

# Preoperative teaching manual for spinal surgery

A disease-specific care program certified  
by The Joint Commission



**Ascension**

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**Seton**



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# Preoperative surgery visit information

Your preoperative visit is scheduled for (Day) \_\_\_\_\_ (Time) \_\_\_\_\_ at

- Seton Medical Center Austin  
1201 West 38th Street  
Austin, TX 78705  
512-324-1000

Valet parking is available for \$10 at the north entrance on 38th Street. Paid parking is also available in the South garage (entrance near Medical Parkway and 35th Street). Parking is validated for the day of preadmission testing and the day of surgery, for one free exit per day. Validated parking is available in the valet parking area in the front of the hospital and west of the Breast Care Center and in the South garage located behind the hospital.

Report to the Surgery Center preadmission desk located on the first floor near the north entrance.

- Dell Seton Medical Center at  
The University of Texas  
1500 Red River Street  
Austin, TX 78701

On the day of your scheduled preadmission testing and on the day of your scheduled surgery/procedure, you are allowed free parking in the hospital parking garage. The parking garage is located across 15th Street from the hospital at the corner of Red River and 15th Street. You may take the sky bridge from Level 1 of the parking garage to enter Dell Seton on Level 1. Valet parking is available for emergency patients and their families for a fee. Parking is available in the garage and is charged hourly up to a maximum daily rate. Daily and weekly passes are available at discounted rates. All parking costs noted are subject to change.

Report to the preadmission testing area located on the first floor 24 to 72 hours prior to surgery. The phone number for patients to call to schedule preadmission testing is 512-324-7173.

- Seton Medical Center Williamson  
201 Seton Parkway  
Round Rock, TX 78665  
512-324-4000

Parking is available at the main entrance of the hospital located on the east side facing A.W. Grimes Boulevard. There is no cost for parking.

Report to the first floor registration desk located around the corner on the left side of the volunteer desk.

Be sure to bring the following items along with you:

- Surgery Guide (given to you in the doctor's office). Please fill in the Patient History Information sheet.
- A list of all current medications. Be as specific as possible including dosage and number of times taken per day.
- Insurance information.
- Copies of any personal advance directives (durable power of attorney, living will, etc.).
- This manual. Please review prior to your preop visit.

We recommend that a family member or friend accompany you to the preoperative teaching class, if possible, so he or she can actively participate in your teaching. Ideally it will be the same person who is available to assist during your recovery process.

Your presurgery visit must be completed **before** the date of your surgery. Your presurgery visit will include:

## 1. Registration

You will speak with an admissions counselor and preregister for your hospitalization.

## 2. Teaching

A registered nurse will guide you through the preoperative visit and let you know what to expect before, during, and after surgery. He or she will also explain how proper conditioning and preparation before surgery may help speed up the recovery process. Preoperative classes may be available where you can learn exercises to do before and after surgery, learn about movement precautions, and understand transfer and gait information. You will also learn ways to make your home a safe environment after surgery and you will be provided additional instructions on the use of assistive devices.

### **What to do before coming to your spine preoperative teaching class**

1. Review the contents of the manual prior to the class.
- 2. Please bring this manual with you to class.**
3. Bring one family member or friend to the class who will be your co-pilot to assist you when you go home from surgery.
4. Plan for the preoperative visit to take approximately 3 hours to complete:
  - a. Preadmission visit and instructions — 1 ½ hours
  - b. Preop class — 1 to 1 ½ hours
5. Please contact us if you have questions before coming to class.

6. Preoperative YouTube videos are available: [seton.net/SMCAurgery](https://seton.net/SMCAurgery)

- Click Link on top right-hand side of page: ***“What to expect during orthopedic surgery.”***
- Watch the appropriate video(s) for your surgery.
- Take the online video quiz to receive credit.

### **3. Anesthesia**

The anesthesia group will review your planned procedure, medical history and laboratory studies. Additional tests may be ordered at that time as well. You will be provided instructions regarding medication as well as what to eat and drink during the hours before surgery. If you have sleep apnea, please inform us during your visit. You are welcome to bring your machine.

### **4. Testing**

If your physician or anesthesiologist has ordered specific tests (blood work, X-rays, EKGs), they will be done at this time.

# Preparing for surgery

On the day of surgery, be sure to follow the instructions you received during your preoperative surgery visit regarding what you may or may not eat and drink before going to the hospital. That may vary depending on the scheduled time of surgery.

Bring the following items along with you to the hospital:

- toothbrush and toothpaste
- shaving supplies
- deodorant or antiperspirant
- eye glasses/contact lens case
- loose-fitting, comfortable clothing (e.g., knee-length gowns, robes, house dresses, shorts, t-shirts, pajamas)
- comfortable, non-skid shoes
- books, puzzles, magazines (if desired)
- sleep apnea machine (for those with sleep apnea)

Please leave the following items at home:

- jewelry
- watches
- credit cards
- keys
- cash (anything more than \$5)
- all other valuables
- all medications\*

\*Medication will be provided by the hospital. Only in rare circumstances will the hospital not have the medication you need in stock. Keeping your medication at home is safer as it will help eliminate any confusion.

**Be sure to quit smoking as early as possible prior to surgery (if you are currently a smoker, or take any form of nicotine).** Compared to nonsmoking patients, patients who smoke prior to surgery have been shown to experience more problems. Smoking has been associated with wound complications, lung and heart complications, as well as an increased length of stay in the hospital.



# Surgery

Spine surgery typically lasts one hour for a diskectomy or laminectomy, and two to five hours for lumbar fusion. Afterward, patients are transferred to the postanesthesia care unit (recovery room) for a brief recovery room stay.

A waiting room is available for family members and/or loved ones. After your surgery is complete, the surgeon will come out to speak with them. Once you are assigned an inpatient room, they are welcome to wait for you there and enjoy amenities such as TV and free wireless internet. You will be taken to your hospital room after recovery is complete.

# Recovery

The postanesthesia care unit (PACU) is staffed by nurses who are specially trained to provide care after surgery. The drugs used in anesthesia will most likely cause blurry vision, dry mouth, chills and sometimes nausea. If there is pain at your surgical area, the nurse will help to manage it. You may also experience a sore throat for a few days caused by a breathing tube that was placed in your windpipe during the procedure.







You will be attached to heart and oxygen monitors. Do not be alarmed by the beeping sounds they make. Your nurse will monitor your vitals while you are in the PACU, which may be as long as three hours. When you are released, surgery personnel will transfer you to your hospital room.










Visitors are not allowed in the PACU.

# Postoperative Care

The following clinical pathway charts provide a list of activities and procedures that will assist in your recovery. There may be slight variation to this pathway based on your type of surgery.

## Clinical pathway

	Day Of surgery	Postop day #1 or day of discharge
<b>Consults</b>	<ul style="list-style-type: none"> <li>  <b>Physical Therapy / Occupational Therapy</b> - Professionals trained in safe body movements and self-care techniques will help your doctor and nurses with your recovery. Expect to get up out of bed and take steps within 4 hours arrival to the floor (with staff assistance only).         </li> </ul>	<ul style="list-style-type: none"> <li>Depending on how well you are getting out of bed and walking, you may need equipment at home. A case manager will help you get the equipment you need before you are discharged.</li> </ul>
<b>Treatments</b>	<ul style="list-style-type: none"> <li>  <b>Sequential Compression Devices (SCDs)</b> - These leg squeezers help your blood move while you are in bed. These, along with ankle exercises, promote circulation to your legs to prevent blood clots.         </li> <li>  <b>Incentive Spirometer (IS)</b> - Taking slow, deep breaths helps to clear and expand your lungs to prevent pneumonia. Use the IS 10 times every hour when awake.         </li> <li>  <b>Arm &amp;/or Leg sensation and strength</b> - Nursing staff will check the strength and feeling to your arms and/or legs every 4 hours.         </li> </ul>	<ul style="list-style-type: none"> <li>Continue with the ankle exercises and SCDs (leg squeezers) while you are in bed to prevent blood clots.</li> <li>            Continue to use the Incentive Spirometer 10 times every hour.         </li> </ul>
<b>Medications</b>	<ul style="list-style-type: none"> <li>  <b>Pain medications</b> - You can expect to have some pain and discomfort following surgery. Our goal is to keep your pain at a tolerable level for you to move comfortably. You will likely have IV and oral pain medications ordered on an as-needed basis. Remember to ask for your pain medication when your pain level goes up.         </li> <li><b>Muscle relaxants</b> - Muscle spasms in the back are a common complaint. Try to bend your knees and keep your back flat when these occur. Arching your back will make it worse. Muscle relaxants will likely be ordered for you.</li> </ul>	<ul style="list-style-type: none"> <li><b>Pain medications and muscle relaxants</b> - The goal is to manage your pain with pills. The reason for this is because you will only have pills for pain control when you are at home.</li> <li><b>Stool softeners</b> - Take an over-the-counter stool softener while you are on pain medications. A common side effect of pain medications is constipation.</li> </ul>

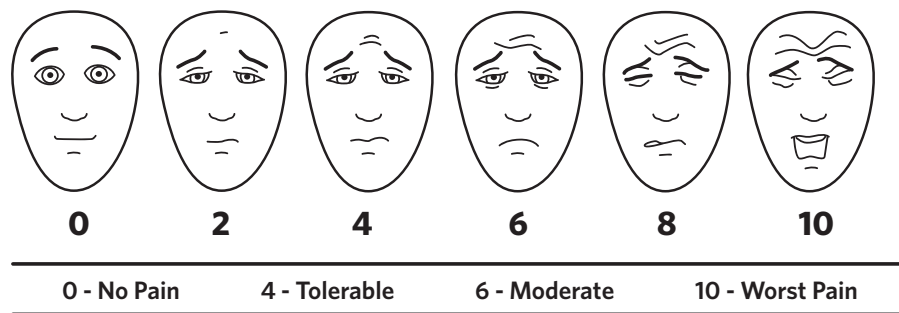
	Day of surgery	Postop day #1 - #2 or day of discharge
<b>Diet</b>	 <ul style="list-style-type: none"> <li>▪ <b>Diet</b> - Nausea is common following surgery. To prevent nausea/vomiting, your diet will start with clear liquids (ice chips, water, juice, gelatin) and will be advanced to regular food as tolerated unless otherwise ordered by your provider.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Regular diet.</li> </ul>
<b>Activities</b>	<ul style="list-style-type: none"> <li>▪ Keep your back straight as much as possible, whether lying in bed or moving, to prevent straining your back.  </li> <li>▪ For healthy skin it is important to move between your back, left, and right sides in bed every 2 hours. Doing this while in bed is called "logrolling." Nursing staff will assist you with this.</li> <li>▪ Our goal is to prevent you from falling. A staff member will stand at the side of your bed/walk in hallway with you at least 2 times after your surgery. NEVER get up alone — ask for help when going to the rest room.  </li> <li>▪ Limit upright sitting to 20 minutes every 2 hours (lumbar decompression).  </li> <li>▪ A brace may be ordered by your doctor. Wear the brace whenever you get out of bed or as directed by your doctor.  </li> <li>▪ You will be restricted on bending, lifting or twisting.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The goal is for you to walk in hallways independently at least five times a day until discharge.  </li> <li>▪ Sit up in chair for meals and three times daily.  </li> <li>▪ Limit upright sitting to 20 minutes every 2 hours (lumbar decompression).  </li> <li>▪ Brace as ordered. Wear the brace whenever you get out of bed or as directed by your doctor.  </li> </ul>

# Pain management

Expect to have some pain and discomfort following surgery. Because it is unrealistic to say you will have **“no pain”** after surgery, **satisfactory** pain relief allows you to sleep, eat, get out of bed and perform your exercises. We will address your pain goals with you each day.

## Pain scale

We will utilize a pain scale to measure your level of pain because it provides us with consistent, measurable information to help us evaluate your pain.



## Our expectations of you

- Let the nurses know as soon as you feel pain beginning because it gets harder to ease pain once it intensifies. Your doctor will be ordering pain medication on either a schedule and/or “as-needed basis.” Please request and take your pain medication routinely to manage your pain.
- Utilize the pain scale to describe your pain as a number when communicating your level of pain. This will help the care team know if their methods are effective or if changes need to be made.
- Remember that your pain is now a positive, healing pain and that the faster you are able to get up, walk and exercise, the faster you will heal and go home.
- Actively perform the range of motion exercises every hour to decrease pain and stiffness and to work the excess fluid out of your limbs.
- Remember to take your pain medications with food to prevent upsetting your stomach. Crackers are available at all times.

## **What you can expect from us**

- Your care team will work together to respond promptly to your pain needs.
- We will utilize all options available to promote satisfactory pain relief including repositioning and relaxation techniques.

## **Pain management options**

- The most common types of pain medications are: opioids (also known as narcotics), neurologic for nerve pain (e.g., Lyrica), skeletal muscle relaxants, and nonopioids (e.g., Tylenol). Intravenous (IV) narcotics are depressants that can cause mood changes, hallucinations, itching, changes in breathing patterns, and constipation. We will try to minimize IV pain medications as you are not able to go home with them and they may prolong your hospital stay.

# Prevention of complications

## Preventing blood clots

You may be required to wear support stockings to prevent your circulation from pooling in your legs and/or compression sleeves that fit over the stockings. This compression garment assists to keep the blood in your legs moving by inflating and deflating air within the sleeves.

Blood that is moving is less likely to clot. One way to prevent clot formation is to actively exercise your ankles at least 20-30 times every hour during your hospital stay. Because this is so important, the staff will remind you to perform your ankle pumps routinely.

**NOTE:** You will not need to wear the stockings or compression sleeves at home unless specifically instructed by your doctor.

It is important to participate in early and frequent mobility. You can do this by:

- sitting up in your chair for meals
- using the bedside commode or bathroom with assistance
- walking the halls with a physical/occupational therapist or member of the nursing staff

***Deep vein thrombosis: DVT is a disorder in which clots can form in the veins (especially the legs) causing the veins to become inflamed. DVT can become life-threatening if a clot breaks loose and travels to other parts of the body. Factors that can contribute to DVT are injury, surgery, and immobilization.***

## Keep your lungs healthy

The medications given to relieve your pain, combined with the decrease in your overall physical activity, can cause you to breathe less deeply and increase your risk of lung problems. The best way to stay lung healthy is to slowly take a deep breath and hold it for a few seconds. This should be done as often as possible during your hospital stay.

The incentive spirometer (IS) exercises your lungs even further and should be done at least 10 times every hour.

## **Regulate your body temperature**

For the first few days after surgery (especially late afternoon and into the evening), it is normal to have a slight elevation in your body temperature. This elevation could go as high as 101 degrees. DO NOT be afraid. This does not mean you have an infection or that something is wrong. This is the body reacting to the process of surgery. This is actually an expected and wanted effect!

We encourage you to do the following to keep your temperature down:

- Drink lots of fluids.
- Deep breathe often.
- Move around a lot.

## **Prevent constipation**

The medications given to relieve your pain, the anesthesia sedation, and the decrease in overall physical activity can cause your stomach and colon to work less and therefore put you at risk for constipation. You can prevent constipation by drinking a lot of fluids, eating high-fiber foods and exercising your body as much as possible.

Your physician will order a stool softener to be given every day while in the hospital, and if needed, laxatives can be given before discharge to help you feel more comfortable. Ask for a laxative if needed.

It is recommended to continue a daily stool softener at home until the pain medications are discontinued and you are more active. These can be bought over the counter.

***Spinal fusion patients: Try to maintain a stable, straight spine while coughing/sneezing, as to not disrupt the graft healing.***

# Your hospital stay

## Visitors

Once in your hospital room, you may have visitors. Encourage visitors to come later in the day so you can participate in your therapy with fewer distractions. Cots are available upon request if a member of your family would like to stay the night. Let us know upon your arrival on the floor to ensure cot availability.

## Meals

Please inform your nurse if you need a special diet. Kosher, vegetarian, calorie- or fat-restricted diets are available upon request. Juices, gelatin, milk, coffee and crackers are kept on the unit if you get hungry between meals. Just let us know your needs.

## Hourly rounding

Our staff makes hourly rounds during the day time, and every two hours at night, to assist you with your needs. Use the call button for urgent or emergent needs.

## Call button

When you press your call button, your nurse or clinical assistant will be notified. You may also call your nurse or clinical assistant on their portable phones.

## Care boards

Care boards are communication boards in your room used by your care team. Information about your pain management, activity and daily goals will be written on the care board daily.

## Activity

Early and frequent mobility is the key to a successful recovery. Expect to get out of bed within four hours of arrival to your room on the day of surgery. As your strength and endurance improve, your medical team will inform you when you will be able to get in and out of bed on your own. Until then, we will gladly assist you. During hourly rounding, the staff will be assisting you with your mobility. In between hourly rounding, please press your call button for help. Our goal is that you "call, don't fall!" Please see the Postoperative Care section for information on activities you can expect to do during your hospital stay.



## **Medication**

The hospital purchases medications from a variety of drug companies; therefore, the pills we give you may not look like the pills you take at home. Please ask your nurse if you have questions about the medications you are receiving.

**We are unable to use any medications that are brought from home. Please send home any medicines you may have with you unless instructed otherwise by your doctor. This is for your safety.**

## **Bathing**

We encourage you to actively participate in the bathing process as the exercise will greatly assist in healing. We will help you with bathing until you are discharged so that your wound will stay dry. Please alert staff when you are ready.

## **Linens**

The sheets on your bed are changed every day and whenever soiled. If you would like your sheets changed in addition to these times, please let the staff know.

## **Special services**

If you have hearing or visual impairments or other special needs that we can help you with, please let us know.

# Your spine care team

Ascension caregivers at Seton are committed to providing individualized care to suit your needs and exceed your expectations. Some or all of the following caregivers may be involved in your plan of care:

**Spine surgeon, neurosurgeon, physician assistant, nurse practitioner:** performs and/or assists with your surgery and directs your care, checks on your progress during hospital rounds and follow-up appointments.

**Vascular or cardiothoracic surgeon:** performs a portion of fusion surgery if access through the abdomen or chest is required, manages your postoperative diet, and will visit you during hospital rounds.

**Hospitalist:** internal medicine physician who assists the surgical team in managing any medical issues (e.g. diabetes) you may have while you are in the hospital.

**Anesthesiologist:** administers anesthesia and monitors your condition during the surgery, may also help direct your pain management in the postoperative period.

**Spine and orthopedic clinical manager:** provides administrative and clinical leadership for the orthopedic inpatient unit, works with the nursing team leader on day-to-day follow-up.

**Nursing staff:** includes RNs, LVNs, and Clinical Assistants who plan and coordinate your care based on physician orders and nursing expertise, communicate information about your condition and progress to other team members, assist you with your personal care needs, teach you and your family about your care needs.

**Case manager and social worker:** coordinate your plan of care for discharge and arrange for discharge needs including equipment and any home health needs, interact with other team members and insurance companies as needed.

**Physical therapist:** provides preoperative teaching, instruction and assistance with preoperative and postoperative exercise programs, movement precautions, transfers, walking and stair climbing.

**Occupational therapist:** provides preoperative teaching and assists in achieving independence with your self-care and other activities of daily living while using proper body mechanics including putting on back braces when needed, makes equipment recommendations and provides instruction on the use of adaptive equipment when needed.

**Dietitian:** provides information and dietary options as needed.

**Chaplain:** available to support you during your hospital visit, assists you with prayer and sacramental requests.

# Planning for discharge

We want you to be prepared when you go home; therefore, we will begin teaching you about home preparation at your preoperative teaching class. Your care team members will then follow up with you during your hospital stay to ensure that you have what you need in terms of equipment, supplies and help. Case managers and social workers specialize in helping patients and their families plan for discharge and can provide information regarding possible options about your care once you are home.

## Social services

Our social workers will provide counseling, help you obtain benefits and needed services, and work with you in planning for your care following discharge from the hospital. They will assist you with the billing process using commercial insurance, Medicare, or if you are self-pay, and discuss options with you if you are uninsured. More information can be found in the Patient Handbook.

## Billing

The hospital is responsible for submitting billing to your insurance company and will do everything to expedite your claim. You should remember that your policy is a contract between you and your insurance company and that you have final responsibility for payment of your hospital bill.

## Durable medical equipment (DME)

Your case manager will review any equipment needs with you, and assist you in obtaining any durable medical equipment you may need at home after discharge. Durable medical equipment includes canes, walkers, and bedside commodes. Ordered DME can be delivered directly to the hospital. A physician's order is required for DME, and your insurance company's guidelines will determine reimbursement. Medicare and Medicaid have specific criteria for DME coverage. Your case manager will verify your coverage and work with your insurance company if you need DME.

## Day of discharge

- Your surgeon will determine when you will be released from the hospital.
- Please have your transportation and care arrangements made so that you may leave the hospital by 11 a.m. on the day of discharge. This allows you to get home and to have your prescriptions filled. If any questions or concerns arise, you will still have time to call your surgeon's office.
- Prepare to have your family pick you up in a vehicle that is easy to get in and out, neither too low to the ground or too high off the ground.
- Have family take home excess belongings prior to discharge day if possible.

## Tips to prepare your home

- Remove throw rugs and move electrical cords out of the way.
- Add pillows to low chairs and use chairs with arms whenever possible.
- Keep hallways and doorways clear of objects.
- Place the phone within easy reach.
- Install night lights in hallways and bathrooms.
- Get a bag or basket for your walker to transport items, if using a walker.
- Store food and other items at waist to shoulder level to prevent bending over and straining your back.
- Stock up on easy-to-prepare foods and items that you will need.
- Plan ahead and discuss with family and friends who would be able to help you with activities of daily living, including picking up groceries.
- You may find it more feasible to purchase frozen microwave dinners prior to your surgery to have available when you return home. Local grocery stores may deliver for an added charge.

## Bathroom tips

- Consider installing grab bars in your shower or tub for support as you get in and out.
- Use a long-handled sponge to wash hard to reach areas including your legs.
- Use a nonslip mat to keep the floor dry, and place a rubber mat or decals in the tub or shower floor.
- Consider installing a hand-held shower hose.
- Store toiletry items within easy reach.
- Consider purchasing a long handled “grabber” to help you pick things up and assist with dressing.
- Consider purchasing a tub or shower seat as recommended by your rehabilitation therapist.

## Special notes

You will be receiving a home follow-up call to check on your recovery and obtain feedback regarding your hospital experience. We need your comments and suggestions to improve our service to you!

Thank you for choosing Seton. We appreciate the opportunity to serve you!

# Frequently Asked Questions

## 1. Q: How long will I be in the hospital?

**A:** *Patients having back fusion surgery* will most likely be hospitalized two to four days depending on the type of fusion that is required.

**A:** *Patients having neck fusion surgery or laminectomy/diskectomy procedures* will most likely be hospitalized less than 24 hours, but sometimes require one to two days. It will depend on how you are doing after surgery, your general health and other factors.

## 2. Q: How long will it take to perform my surgery?

**A:** *Back fusion surgery* usually lasts about two to five hours. It depends on the surgical techniques required. It will take the staff an additional 20 minutes or so to get you ready to move to the recovery room. The recovery room length of time may be up to three hours.

**A:** *Laminectomy/diskectomy procedures* usually last about one hour. It will take the staff an additional 20 minutes or so to get you ready to move to the recovery room. The recovery room length of time may be up to three hours.

## 3. Q: When will I be able to eat solid food?

**A:** *Patients having back surgery that went through the abdomen* cannot eat or drink, except for ice chips and sips of water, and/or clear liquids for 24 hours after surgery. You will progress slowly with liquids after that depending on how you are doing.

**A:** *Patients having a back or neck fusion procedure or laminectomy/diskectomy procedure* may be able to eat solid food for supper on the day of surgery. It will depend on whether or not you are experiencing nausea or vomiting, and the nurses will be checking on you to make sure your body is waking up from the anesthesia.

## 4. Q: When can I get out of bed after surgery?

**A:** You will get up with staff assistance as soon as possible after surgery and usually the same afternoon as surgery, as soon as four hours upon arriving to your hospital room. The nurses will assist you in going to the bathroom sometime after you get to your hospital room. You will get up often with assistance for brief periods of time, such as to and from the bathroom. You need to gradually improve the time and distance that you can walk. The more often you get up, the sooner your pain will improve.

5. **Q: Will I have a catheter in my bladder?**

**A:** *Patients having back fusion surgery* may initially have a catheter that will be removed as soon as you are getting in and out of bed. It is normal to feel some pressure sensations or the urge to urinate while the catheter is present.

**A:** *Patients having laminectomy/discectomy procedures* do not routinely require catheters. The presence of a catheter increases the risk of infection as well as discourages you from mobilizing in and out of bed as often as necessary. If you are unable to urinate, tell your nurse.

6. **Q: When will I be able to take a shower or take a bath?**

**A:** Your doctor will tell you when you can shower and how to manage the dressing. Occasionally you will be sent home with supplies for continued dressing changes. No swimming or bathing until you are cleared by your physician.

7. **Q: How long will I have to keep a dressing on my back?**

**A:** Your doctor will instruct you on the care of your dressing.

8. **Q: When can I begin driving again?**

**A:** Your doctor will instruct you on when you may begin to drive. You should not take a narcotic and drive. If you have any concerns about driving, discuss this with your doctor.

9. **Q: When will I see the doctor in the office?**

**A:** You will see your doctor usually one to two weeks after surgery. You will be instructed to call for an appointment unless one has already been arranged.

10. **Q: When may I return to work?**

**A:** This is usually discussed at the first office visit after surgery.

11. **Q: What activities should I avoid?**

**A:** You should not lift anything over two to five pounds as instructed by your doctor. Do not twist your body or bend forward repetitively. You may bend forward slightly to dress yourself and perform activities of daily living; however, minimize this motion as much as possible. Bend with your knees instead. ***Don't pick up your children; have them climb into your lap for hugs and attention.***

**12. Q: What do I need to know to plan for home?**

**A:** Outpatient therapy will be scheduled following your first postoperative doctor's visit. You should walk multiple times a day and sit as tolerated until then. Gradually increase the walking time and distance. Do not lift more than two to five pounds.

**13. Q: Are there any problems I should look for?**

**A:** Yes! Call the doctor if you experience any new leg pain, numbness or weakness. Also watch for redness, drainage, or swelling around the incision. Report fever above 101 degrees, calf or chest pain or difficulty breathing.  
***If something does not seem right, call. A doctor is always on call.***

**14. Q: When may I become intimate with my partner?**

**A:** Please discuss this with your doctor during your follow-up visit in the office.

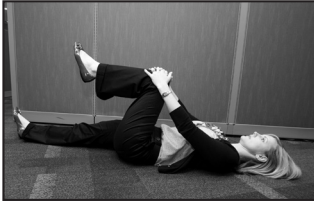


# Physical and occupational therapy guide

## Postoperative Decompression/Laminectomy

### Nerve stretch

Start this exercise in the hospital and continue every day thereafter.



- Lie on back holding one knee from behind as shown.
- Maintain the normal curve in your lower back.
- Gently straighten the knee until you feel light tension.
- Hold 2-3 seconds for 6-10 reps.
- Repeat on the other side.
- Perform this exercise 2-6 times per day.
- If this exercise causes increased pain, you may stop it.

### Aerobic activity

Start this exercise at home.

- **Walk 10-20 minutes 6 times a day as tolerated.**
  - Walk within your limits. Begin with a slow, easy pace for a short time. Then begin to add time to the walk, making sure you do not increase your pain level.
  - Walk on level ground only. Try to avoid walking in the grass (walk on paved, smooth surfaces).
  - If back or leg pain intensifies after walking, reduce distance slightly for several days, and then gradually build up to a longer distance.
- **Focus on active rest.**
  - Limit your bed rest. Upright activities are encouraged. Remember that prolonged bed rest has NOT been found to be helpful for your back and even has some harmful effects for your overall health.

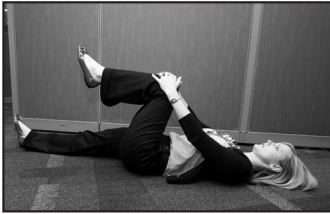
### Precautions

- Limit lifting to 2-5 pounds. Use good body mechanics as described on the pages that follow.
- Avoid bending forward while coughing or sneezing.
- Don't bend or twist the lower back region.
- Sit as tolerated. Then stand up to stretch/move.
- Maintain good posture with a neutral spine.
- Avoid any one position for long periods of time.
- For lumbar decompression, you will be limited to 20 minutes of upright sitting every two hours.

## Postoperative lumbar microdiskectomy

### Nerve Stretch

Start this exercise in the hospital and continue every day thereafter.



- Lie on back holding one knee from behind as shown.
- Maintain the normal curve in your lower back.
- Gently straighten the knee until you feel light tension.
- Hold 2-3 seconds for 6-10 reps.
- Repeat on the other side.
- Perform this exercise 2-6 times per day.
- If this exercise causes increased pain, you may stop it.

### Aerobic activity

Start this exercise at home.

- **Each day for exercise.**
  - Walk within your limits. Begin with a slow, easy pace for a short time. Then begin to add time to the walk, making sure you do not increase your pain level.
  - Walk on level ground only. Try to avoid walking in the grass (walk on paved, smooth surfaces).
  - If back or leg pain intensifies after walking, reduce distance slightly for several days, and then gradually build up to a longer distance.

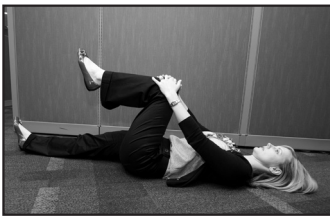
### Precautions

- **Avoid loaded flexion**, such as rounding your back while lifting.
- Limit lifting to 2-5 pounds. Use good body mechanics as described on the pages that follow.
- Avoid bending forward while coughing or sneezing.
- Don't bend or twist the lower back region.
- Sit as tolerated. Then stand up to stretch/move.
- Maintain good posture with a neutral spine.
- Avoid any one position for long periods of time.
- You may be prescribed a lumbar back brace. Wear as instructed by your doctor.

## Postoperative lumbar fusion

### Nerve Stretch

Start this exercise in the hospital and continue every day thereafter.



- Lie on back holding one knee from behind as shown.
- Maintain the normal curve in your lower back.
- Gently straighten the knee until you feel light tension.
- Hold 2-3 seconds for 6-10 reps.
- Repeat on the other side.
- Perform this exercise 2-6 times per day.
- If this exercise causes increased pain, you may stop it.

### Aerobic activity

Start this exercise at home.

- **Walk 5-15 minutes 6 times a day as tolerated.**
  - Walk within your limits. Begin with a slow, easy pace for a short time. Then begin to add time to the walk, making sure you do not increase your pain level.
  - Walk on level ground only. Try to avoid walking in the grass (walk on paved, smooth surfaces).
  - If back or leg pain intensifies after walking, reduce distance slightly for several days, and then gradually build up to a longer distance.

### Precautions

- **Do not bend forward, arch backwards or twist. Maintain a neutral spine (the shape of the spine when you're standing).**
- Avoid loaded flexion, such as rounding your back while lifting.
- Limit lifting to 2-5 pounds. Use good body mechanics as described on the pages that follow.
- Avoid bending forward while coughing or sneezing.
- Don't bend or twist the lower back region.
- Sit as tolerated. Then stand up to stretch/move.
- Maintain good posture with a neutral spine.
- Avoid any one position for long periods of time.

## Lifting and bending



### Squat lift

Stand close to the object with feet shoulder-width apart. Lift using your legs, keeping a flat back and tightening your stomach muscles.



### Golfer's lift

Rest one hand on a sturdy object for support. Pick up the leg on the same side as you bend forward. Be sure to keep your back neutral, all the bending should come from the hip and knee that are supporting the body.

Only pick up small objects, e.g., pens, paper, etc. Larger objects should be picked up using the squat lift.



### Putting on shoes

To put on your shoes, sit keeping your back in neutral. Bring one foot up and cross the leg over the other. All the bending should be from the hip, called "hip hinging." Do not round your back. Put on the shoe and then repeat with the other foot.

## Motions to avoid



Avoid twisting or bending back. Pivot using foot movements, and bend at the knees and hips when reaching.



Avoid overhead reaching, which arches the back. Instead use a step stool.

## Positioning and transitions



### Sitting posture

1. Use a roll to support low back.
2. Sit upright with hips to the back of the chair, level with knees.



### Sit to stand

1. Scoot to the front of the seat.
2. Place one foot forward and use arm and leg muscles to stand up.
3. Bend from the hips and keep normal curve in lower back.
4. Keep neutral spine of low back while standing and walking.



### Getting in or out of bed

1. To arise from bed, turn on your side, scoot knees and legs off edge, while using arms to assist with lifting off the bed into a sitting position.
2. Move as a unit without twisting to a seated position.
3. To lie down in bed, use the same movements in reverse.

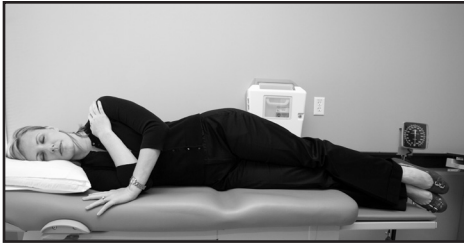


### Sleeping positions

1. Use towel roll around the small of the waist to support the lower back while lying on your side or back, if needed.
2. Use pillows between or under knees for support.

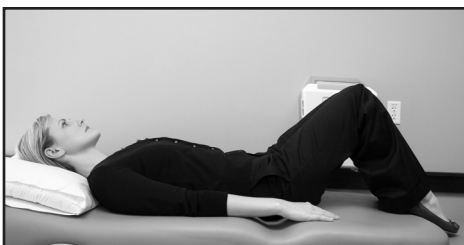


## Turning over in bed



### Rolling side-to-side

1. To roll from one side to the back, straighten out the legs and place the top hand (right) on the bed.
2. Push with top hand (right) on the bed to begin to roll from your side to your back.
3. Move as a unit without twisting your back (log roll).



### Rolling from back-to-side

1. To roll from your back to your side, bring your knees up, one at a time, and place your feet on the bed.
2. Shift your pelvis to the left.
3. Reach over with your left hand to begin the roll to the right.
4. Roll completely onto the right side using your top hand (left) to slow down and complete the roll.
5. Position yourself on your right side with the head and legs supported with pillows.

# Seton Adult Outpatient Rehabilitation Clinics

	<p><b>D.</b>  <b>Seton Medical Center Austin          Sports and Neuro Rehab</b>          5555 N. Lamar, Austin, TX 78754          512-324-1875, 512-324-1876 Fax</p>
	<p><b>E.</b>  <b>Seton Spine &amp; Rehabilitation Center</b>          3724 Executive Center Drive, G-10,          Austin, TX 78731          512-345-5925</p>
	<p><b>F.</b>  <b>Seton Pflugerville Healthcare Center</b>          200 North Heatherwilde Blvd          Pflugerville, TX 78660          512-345-5925, 512-324-5363 Fax</p>
<p><b>G.</b>  <b>Seton Medical Center Williamson</b>          201 Seton Parkway          Round Rock, TX 78665          512-324-4271, 512-324-4688 Fax</p> <p><b>Seton Williamson Outpatient          Rehabilitation Services</b>          301 Seton Parkway          Medical Plaza 1, Suite 301          Round Rock, TX 78665          512-345-5925, 512-324-4723 Fax</p>	
	<p><b>H.</b>  <b>Seton Physical Therapy Burnet</b>          3201 S Water St, Burnet, TX 78611          512-715-3365, 512-588-4113 Fax</p>
<p><b>A.</b>  <b>Dell Seton Medical Center at The University of Texas</b>          1500 Red River St, Austin, TX 78701          512-324-1199, 512-324-7566 Fax</p>	<p><b>I.</b>  <b>Seton Physical Therapy Marble Falls</b>          1800 Mormon Mill Dr. Suite B,          Marble Falls, TX 78654          830-693-8738, 830-693-8739 Fax</p>
<p><b>B.</b>  <b>Paul Bass Clinic Outpatient Physical Therapy Wound Care</b>          1400 N. IH 35 Frontage Road, Suite 400          Austin, TX 78701          512-324-7600, Fax: 512-324-7566</p>	<p><b>J.</b>  <b>Seton Spine &amp; Rehabilitation Center</b>          5301-B Davis Lane, Suite 200, Austin, TX 78749          512-345-5925, 512-343-7113</p>
<p><b>C.</b>  <b>Seton Medical Center Austin</b>          1201 W. 38th St., Austin, TX 78705          512-324-1199, 512-380-0552 Fax</p>	<p><b>K.</b>  <b>Seton Medical Center Hays</b>          6001 Kyle Parkway, Kyle, TX 78640          512-504-5162, 512-268-8709 Fax</p>
<p><b>Seton Breast Care Center</b>          1201 W. 38th Street          Austin, TX 78705          512-324-1025 x 10285, Fax: 512-324-1023</p>	<p><b>L.</b>  <b>Seton Physical Therapy and Fitness Center</b>          499 Old Austin Highway, Bastrop, TX 78602          512-304-0331, 512- 581-5011 Fax</p>



	A. Dell Seton Medical Center at The University of Texas	B. Paul Bass Clinic Outpatient Physical Therapy Wound Care	C. Seton Medical Center Austin	C. Seton Breast Care Center	D. Seton Medical Center Austin Sports and Neuro Rehab	E. Seton Spine & Rehabilitation Center - Executive Center	F. Seton Pflugerville Healthcare Center	G. Seton Medical Center Williamson	G. Seton Williamson Outpatient Rehabilitation Services	H. Seton Physical Therapy Burnet	I. Seton Physical Therapy Marble Falls	J. Seton Spine & Rehabilitation Center - Davis Lane	K. Seton Medical Center Hays	L. Seton Physical Therapy and Fitness Center
<b>PT</b>														
Ortho (Joint)					✓	✓	✓		✓	✓	✓	✓	✓	✓
Ortho (Spine)					✓	✓	✓		✓	✓	✓	✓	✓	✓
Sports Medicine					✓	✓	✓		✓	✓	✓	✓	✓	✓
Women's Health														
Vestibular Rehab					✓		✓		✓					
Neuro Rehab					✓				✓	✓	✓		✓	
Lymphedema				✓	✓				✓					
Spinal Cord Injury														
Aquatics							✓		✓	✓	✓			✓
Wound Care		✓						✓		✓	✓		✓	
<b>OT</b>														
Hand Therapy					✓		✓(PT)		✓				✓	✓
Splinting					✓								✓	✓
ADL Training					✓				✓				✓	✓
Low Vision														
<b>ST</b>														
Speech/Language					✓			✓		✓	✓		✓	
MBS	✓		✓					✓		✓	✓		✓	
Swallow					✓			✓		✓	✓		✓	





