so by the physician.
- Do not lift/carry more than (5) five pounds.
- No repetitive bending, lifting, or twisting.
- Avoid sitting for more than 60 minutes to avoid increased back pain. Change positions frequently.
- Take several short walks each day- use assistive devices if they are needed such as a cane or walker.
- You may climb stairs but avoid doing so repetitively. Plan out your activities.
- **DO NOT** resume an independent exercise program until approved to do so by your surgeon. Follow any prescribed physical therapy exercises.
Showering/Bathing
• Most people will have a waterproof dressing applied after surgery.
• You may shower when your physician instructs you to do so, usually 72 hours after surgery. Have someone in the house when you are showering for the first time for safety.
• When your bandage is removed, **DO NOT** rub the incision or apply creams, powders, or lotions. **DO NOT** scrub the incision area.
  – If you notice scabs or flakiness, please leave it alone. Some surgeons use skin glue that will release on its own.
• **No tub baths, hot tubs, spas, or pools** until approved by your surgeon.
• You will receive written instructions from your care team upon discharge about wound incision/dressing care management and showering.

Care for Your Incision
• Monitoring for signs/symptoms of infection is very important. Our nursing team will educate you on proper incision site management. We pride ourselves on having exceptionally low infection rates. It is important to keep your surgical incision protected and free from germs. **Please call your surgeon or navigator if you notice any new redness, drainage or swelling at the incision site.**

Diet Instructions
Most patients will return to a normal diet after surgery. If there are special considerations, your care team will guide you along the way. Please drink plenty of liquids and eat foods high in fiber.
For anterior cervical fusions, a diet that includes softer foods is encouraged for the early days after surgery. You may have a sore throat sensation after surgery; you can try lozenges or numbing spray for relief. Please use these carefully.

Transitioning Home
Medication instructions
• Your discharge paperwork will include a list of any new medications along with your previous medications.
• Follow prescribed instructions for each medication.
• Remember to check with your physician before you begin taking any over-the-counter medications, herbal remedies, and/or supplements.
• **Avoid alcoholic beverages after surgery.** It is advised to avoid alcohol, especially while taking pain medications.
• Constipation is a common side effect when taking narcotic pain medications. Increase your intake of water and add additional fiber to your diet. You will likely need to take stool softeners and/or laxatives as needed while taking narcotics. Many people benefit from using a stool softener with a gentle laxative such as Senna Plus or Miralax along with drinking plenty of water.
• Ask any member of your care team questions you may have regarding your medications and associated side effects. While you are in the hospital, please let us know if you would like a pharmacist to review all your medications with you.
• Please call your Orthopaedic Navigator with any questions about medications.
Outpatient Pharmacy

St. Vincent’s offers an Outpatient Pharmacy for your convenience, located just off the Main Lobby

We can fill your discharge medications here for pickup or delivery to your bedside Monday – Friday to eliminate stopping on your way home. Most insurance plans are accepted along with all forms of payment for any copays you may have. Any refills can be transferred to your home pharmacy. In addition to the Meds 2 Beds program, a pharmacist can talk with you about your medications while you are in the hospital.

Please let your care team know if you would like to use the Outpatient Pharmacy. You can call the Outpatient Pharmacy at 203.576.5713.

Exercise

• Please follow the exercise plan that your doctor, physical therapist and/or occupational therapist have created for you. Do not resume a formal exercise or gym routine on your own without having your surgeon’s approval.
• Your recovery process and continued health depends on good nutrition, rest and proper exercise.
• It is important to walk daily for short distances and frequently.
• There are no limitations to walking; however, you should avoid long distances, power walking, and treadmills.
• Keep pets away from you when you are walking as they may cause falls or twisting.

When to Call Your Doctor

• If you have a fever higher than 101 degrees.
• There’s redness, drainage or swelling to incision site.
• You have uncontrolled pain.
• You notice changes in color or sensation to an extremity (arm or leg).
• You have difficulty swallowing after neck surgery.

• If you experience shortness of breath or chest pain call 911.

Home Care Services

If it is medically necessary for you to have homecare services, they will begin the day after you return home. The frequency of your services depend on your insurance coverage, medical needs, and surgeon’s instructions. A case manager will make this referral before you leave the hospital.

Though it is rare, there are some surgeries that may lead to a stay in a rehabilitation center. This requires medical necessity and insurance authorization. Your case manager will work with you and your care team to make this referral if needed.
Our Gratitude

You are well on your journey to recovery! On behalf of the Connecticut Orthopaedic Institute and Ayer Neuroscience Institute, we would like to extend our gratitude to you for trusting us with your care.

Our goal here at St. Vincent’s is to provide you with the information and guidance to make this experience as positive as it can be for every patient encounter. We hope that the information provided in this booklet has helped deliver an exceptional experience.

If you have any questions before or after your procedure, please contact your Orthopaedic Navigator or your surgeon’s office. It is our pleasure to be working with you through your treatment and recovery process.

Jenna Calderone  860.414.9508
Tashua Malino  203.707.9597

Thank you for choosing St. Vincent’s Medical Center
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