



McLAREN JOINT AND SPINE CENTER
A PATIENT GUIDE TO SPINE SURGERY



FLINT

DOING WHAT'S BEST.®

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JOINT AND SPINE CENTER

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PROCEDURE DEFINITIONS

Laminectomy

A laminectomy is a surgical procedure that is used to relieve pressure in the spinal canal for the exiting nerve root and spinal cord, increasing the amount of space available for the neural tissue and thus releasing the nerve(s).

Lumbar Spinal Fusion

Fusion is a conventional surgical technique in which one or more of the vertebrae of the spine are joined together (“fused”) so that motion no longer occurs between them. In most instances, bone grafts from another area of the body, along with plates and screws, are placed around the spine during a fusion – which joins the vertebrae together. This surgery is often recommended for people with Degenerative Disc Disease and Spondylolisthesis.

Anterior Cervical Discectomy with Fusion (ACDF)

Anterior cervical discectomy with fusion is an operation that involves relieving the pressure placed on nerve roots and/or the spinal cord by a herniated disc or bone spurs – a condition referred to as nerve root compression.

Through a small incision made near the front of the neck (i.e., the anterior cervical spine, the surgeon:

- Removes the intervertebral disc to access the compressed neural structures
- Relieves the pressure by removing the source of the compression
- Places a bone graft between the adjacent vertebrae
- In some cases, implants small metal plate to stabilize the spine while it heals

**Watch MSSIC - Michigan Spine Surgery
Improvement Collaborative Video**

“An Introduction to Enhanced Recovery After Spine Surgery”:

<https://vimeo.com/451937093>



ENHANCED RECOVERY AFTER SURGERY

At your pre-operative Surgeon Office appointment, McLaren Pre-Admission Testing, or the Pre-Operative Surgery area, you will be asked to participate in the completion of Enhanced Recovery After Spine Surgery Risk Assessments. Your participation and completion of these assessments is necessary to assure an optimal outcome for surgery.

PREPARING FOR SURGERY

Pre-Admission Testing (PAT): (810) 342-2193

- A personalized medical history will be taken, and your preoperative testing results will be reviewed. The nurses will instruct you regarding your medications. Any additional pre-operative lab work required by your surgeon will be obtained.
- Complete applicable Risk Assessments and Lab Work. All Surgery Team members need to know your pre-operative Blood Glucose Status, Medications, Nutrition Status, Pain Control Medications, and Smoking/Tobacco History.
- Please bring a list of medications you regularly take with doses and frequency. This includes over-the-counter medications. If you use an inhaler or CPAP, please bring it along with you on the day of surgery.
- Let your doctor and nurses know all the medications you are taking. This includes herbals, anti-coagulants, cardiac medications, respiratory inhalers, diabetic medication, and recreational drugs. Also inform them if you have a CPAP machine to help you breathe at night. Most arthritis medicines and aspirin must be stopped **one week** before surgery. Be sure to *ask your doctor if you are unsure about taking any medication*. Writing down a list of your medications and how much you take every day will be very helpful to your doctor and nurses.
- Also, if you use any other types of controlled substances, tell your doctor. Narcotics and other drugs can have an impact on your surgery.
- Please bring a copy of your Advanced Directives or Durable Power of Attorney on the morning of surgery. It will be placed in your medical record.
- Please bring a list of your current allergies.
- Also bring copies of your insurance cards and medical history.

Oral Hygiene

- A dental exam is a good idea prior to surgery. Dental work should be completed (cleaning or other work) at least 30 days prior to surgery if not longer, depending on surgeon's recommendations. If you suspect you may have an infection in your mouth, see your dentist and please inform your surgeon.
- Brush your teeth at least twice a day, being sure not to irritate the gum lines and cause bleeding. Watch for sores or infected areas in the mouth, this will increase your risk for an infection prior to surgery. Use an alcohol-free mouthwash twice a day starting at least 3 days prior to surgery.

Body Hygiene

- Bathe daily with a liquid antibacterial soap beginning **3 days** prior to surgery. You will receive instructions from your Pre-Admission Testing Nurse.
- Use a nail brush and pick to make sure your fingernails and hands are clean.
- Wear clean clothes to the hospital and bring clean clothes to go home in.
- Be sure to have clean laundered sheets on your bed at home.

DIET

Eat well-balanced meals for good nutrition. Drink at least eight (8) glasses of water per day. Have a light meal the night before surgery. Stop eating food at midnight and drink only clear liquids after midnight.

- Clear liquids are allowed by Anesthesia up to 2 hours prior to your surgical time.
- Water
- Ginger Ale / Vernors
- Clear Apple Juice (no pulp juices)
- 7-Up/Sprite
- Black Coffee (may add sugar but no cream)
- Tea (may add sugar)
- Gatorade/Powerade
- **DO NOT drink:** Cream, Broth, Gelatin (Jell-O), Ice-Cream (sorbet) These are not clear liquids.
- **A Pre-Operative Carbohydrate Loading Drink** will be ordered by your Spine Surgeon for you to complete **2 hours** prior to your surgery start time. Please follow specific Carbohydrate Loading Drink instructions from your Spine Surgeon office or the Pre-Operative Nurse upon arrival to the Hospital on the day of surgery.
- Research has shown a Pre-Surgery Clear Carbohydrate Drink can help to prepare your body for and recover from surgery more effectively.
- Reduces nausea after surgery
- Reduces vomiting after surgery
- Reduced time in hospital

SMOKING

It is important for you to cut back on Smoking or Quit Smoking entirely 30 days prior to surgery. Reasons to Quit Smoking Before Surgery:

- Better Healing: Bones and Skin take longer to heal with Tobacco use.
- Reduced Risk of Blood Clots: chemical in cigarettes and tobacco containing products make blood thicker, stickier, and prone to blood clot formation.
- Lower Infection Rate: Tobacco users have a higher chance of infection and bone fracture.
- Less Inflammation and Pain
- Please Complete the Smoking/Tobacco Risk Assessment pre-operatively at your Surgeon Office, Pre-Admission Testing and with Pre-Operative RN. Tell your Surgeon and/or Pre-Operative Staff if you currently use Smoking/Tobacco products via Smoke, Vape or Chew.
- Please let your Surgeon know if you wish to Quit Smoking.

ALCOHOL

If you drink, don't have any alcohol for at least 48 hours prior to your surgery. If you drink alcohol every day, you may experience withdrawal after surgery. Please let your doctor know if you consume alcohol regularly.

GETTING YOUR HOME READY

Getting your home ready before surgery will make it easier for you to recover. Consider the following general tips:

- You will need to have family/friends stay with you to help for the first week after going home.
- Get rid of uneven surfaces and remove obstacles from pathways both inside and outside your home.
- Make note of potential slippery/wet spots and take precautions as necessary.
- Be sure there are sturdy handrails for steps at the entrance to your home - if not, have someone help you.
- Remove throw rugs, low rise-tables, foot stools, and secure extension cords out of pathways.
- Ensure all rugs have a non-slip backing or even better remove them.
- Make sure lighting is good to prevent falls. Install nightlights. Walk-in well-lit areas.
- Be sure your bed mattress can hold you without sagging while you sit at the edge; the bed must also allow your feet to touch the floor. A hospital bed is not needed.
- Do not sit in a seat that is low and difficult to get up from. Sit in a firm seat.
- Make sure you have a non-skid surface in the bottom of your bathtub or shower.
- Use containers of liquid soap to prevent difficulties with dropping the soap in the shower.
- Have plenty of clean towels, wash cloths, clean clothes, and clean bed sheets/blankets.
- Place emergency numbers on or near the phone. Use a portable phone for safety.
- Set up a “recovery center” where you will spend most of your time. Things like the phone, television remote control, radio, facial tissues, wastebasket, water pitcher and cup, reading materials and medications should all be within reach.

ENVIRONMENTAL HOME SAFETY PREPARATION

Footwear Safety

- Choose footwear that is secure and properly fit on your feet with non-skid soles.
- Never walk in your stocking feet. You could slip on smooth surfaces.
- Replace slippers that have stretched out of shape and are loose. Make sure that they have nonskid soles.

Kitchen Safety

Arrange your kitchen so that you don't have to do heavy lifting, bending or reaching.

- Prepare meals ahead of time and stock up on food.
- Prepare simple meals using stove top or counter level appliances to avoid bending.
- Store items that are needed most on upper shelves of the refrigerator.
- Use a Lazy Susan for easier reach.
- Immediately Wipe up any water, food, or grease spills from the floor.
- Do not stand on stools, chairs, or boxes to reach upper cabinets.
- Slide Pots across the countertop instead of carrying them.

Bathroom Safety

- **Nearly half of all falls recorded after surgery occur in the bathroom.**
- Keep a nightlight in the bathroom.
- Place a slip resistant rug adjacent to the bathtub for safe exit and entry.
- Install grab bars in the tub or shower if balance is a problem.
- Tubs and showers must have non-skid surfaces or safety mats both inside and outside.
- Watch for wet on the tile floors. Water splashed on the floor increases the chances of a fall. Be careful.
- A handheld showerhead allows greater independence with showering tasks.

Bedroom Safety

- If you get up in the middle of the night, sit at the side of the bed for a few moments to avoid dizziness.
- Make sure there is a lamp or flashlight at the bedside as well as a phone within hands reach.
- Set up a small cooler with drinks and snacks next the bed for easy access.

Stair Safety

- To avoid the risk that come with having to climb stairs, locate your bed to the first floor with access to a nearby bathroom, if possible.
- Make sure handrails are securely fastened, and non-skid threads are on stairs.
- It is highly recommended you have a family member/caregiver present to assist you if you must climb stair.

THE MORNING OF YOUR SURGERY

- Before leaving home, take any medications you were instructed to take with a drink of water. Leave all jewelry home, including rings. Do not wear these to the hospital.
- Shower with liquid antibacterial soap as directed.
- Prepare your bed with laundered sheets for your arrival back home.
- Wear clean clothes to the hospital and bring clean clothes to go home in.

When you arrive on the day of your surgery, go to Patient Services to check-in and someone will direct you to the Central Elevators (Surgery).

- You will be asked to put on a hospital gown and remove all jewelry or valuables. Leave your valuables with a designated support person or family member. Follow current McLaren Flint guidelines from Pre-Admission Testing (PAT) regarding the number of visitors allowed pre-operatively at bedside.
- Complete all required **Pre-Operative Risk Assessments** and drink **Pre-Operative Carbohydrate Loading Drink** provided by hospital **2 hours** prior to surgery time.
- You will be asked to mark your surgical site, and several different staff members will verify this with you.
- An IV (intravenous) line will be started to provide fluids and medication needed during surgery.
- Anesthesia will come and talk to you about your anesthesia and answer any questions about that part of the procedure. You will be asked to sign consents at this time.
- Any repeat tests that may need to be performed will be done to ensure your health is optimal.
- When everyone is satisfied and the OR (Operating Room) is ready, someone from the OR will come to get you.
- Before you go back to the OR, you will have the opportunity to see your family again. At this time, we will ask you to remove dentures/partials, and glasses/contacts.

SURGERY TIME

A procedure time has been assigned to each patient depending on their anticipated needs. At times, situations arise beyond our control and the expected surgery time may be adjusted. We may call and move the time of your surgery up, or there may be some delay. Every effort will be made to respect you and your families' time.

RECOVERY AFTER SURGERY

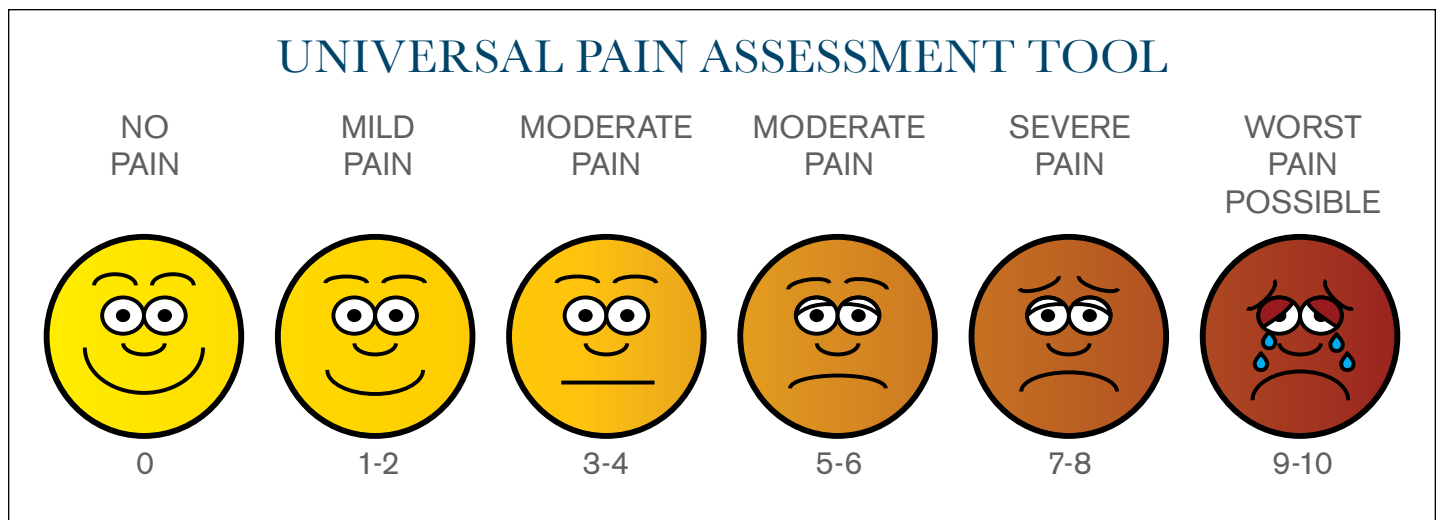
You will be taken to the recovery room for approximately 2-3 hours for observation. Don't worry if you are in the recovery area longer, everyone is given as much time as they need. While in the recovery room, oxygen tubing may still be in your nose. This helps your oxygen as you recover from anesthesia. You may also have a urinary catheter in place for a short time after surgery and/or a drain near your surgical site to help reduce the chance of excess fluid collecting under the skin. When you wake up from surgery you may have a dry mouth and a sore throat. Most patients will not remember, but anesthesia places a breathing tube down your throat during surgery; it is removed as you are waking up. The irritation can cause a sore throat for a couple of days.

PAIN MANAGEMENT

Your follow-up care will include assessment of pain. In an individualized way, a variety of Opioid Sparing-Multi-Modal Pain Management approaches will be implemented to reduce your pain and may include muscle relaxants and combination medications such as narcotics and anti-inflammatory agents. Every patient is encouraged to be an active participant in their pain management to aid in the best approach possible during the recovery period.

- It is normal to have pain after surgery; however, we strive to make sure it is not severe. You will be asked frequently to rate your pain level, using the following Pain Scale.
- Your pain medications will be ordered as scheduled, which means given at a certain time, or “PRN” as needed. Please discuss your pain medication schedule with your Surgeon or RN and ask for medication if you need it for pain relief. It is important to stay ahead of the pain. Don’t let your pain get too bad before asking for medication. You will continue Pain Control Assessments with your Surgeon or RN.

Rating your pain will assist nursing in providing you with appropriate pain medication.



Please tell your nurse if you have pain. (Por favor, dígame a su enfermera si tiene dolor.)

Do not be afraid to ask for something for pain. (No tenga miedo de pedir algo para el dolor.)

TIPS FROM THE NURSE ON CONSTIPATION

One side effect of pain medication is constipation.

- Combine: 1 cup prune juice and 2 tablespoons of Milk of Magnesia. Stir well and warm in microwave. Drink slowly while warm.
- This can be repeated once with the Milk of Magnesia, within 2 hours, but the prune juice is good for you – so help yourself!

DIET

You may resume your normal diet unless otherwise instructed by your physician. Dietary phone number is **(810) 342-2185**.

NUTRITION AND HEALING

If you are having a cervical procedure, you may want to stock up on some softer foods such as: Jell-o, soups, mashed potatoes, protein drinks, pudding, etc. It may be difficult/painful to swallow. Stock up on “bendy” straws for home.

- Eat well-balanced meals for good nutrition. Drink at least eight (8) glasses of water per day. Have a light meal the night before surgery.
- Day of Surgery arrive early enough to drink Pre-Operative **Carbohydrate Loading Drink** provided on arrival day of Surgery by hospital. You must complete this drink **2 hours** prior to surgery time.
- If you are on a special diet – especially diabetic tell the nurse, you would like to see the dietitian for an inpatient nutrition consultation. This consultation is free.
- Complete any Nutrition Screening/Risk Assessments Pre-Operatively with your Surgeon, Pre-Admission Testing and/or the Pre-Operative RN.
- Complete any pre-operative Lab Work described on page 4 with Pre-Admission Testing (PAT) and required by your Surgeon to determine your current physical health and nutritional status.

HEALING

Protein is the most important nutrient in healing. Eat about twice as many protein foods as usual for 2-3 weeks after surgery. If you are not hungry, especially if you are not eating meat, fish, poultry, legumes, cheese, milk, and yogurt a week after surgery, do one of two things: buy a commercial supplement such as Boost, Ensure or Instant Breakfast or make a smoothie of milk, or whey protein powder, frozen yogurt, and fruit.

Vitamin C is another important nutrient found only in fruits and vegetables. For a healthy diet, the goal is 2 1/2 cups of vegetables and 2 cups of fruit per day. It would be appropriate to take an additional 500 milligrams of Vitamin C each day.

Zinc is a mineral needed for healing found in very small quantities in most foods. Food's rich in zinc are beef and pork, oysters, wheat germ and Total cereal. Having too much zinc in the diet also impairs healing. The recommendation is to take a multi vitamin daily. Do not buy a bottle of zinc, as this would be too much for your relatively small incision and could lower your immune system.

To print your own guide to eating healthy go to **www.ChooseMyPlate.gov**.

HOSPITAL EXPECTATIONS

You can expect to stay at the hospital for 0-3 days. Before going home, we expect you to be able to:

- Eat and drink
- Void (urinate) without use of a catheter
- Walk safely with assistance within 8 hours of your surgery
- Physical Therapy or Occupational Therapy may work with you to ambulate safely.
- Surgical pain adequately controlled with oral medications
- We also look at your labs, blood pressure, heart rate, drainage from incision, etc. to determine if you are stable and okay to go home.

DURING YOUR HOSPITAL STAY

- Ask family and visitors to wash their hands when they visit
- Do not allow visitors to touch your incision/dressing, sit on your bed or use your bathroom
- Brush your teeth and wash your body daily using special bathing cloths provided
- Ask that your bed and gown be changed daily or more often if soiled

PREVENTING BLOOD CLOTS

To improve circulation in your legs and reduce the risk of blood clots, you will be asked to:

- Wiggle your toes and flex your ankles 10 times every hour
- **Ankle Pumps:** Slowly push your foot up and down. Do this exercise several times a day. This exercise can begin immediately after surgery and continue until you are fully recovered
- Use pulsating leg wraps, which are to be worn while in bed.
- Walk in the hallway at least 3 times daily (with your brace on if ordered).



BREATHING EXERCISES

When you wake up you will be asked to breathe deeply and cough. These simple but important breathing exercises should be done 10 times every hour while you are awake to prevent problems with your lungs. You will have a device called an incentive spirometer to help you.

- You may have oxygen for 24 hours after surgery to help you breathe better.

DISCHARGE INSTRUCTIONS

You will receive your discharge instructions before you leave. Discharge papers must be prepared individually to cover all your needs.

Remember:

- No bending
- No lifting over 5 pounds
- No twisting
- No driving until your doctor gives you permission
- No sexual activity until cleared by your surgeon

INCISION CARE

You will receive instructions regarding incision care during your discharge education. Incision Care is prepared individually to cover your specific surgical dressing and instructions for care. Follow instructions ordered by your Surgeon and given to you by your discharge Nurse.

Remember:

- If you have a neck or back brace, please remove it prior to showering. Follow discharge instruction regarding the specific dressing covering your incision and when you can shower.
- Your incision may be covered by staples, sutures, incision glue, or steri-strips which look like white tape. **LEAVE THE STERI-STRIPS ON.** They will fall off on their own over time. Please follow individual discharge instructions regarding the removal of sutures or staples at your follow-up appointment.
- If you have incisional glue, this will flake from the surface of your skin naturally. **DO NOT PULL IT OFF.**
- Follow best hygiene practices when caring for your dressing and incision. Follow hand washing instructions located within “Infection Prevention” section of this book.
- Use a clean washcloth and towel for every shower. **DO NOT** share washcloth or towel with other family members.
- Once your surgeon has approved the removal of your dressing. Gently clean around your incision first, with a clean washcloth, then clean the rest of your body.
- Rinse well. Pat your incision dry with a clean towel first, then dry the rest of your body.
- **DO NOT** use lotions, antibiotic cream, peroxide, rubbing alcohol, vitamin E, or other oils and creams on your incision area for about 6 weeks.
- **DO NOT** submerge incision under water: **NO** bathtub, hot tub, or pool until cleared by your Surgeon to do so.

INFECTION PREVENTION

Diligent hand washing is the single best way to prevent infection. Have family and friends wash their hands when visiting or assisting with dressing changes or personal care.

Hand washing instructions:

- Wash your hands with DIAL soap and water prior to removing your dressing.
- DO NOT share a bar of soap with other family members.
- Turn on warm water
- Wet hands and wrists
- Use liquid soap
- Scrub hands thoroughly for at least 30 seconds
- Dry hands using a clean paper towel (remove hand towels and replace with a roll of paper towels)
- Use a paper towel to turn off the faucet

It is important to wash your hands:

- Before and after meals
- After a sneeze or cough
- After going to the bathroom
- Before and after touching the incision
- After touching pets

Also...

- Continue to brush your teeth or dentures daily.
- Put on clean underclothes and clothes daily.
- Place a clean sheet on any chair, couch, or recliner you use.
- Wash and change your sheets weekly or more often if they become soiled.
- Do not “show off” your incision to people.

WHEN TO CALL YOUR DOCTOR/GO TO ER AFTER DISCHARGE

- Fever over 101 degrees
- Increased pain
- Increased redness, swelling, or drainage from your incision
- New numbness, tingling or weakness in your arms or legs
- Pain or swelling in the calf or thigh of your legs
- Sudden onset of shortness of breath
- **BEFORE GOING TO ER – Call Surgeon Office 1st** regarding: Questions, concerns, a **request or need for pain medication refills or if pain medication is not relieving your pain.** Call office regarding questions about allowed physical activity or changes in incisional appearance.
- **BEFORE GOING TO ER – Call Surgeon Office 1st** regarding: Changes in **bowel or bladder function**, such as: **a need for stool softeners and constipation concerns** or **any decreased urination concerns.**

PETS AND HYGIENE

Pets are great and many people consider them an important part of the family. However, pets can carry germs on their fur that can infect your wound. Continue to show affection to your pet, but **DO NOT**:

- Let them near your surgical site, even if covered with a dressing
- Let your pet on your bed, chair, or lap while your incision is healing

We suggest covering your favorite chair with a clean sheet to ensure a clean surface free from pet hair or prior soiling. Keep your home clean and clutter-free to help to avoid infection.

According to the Centers for Disease Control (CDC), more than 86,000 people a year end up in the Emergency Room after tripping over their family pet.

- Keep dog toys picked up. Tripping over pets' toys or food bowls is a common cause of falls.
- Clean up spilled water or scattered food as soon as you see it.
- Stay alert as you walk. Some pets have a habit of crossing in front of their owners' feet.
- Train your dog not to jump up on people when it gets excited.
- Do not let your pet sleep with you. This could cause an infection of your incision.
- If you are concerned about any of these pet issues. Consider boarding your pet or ask a family member to care for your pet in the short term for after surgery recovery safety.

SMALL CHILDREN

Whether you are a parent or a grandparent, restrictions such as NO BENDING or LIFTING can make it difficult to care for small children. You may want to have some assistance for a short time after surgery and prepare in advance for children within your home.

- Small children may need some education on how to interact with you in a way that ensures both their safety and yours.
- Rough play could cause the surgical patient harm or injury.

BATHING

- No submersion of your body in water i.e., bathtub, pool, Jacuzzi, etc. for 6 weeks or as directed by your surgeon.
- Do not get your incision wet until 5 days after surgery. Shower only. Bathe daily using a mild liquid soap for 45-60 days. DO NOT use bar soap, because of bacteria and the sharing with other family members.
- Use a clean washcloth and clean towel each time your bathe after surgery. After 5 days, gently wash around your incision first, then the rest of your body. When drying, pat your incision dry first, then dry the rest of your body being careful not to re-touch your incision.

WALKING

Start walking within 8 hours of your surgery, on the day of your surgery. Start with a trip to the bathroom, then into the hallway. Gradually increase both the distance and frequency that you walk as much as you can tolerate. You should have your nurse walk with you during the first 8 hours after your surgery.

Walking is important to help prevent constipation, help prevent blood clots, can help with pain, and will help accelerate your healing after surgery.

You should call your nurse for assistance. Your medical team (nursing, surgeon) will advise when you are safe to walk independently. Sometimes anesthesia and/or new medications for pain/nausea can cause dizziness or unsteadiness at first.

EXERCISES

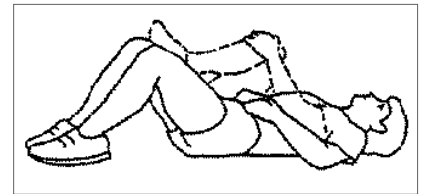
The next few pages demonstrate exercises. The exercises are specific to the type of surgery you had. Do only the exercises your surgeon tells you to do at your post-op appointment with him/her. Continue performing these exercises 3 times per day when you get home. A few weeks (usually 8) after your surgery, your physician may recommend outpatient physical therapy to maximize your strength and recovery. **Above all, follow the instructions of your surgeon.**

Lumbar laminectomy without fusion

General Instructions: Do exercise 3 times per day. Perform slow and controlled.

1. Knee to Chest – Lie on your back, knees bent with your feet flat.

Tilt your pelvis, flattening your lower back. Lift one leg, knee to chest, pulling gently with your hands. Hold this stretch for 10 seconds, repeat with other leg. Repeat 5 times on each leg. Return to starting position and relax.



- 2. Hamstring Stretch** – Lie on your back as shown. Bend your hip, grasping your thigh just above the knee. Slowly straighten your knee until you feel the tightness behind your knee. Hold 10 seconds. Relax and repeat 5 times. Repeat with the other leg. If you do not feel this stretch, bend your hip a little more, and repeat. No Bouncing! Maintain a steady, prolonged stretch for the maximum benefit.



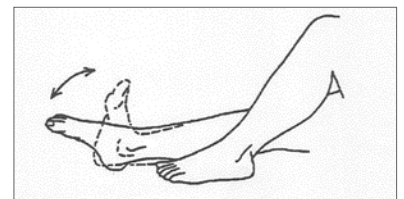
Lumbar laminectomy with fusion

General Instructions: Continue to wear your brace while performing these exercises. Do exercises 3 times per day, 5-10 repetitions each. Perform slow and controlled.



- 1. Knee Extension, Sitting** – Sit upright in a chair. Straighten your knee, slowly return to the starting position. Relax and repeat 30 times. Keep your back straight while contracting/tightening your stomach muscles.

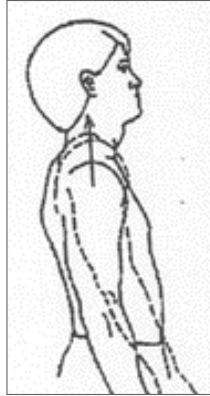
- 2. Ankle Pumping** – Increase ROM and circulation by first pointing your toes downward, then up, in a slow steady motion. Repeat 30 times.



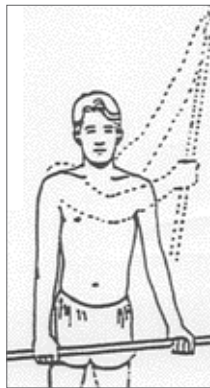
Cervical Laminectomy

General Instructions: Continue to wear your brace while performing these exercises. Do exercises 3 times per day, 10 repetitions each. Perform slow and controlled. A cane, yardstick, or broom handle can be used for exercise 2 and 3.

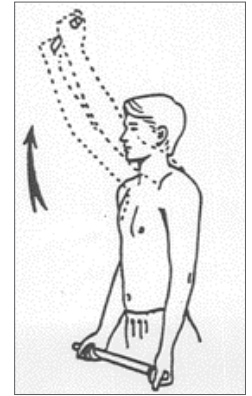
- 1. Shoulder Shrugs** – Lift your shoulders up toward your ears, breathing in also at the same time. Hold for 3 seconds. Now relax your shoulders, and gently breathe out.



- 2. Shoulder Range of Motion Exercises** – Bring wand directly overhead. Reach back until you feel a stretch.



- 3. Shoulder Range of Motion Exercises** – Push wand directly out from your side until you feel a stretch. The leading hand should be placed on the wand palm side up. The pushing hand should be placed palm side down. Switch when moving out to the other side.



Cervical Surgeries

General Instructions: Continue to wear your brace while performing these exercises. Do exercises 3 times per day, 10 repetitions each. Perform slow and controlled. Place your middle fingers on the top of your shoulders. Rotate your arms backwards in a circle motion. Try to bring your shoulder blades together in the back.



PROPER BODY MECHANICS AND POSITIONING

The way we move as we go about our day is important to our physical health and wellbeing. By practicing good body mechanics, we can protect our body, especially our back, from pain and injury. Here are a few simple reminders of things we can do to practice good body mechanics and prevent injury.

- Wear non-skid shoes to protect your feet and prevent you from slipping and sliding across the floor.
- Keep your back straight when walking, lifting objects, moving patients or objects.
- When lifting an object, stand with your feet apart to provide a stable base. Keep your back straight and stomach muscles tight, bend at your hips and knees using arm and leg muscles. If the object is too heavy for you alone – Get Help!
- If you need to push or pull an object, keep your back straight. Use your leg and arm muscles. Get close to the object by lowering your body to the object. If the object is too heavy-Get Help!
- Avoid lifting or pulling objects that are above your shoulders.
- To turn, move your whole body, **DO NOT TWIST** your body.

If you have had lumbar surgery, do not sit for prolonged periods of time. Thirty minutes or so should be fine.



Standing



Walking



Lifting



Carrying



Pushing



Pulling

SUGGESTED SLEEPING POSITIONS

If you had back surgery, you may sleep in the following positions:

- On your side-use a pillow between your knees
- On your back-use pillows under your knees



If you have had cervical neck surgery use only one pillow under your head

- You may resume your normal sexual activity, within reason. It is preferable to use the bottom position for the first few weeks after surgery.



DRIVING

- DO NOT drive after your surgery until approved by your doctor.
- DO NOT drive while under the influence of narcotic pain medication.

CAR TRANSFERS

Helpful Hint: A plastic garbage bag on the seat makes sliding easier.

Keep in mind, it is usually easier to sit in the front seat than the back seat (more leg room) and two-door cars are usually easier than four-door cars (wider door opening).

Two different methods for car transfers are detailed below. Use the method which works best for you.

1. Front Seat Method

- A. Move the seat as far back as possible to allow maximum use of the door opening.
- B. Back up to the seat and gently sit on the edge.
- C. Scoot back on the seat to get well into the car.
- D. Gently lift your legs into the car.
- E. Fasten your seat belt.



2. Rear Seat Method

- A. Move the front seat as far forward as allowable to increase rear seat leg room.
- B. Back up to the seat and gently sit on the edge.
- C. Scoot back on the seat to get well into the car.
- D. Gently lift your legs into the car.



TOILET TRANSFERS

There are several pieces of adaptive equipment available for the toilet.

- Back yourself up until you feel your legs touching the toilet.
- Reach for the back edge of the raised toilet seat with your hand.
- Gently lower yourself to the toilet seat.
- To get off the toilet, reverse the above procedure.



SHOWER TRANSFERS

For your safety, you will need a seat to sit on. Several types of seats are available. The most appropriate type for you will be discussed the day of your class.



SHOES

To put shoes on, you may again need to use the tools. Elastic shoelaces may be helpful if you plan to wear lace-up shoes. The elastic shoelaces can be purchased at the department, drug, or the grocery store.

- Using the Reacher, hold onto the tongue of the shoe and place it over your toes.
- Place the long-handled shoehorn at the back of your heel and push your foot down into the shoe the rest of the way.



FOLLOW UP VISIT

You will return to your surgeon for your follow up visit 10-14 days after surgery. This appointment was written on the initial paperwork sent to your home by your surgeon office. The surgeon will check on your progress.

Make a list of these questions so you don't forget.

QUESTIONS FOR YOUR SURGEON PRIOR TO SURGERY:

QUESTIONS FOR YOUR SURGEON AFTER SURGERY:

DRIVING DIRECTIONS

For Driving Directions to McLaren Health Flint, access our website at:

<https://www.mclaren.org/flint/mclaren-flint-home>

Phone: (810) 342-2000





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