

Patient Information Booklet

Spinal Surgery



Produced by South Eastern Sydney Local Health District

March 2021

Be in the best condition that you can before your surgery and you will be in the best shape for recovery. Start now.

Find out how by watching this short video on the internet: Bit.ly/2Trcdr



Reviewed By
**St George Hospital
Consumer Advisory Group**
Working together

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INTRODUCTION

This patient information booklet is designed for patients who are about to undergo spinal surgery at St George Hospital. It will help to reinforce some of the information given to you by your surgeon and to develop an understanding of what expected of you before and after surgery. However, some of the information contained in this booklet may not apply to you. This booklet is only a guide to what will most probably happen during your stay at St George Hospital and what is expected of you before and after your surgery. Should you have any queries or concerns, please do not hesitate to speak to your surgeon prior to surgery.

Our aim is to help you recover as soon as possible after your operation keeping things as 'normal' as possible before your operation and get back to your normal self again as soon as possible after the operation.

There are several important ways that we help you recover faster which may be different from any previous operations you may have had. Your pre surgery, surgery and post surgery is a team approach and you are a part of this team.

BEFORE YOUR OPERATION

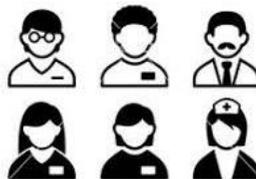
Pre-admissions Clinic

You may be required to attend the Pre-admission Clinic at the hospital. Please be aware that this clinic is quite time consuming and you may be here for around for 3-4 hours. We advise that you have something to eat and drink prior to attending the clinic and bring something to keep you entertained for example: a book or newspaper etc.

At the pre-admissions clinic you will see the following health care professionals:

- Surgeon – discuss your upcoming surgery and you can ask any questions that you have
- Anesthetists
- ERAS Nurse - will discuss all aspects of your pre and post-operative management, including expectations, pain control, diet, mobilisation and goals
- Pre-admissions Registered Nurse

Depending on your planned surgery and your pre-operative condition you may also see:



Blood thinning medication

If you are on any blood thinning medications they will usually need to be stopped before surgery (usually the week before). The doctor at the pre-admission clinic will advise you on this. You must also stop taking any fish oil or krill oil tablets.

Smoking

Smoking increases the risk of post-operative lung infection and delays wound healing. We encourage you to consider quitting. Please see your GP about the role of nicotine patches or call the QUITLINE **13 7848** or website <http://www.icanquit.com.au/>.

Exercise

If at all possible it is important that you maintain some level of fitness. The current guide is that you should walk or exercise 5 times each week for 30 minutes at a time. You should become a little breathless and work up a bit of a sweat.

Preventing blood clots

Blood clots can form in the deep veins of our legs. A part of this clot can break off and travel to the lung. These are very dangerous, so to reduce the risk of these you will be encouraged to walk around as much as possible following your surgery. You will also have compression stockings on your legs from before you have your operation until your discharge from hospital. In some situations your doctor may recommend these be worn for a period of time after discharge.

WHAT TO BRING TO HOSPITAL

- Your current medications in their original package
- Basic toiletries
- Pyjamas/nightgown/dressing gown
- Comfortable loose fitting clothing

NB You are responsible for any belongings you bring with you.

POST-OPERATIVE RECOVERY

The critical components in your recovery are to return you to your usual activity as soon as possible. This will include eating and drinking, sitting out of bed and walking as soon as possible. Walking soon after surgery is crucial in preventing complications and in encouraging your bowel function to return. Please be aware that the physiotherapist will not see you on the weekend- however, we strongly encourage you to still mobilise and continue with deep breathing exercises.

Day 1:

You will be started on diet if you are not feeling nauseated. The fluids through your drip will most likely be stopped today, however the cannula will remain in until tomorrow.

If you have Patient Controlled Analgesia (PCA), pain relief given through your drip, this may also be stopped and you will be commenced on pain tablets.

A Nurse can assist you in the shower. You will be encouraged to walk 10 metres twice today with assistance and sit out of bed for meals.



Day 2:

For smaller operations, depending on your recovery you may go home today.

If not, you will continue on a ward diet and are encouraged to drink fluids.

You will be expected to shower independently or with minimal assistance from the Nurse. You will be encouraged to walk 20 metres twice today with assistance (minimum of 40 metres today- we encourage more if you can). Sit out of bed for meals but not more than 30 minutes at one time.



Day 3:

You will continue with your normal food and fluids.

You will be expected to shower independently or with minimal assistance from the Nurse.

You are encouraged and expected to sit out of bed for at least 4 hours in the morning and in the afternoon and to walk 40 metres in the morning and 40 metres in the afternoon (minimum of 80 metres today - we encourage more if you can).

If you have a drain in your back it may be removed- depending on the doctor's decision.

Depending on your progress, you may be discharged home today.

**Day 4:**

You will continue with your normal food and fluids. You're expected to shower independently.

You are encouraged and expected to sit out of bed for at least 4 hours in the morning and in the afternoon and to walk 50 metres in the morning and 50 metres in the afternoon (minimum of 100 metres today - we encourage more if you can).

Depending on your progress, you may be discharged home

today. If you are, all remaining cannulas will be removed.

Day 5:

You will continue with your normal food and fluids. You're expected to shower independently.

You are encouraged and expected to sit out of bed for at least 4 hours in the morning and in the afternoon and to walk 50 metres in the morning and 50 metres in the afternoon and 50 metres in the evening (minimum of 150 metres today- we encourage more if you can).

Depending on how you are feeling, you may be discharged home today.

Getting in and out of bed:

LOG ROLLING

1. While lying on your back bend one knee up
2. Roll to the side opposite to your bent knee aiming to keep shoulders and hips in line
3. Place feet over edge of bed
4. Push up into sitting using your arms and let your legs swing to the floor



LYING DOWN

1. Sit on edge of bed
2. Lean down on one elbow and slowly bring your legs up onto the bed
3. Roll onto your back

LUNG HEALTH

Importance of Walking

It is very important to start walking as early as possible after your operation. Walking improves your breathing and ventilates your lungs by moving air in and out, therefore preventing respiratory complications such as lung collapse and pneumonia. Importantly, walking helps prevent blood clots forming in your legs.

Walking further helps to re-expand all areas of your lungs especially the lower zones through the downward movement of the diaphragm (a large breathing muscle). You should aim to walk before each meal of the day (breakfast, morning tea, lunch, afternoon tea, dinner and supper). The most important thing you can do is to avoid remaining in bed unless you are actually sleeping.



Deep Breathing Exercises

1. Deep Breathing Exercises- these can be done when you are walking or sitting.

How to perform deep breathing:

- Take a deep breath in, inhaling deep so that your stomach walls move outwards
- Hold the breath for 3 seconds
- Breath out, exhaling in a relaxed manner
- Do this 5 times



2. **Huff-** this helps you to move secretions (phlegm) closer to your upper airways so that you can cough more effectively.

To correctly perform a huff:

- Take a low volume/short breath
- Keep your mouth open
- Breathe out a forceful breath (huff sound) as if you were fogging up your glasses or a mirror
- The cycle is repeated until the huff is dry sounding and does not appear that there are any secretions (phlegm) in your airways

3. **Cough-** it is important to cough and clear the secretions from your lungs to prevent respiratory complications. Performing a cough will not open your incisions.

To perform a cough:

- Take a deep breath in
- Cough strongly to clear secretions
- Do not keep coughing multiple times
- Take a deep breath in
- Exhale after your cough

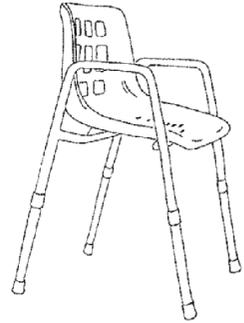
It will be important to continue these exercises after discharge until you are fully up and about again.



Daily activities

Showering:

- Standing to shower is recommended, if discomfort is experienced a shower chair can be supplied by your Occupational Therapist
- If you only have a bath, please speak to your Occupational Therapist
- Try not to bend or twist when washing legs and feet, instead apply soap onto a long handled sponge



Drying:

- In a seated position, raise one leg at a time to dry legs and feet
- Place towel on back of chair to gently dry back – avoid twisting.

Dressing:

- Sit to dress legs, raise feet up to put on socks/pants. Speak with your Occupational Therapist if you cannot do this
- Try and wear clothes which open at front to reduce back twisting
- Consider slip on shoes instead of lace up shoes, but ensure they are flat, supportive and non-slip
- A shoe horn, elastic shoe laces, a sock aid and a dressing stick can help you to dress if you are having difficulty



Toileting:

- If your toilet is too low, a raised toilet seat or over toilet aid can assist you
- If you experience trouble getting on/off toilet, the assistance of a rail and/or equipment will help, please speak to your Occupational Therapist for further information

Sitting:

- Sit upright, hips level with knees and head facing forward
- Try using a roll to support lower back when sitting

**Sleeping:**

- Lying on your side with a pillow between bent knees is a comfortable position to use after surgery
- Avoid twisting the spine when moving in bed.
- Use a firm mattress that is a good height for you to get on/off from
- Use a firm flat pillow to support your head; keeping shoulders and hips aligned



DISCHARGE FROM HOSPITAL

Fortunately, St George Hospital has a service where your treatment and care can be carried out in the comfort of your own home. The service is called Hospital in the Home (HiTH). If your doctor decides that this service is suited to your medical and surgical needs then nursing or medical staff are able to attend your home and provide you with the care you would otherwise get in hospital. Patients on this service have an enhanced recovery and have found this service to be a convenient and a more comfortable option.

On the day that you leave the ward you will be given:

- Instructions on how to make an appointment with your specialist and any other appointments with other specialists (if required)
- A prescription for any new medications that may have commenced during your stay in hospital
- It may be important to see your GP early to ensure you have an adequate supply of medication. The hospital pharmacy will supply only a limited amount for discharge
- Specific instructions for home and what you might need to go to the GP for
- A letter for your GP detailing your hospital stay. This should be **taken to your local GP**
- Medical Certificate (if required)
- Any private x-rays that you brought into hospital
- Any valuables that have been stored in security

Patient Transit Lounge

Discharge time from the ward is 10am, however, if the person who is taking you home cannot make it to the hospital by this time, or your medications and/or letters are not ready, you will be sent to the **Patient Transit Lounge**. The Lounge is located on Level 4. We need you to vacate your bed as soon as possible to help us prepare for incoming patients. There is a Registered Nurse in the Lounge who will go through your discharge paperwork, appointments and medications. If required, medications can be given to you in the Lounge.

AFTER DISCHARGE

Prepare for your arrival home before you are admitted to the hospital. It may involve cooking extra meals and freezing them or organising a family member or friend to assist with housework and perhaps to stay with you for a few days.

Diet

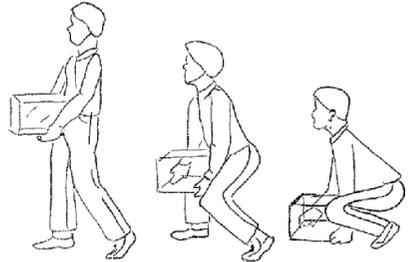
Soon after your operation, you can eat and drink normally, remember that a nutritious diet will help the body to heal. It is normal to have a reduced appetite after the procedure. If you find this is occurring, try having 6 small meals rather than 3 large ones. Drink enough fluid so that you are passing good amounts of light coloured urine throughout the day.



Physical activity

WHEN LIFTING:

- Feet should be pointed in the same direction as the load with one foot slightly behind the other
- Do not twist your back instead keep your shoulders and hips in line when turning
- Keep the load as close to your body as possible.
- Bend at knees not hips.



No lifting, pushing, or pulling of heavy objects over 5 kg's, and no strenuous activity (including sexual activity) for the first 6 weeks. Try to change position every 30 minutes. You should continue walking and participate in non-strenuous physical activity as discussed with your physiotherapist or Doctor. During the day you may feel tired and require a nap. This is normal after a major operation and you will return to normal as your strength and stamina continues to improve over 4-6 weeks.

You are not to drive for the first 10 days to 2 weeks following surgery. You can ride in a car for short distances up to 20 minutes after the first week.

Getting in and out of a car:

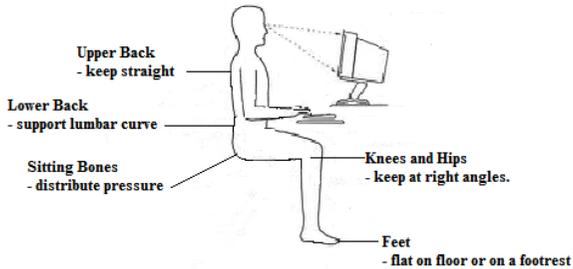
1. Lower self onto seat carefully shuffle back then bring in one leg at a time- reverse steps to get out
2. Keep your seat in an upright position or slightly reclined if need be



3. A wedge shaped cushion or rolled up towel may be helpful to assist with good posture

Returning to work:

You may require some time off work following your surgery. The length of time will depend on your progress and the type of work you perform. Please discuss with your doctor when you can return to work and if there are any specific precautions you need to be aware of. Your Occupational Therapist can liaise with your employer regarding safe return to work and suitable duties.



Important things to look out for include:

- Increased or new pain
- Redness, swelling or new discharge from a wound
- Nausea and/or vomiting
- Difficulty in passing urine or faeces
- Fever or chills

If you develop any of these symptoms or should you have concerns, depending on the degree of urgency, you should contact your GP or call Healthdirect: 1800 022 222.

If it is after normal working hours and you are very concerned please attend your nearest Emergency Department (ED).



NOTES
