



WELCOME!

Pre-Op Education Class for People Having
Lumbar Spinal Fusion Surgery

A stylized, dark grey leaf graphic with several pointed leaves, located in the top left corner of the slide.

Agenda

INTRODUCTION

NURSING

PHYSIOTHERAPY

OCCUPATIONAL THERAPY

QUESTIONS?

Why are you here?

People who are prepared for surgery have:

- Better hospital experiences
- Fewer complications
- Smoother, faster recovery

Smoking and Surgery



Being smoke free for at least 8 weeks before surgery can:

- Reduce your risk of complications
- Improve your chances of a great result
- Help you heal faster
- Help you get home sooner
- Reduce nicotine withdrawal while in hospital so you will be more comfortable (Nicotine replacement and counseling is available in hospital)

Help With Quitting

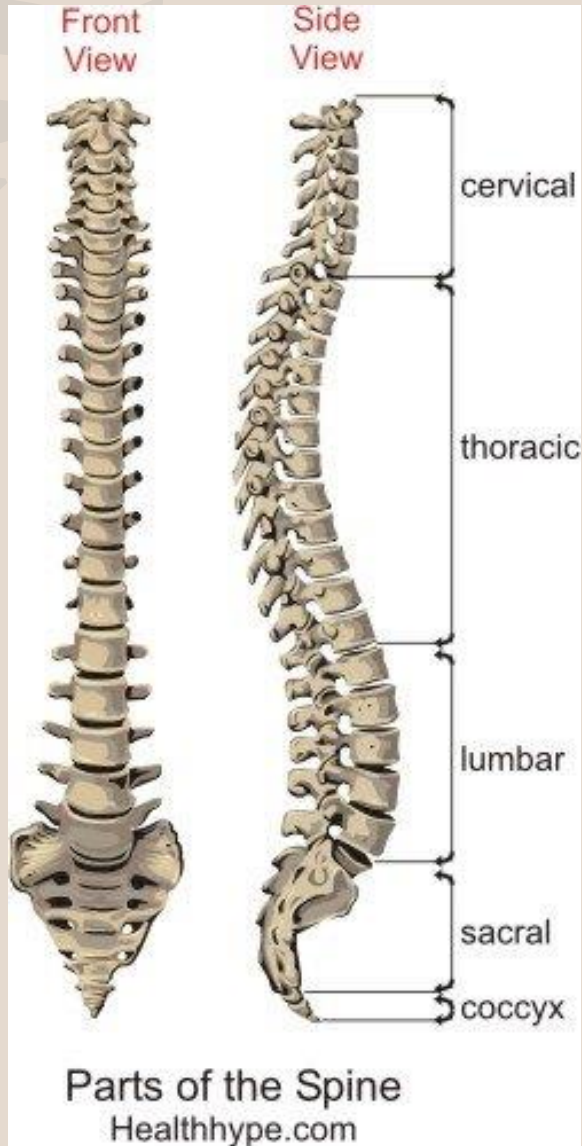
Nicotine replacement is available without prescription at drug stores

- Patch
- Gum
- Inhaler
- Lozenges

Prescription medication is also available

- Ask your physician or pharmacist for advice
- www.smokeandvapefreenb.ca

The Spine



- The spine consists of several bones called vertebrae. There are 7 cervical, 12 thoracic, 5 lumbar, 5 sacral, and 4 coccygeal vertebrae
- The spinal cord runs through the middle of the vertebrae. Nerves come off the spinal cord and exit to the left and right through little holes between each vertebrae
- The nerves in the lumbar spine supply strength and sensation to the low back and legs. These nerves also play an important role in the normal function of the bowel and bladder and sexual organs

Your Surgery

The purpose of your back surgery is to relieve pain and improve your mobility by removing pressure from the nerves and/or spinal cord

Fusion with Bone Grafting: To encourage 2 or more vertebrae to grow together into one solid column of bone, your doctor will place a bridge of bone graft in between the vertebrae

Fusion with Internal Fixation: To encourage two or more vertebrae to grow together, your doctor may use metal plates, screws, or rods in addition to bone grafting. Unless there are problems, the plates, screws and rods will remain in place

Complete fusion of these bone segments may take up to one year

Pre-Op Assessment

You will have an appointment to go to our pre-operative assessment clinic (typically about a week before your surgery) (occasionally the appt is over the phone)

The nurse will ask you questions about your health history and current medications. Please bring all your medications with you.

You will be advised about any medications you may need to stop prior to your surgery (including, Ginkgo biloba, garlic, ginseng as they can affect bleeding)

You may have bloodwork, a chest x-ray, and an ECG at this time

The clinic is located on level 1 of the Saint John Regional Hospital

What to Bring to the Hospital

- Supportive, non-slip shoes
- Comfortable, loose-fitting clothing (you will be encouraged to dress in your own clothes)
- Your back brace (if your surgeon has requested one)
- Labelled containers for glasses, hearing aids, or dentures
- Personal hygiene items

Do not bring anything of value, including large amounts of cash or jewellery

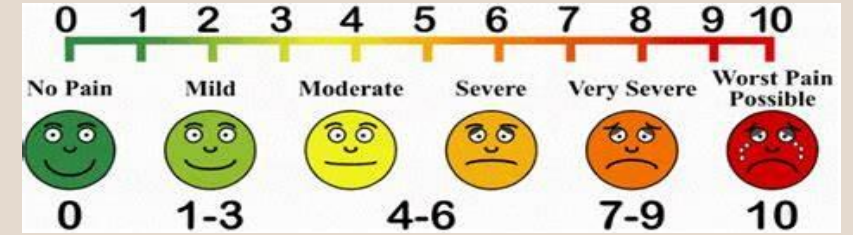


What to expect after your surgery

- You will wake up in the post anaesthetic care unit (PACU). Visitors are not permitted in PACU.
- Once awake and stable, you will be transferred to a room on 3CS (648-6213). We will notify your family and they may visit you here after the nurse gets you settled
- You may have an oxygen mask over your nose/mouth or through small tubes in your nostrils for the first night.
- You will have sequential compression devices on your legs while in bed which massage the legs at different intervals to improve circulation and avoid blood clots
- It is common to feel nauseated after the surgery. Your nurse can provide medication to help with this.
- You may have a catheter in place to drain your bladder (put in in the OR). This is typically removed the evening of your surgery or early the next morning.

Pain Management

- Please know pain is expected after your surgery
- Your pain will be monitored via pain scale (0-10). 0 being no pain and 10 being the worst episode of pain in your life
- The doctors will prescribe different types of pain medicine after your surgery
- You may have a PCA pump (patient-controlled analgesia) of either Morphine or Dilaudid. This gives you the ability to push a button to administer a controlled amount of the pain medication when you feel you need it
- When your PCA is discontinued (on postop day 1 or 2), you will be offered an opioid pain medication taken by mouth (ex: Dilaudid, Morphine). This medicine is on an “as needed” basis (available every 4 hours) so please ask your nurse for it if you are having pain.
- You will also receive Tylenol on a scheduled basis every 6 hours
- Ice packs are available for use and are encouraged



Constipation

Pain medications can cause your bowels to be sluggish and lead to constipation. Being less active can also slow down the bowels.

Eating foods high in fiber and drinking lots of water to stay hydrated can help.

Sometimes that is not enough and you will have to take a laxative. Your nurse, doctor, or pharmacist can help you decide what would work best for you.



Activity

- You will be expected to get out of bed with the help of a physiotherapist and/or a nurse, generally within 24 hours of your surgery
- If a back brace is required for mobility, your doctor will let you know prior to your surgery. Please bring it to the hospital with you.
- You will begin with short walks around the unit twice daily, eventually increasing the distance
- You should eat your meals sitting up in your chair
- You will be expected to do your bed and chair exercises as taught by your physiotherapist at least three times a day
- Prior to discharge, you will practice climbing the stairs with your physiotherapist
- On discharge day you should be able to:
 - Get in and out of bed by yourself
 - Climb stairs safely
 - Able to walk 70-100 metres
 - Move about independently (keeping spinal precautions in mind)

Dressing/Incision Care

- You will have a dressing on your back after the surgery. This dressing typically stays in place until postop day #2. Your nurse will change your dressing before you go home.
- Occasionally you may return from surgery with a “Prevena” dressing on which provides negative pressure therapy to the incision to assist with drainage/healing. This stays in place for 7 days.
- There is usually only absorbable stitches in your incision. If you do have staples in place, we will provide you with an appointment to have them removed approximately 10-14 days after your surgery.
- Keep your dressing dry at all times. Change your bandage only if it is peeling off, becomes wet with blood/body fluid, or accidentally becomes wet.
- Do not submerge the incision in the bathtub, pool, or body of water until your surgeon gives the okay to do so
- You (using a mirror) or your support person should look at your bandage/incision every day. You might find the incision looking slightly red, swollen, and sore. These are normal signs of healing and should gradually improve over the next few weeks.



Prevena Dressing

Discharge Planning

- **Before** coming for surgery, please know who will be available to help you get home from the hospital and help you at home as needed (you will not be allowed to drive yourself home from the hospital)
- **Plan ahead** for anything you need set up at your home such as grocery delivery, rearranging furniture, and pet care
- **Prior to surgery** please acquire any equipment you may need at home (occupational therapist/physiotherapist will review this)
- You will be provided with a folder on discharge with general postoperative information, a prescription for pain medication, incision/dressing care instructions, and a follow up appointment to come back and see your surgeon (usually between 6-8 weeks)



Physiotherapy



www.clipground.com

Get Yourself Moving



Research has shown that the healthier you are before your surgery, the better you will do after your surgery



Get a head start by exercising now. We realize many of you have restricted movement and that is why you need the surgery. If you have not been active, speak to your doctor before starting to exercise.



Endurance activities are good for your heart, lungs, circulation, and muscles



Some suggestions are walking, water aerobics, or a stationary bike

Post-op Back Precautions

These precautions are in place to assist with post-op recovery and ultimately maximize your function at home

- **Lifting** – do not lift/push/pull/carry any object greater than 5lbs for the first 6 weeks after surgery. The weight goes up to 10lbs from 6 to 12 weeks
- Avoid **prolonged sitting**, we recommend regular changes of position. If you have a long drive home, we recommend making frequent stops to get up and move around.
- Avoid excessive **twisting and deep bending** of your back
- If your surgeon recommends a **back brace**, it is to be worn at all times except for bathing, toileting, and lying down
- **Log roll** to get in/out of bed



Mobilization

- Depending on the time of your surgery you will start getting out of bed the evening of your surgery or the following morning
- It is crucial that you mobilize as early as possible to help prevent post-op complications (chest, circulatory, GI)
- The physiotherapist will identify how much assistance you need with walking and what, if any, equipment you may require
- As part of your post-op program, you will practice stairs close to the end of your hospital stay

How quickly you progress depends on **YOU**

Post-op Back Exercise Program

Ankle Pumping

- Pump your ankles up and down to help improve your circulation. Repeat 15-20 times per hour



Static Abdominals

- Lie on your back with knees bent. Gently tighten your lower abdominal muscles. Hold for 5 seconds and release.



Hip Flexion

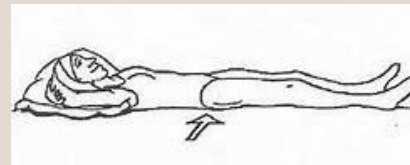
- Slide the heel of one leg up towards your buttocks and lower back down to the bed



Post-op Back Exercise Program

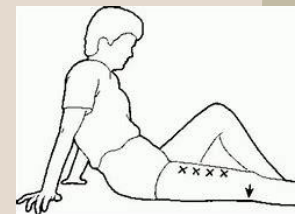
Static Gluts

- Squeeze buttocks firmly together. Hold for 5 seconds then relax.



Static Quads

- Pull your toes toward your knee. Push the back of your knee down into the bed. Hold for 5 seconds then relax.



Quads Over Roll

- Place rolled towel under the knee. Lift your heel off the bed while keeping your knee on the roll. Hold for 5 seconds then relax.



Hip Abduction

- Stand holding onto your kitchen counter. Lift your leg out to the side. Hold for 5 seconds then lower your leg slowly.



Occupational Therapy



It is important to:

- Know your precautions
- Prepare your home before your surgery
- Put in place all necessary equipment before your surgery
- Review your patient guide booklet

Setting Up Your Home

- Rearrange your home for walking and to prevent falls
- Remove scatter mats
- Clear all electrical cords
- Place items you use every day at arm level (between your waist and shoulders)
- Have frozen meals prepared (or Meals on Wheels)
- Use a firm, straight-back chair that has arm rests



Setting Up Your Home

- You will need help with laundry, groceries, and house cleaning
- You are to avoid sweeping, mopping, and using the vacuum cleaner
- Prior to your surgery, you may need to arrange to stay with a family member or friend if you live alone

In Your Bathroom

- Non-skid bathmat in your tub or shower
- Raised toilet seat
- Tub transfer bench or bath chair
- Grab bars in the shower
- Aides to assist in hygiene include a long-handled bath sponge and a handheld shower head
- Place all toiletries in a shower caddy or within arm's reach



Summary of Equipment

- Tub transfer bench or bath chair
- Raised toilet seat or commode
- Back brace (if your surgeon requests it)
- Reacher, sock aid, long handled shoehorn
- Straight back chair with arm rests

The Red Cross has a small supply of equipment for loan
Your local pharmacy or medical store will often rent equipment
Private health insurance will often cover the rentals, please check with your insurance provider

Common Questions

When can I remove my dressing and shower?

- If you DO NOT have staples, you may remove your dressing 5 days after surgery and you may shower 7 days after your surgery
- If you DO have staples, you may shower but cover your dressing with plastic and waterproof tape to keep it dry. Once your staples are removed (10-14 days) you may shower without covering your incision

When can I drive?

- generally 2-6 weeks
- you must be off your narcotics and have no neurologic limitations, be able to sit comfortably to drive, and be able to make a panic stop
- must check with your insurance company to address any coverage concerns

How long do I need to wear my brace?

- 3 months (unless directed otherwise)

When can I swim?

- generally 6 weeks postop, must keep in mind no bending, lifting, twisting

When can I return to work?

- Return of work will depend on the demands of your job and physician preference
- Lighter jobs (ie: desk jobs) will likely return to work sooner than those involved in manual labour/heavy lifting

Questions?





THANK YOU

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