

Your Guide to Cervical Spine Surgery



Preparing Your Home Environment

Consider making some changes in your home for easier management post-surgery. Ask family and friends to assist you with these changes.

Entrances, Floors and Stairs:

- Keep entrances, floors, and stairs clear from clutter, including pet food bowls and children's toys.
- Remove small rugs and tape down the edges of larger rugs.
- Make sure railings are secured. If there are no railings in your home, you may wish to install at least one.
- Make sure there is proper lighting indoors and outdoors, especially around stairs.
- Move electrical cords or anything that may cause you to trip.
- In the winter season, keep entrances clear from ice and snow.
- Use nightlights in areas such as bedroom, hallways, and bathrooms.

Bedroom and Living Room:

- Make sure telephones are within easy reach. Keep emergency contact numbers clearly visible beside all telephones.
- If you had trouble getting off of furniture such as your bed, chairs or toilet before your surgery, speak to your Occupational Therapist about furniture modifications or adaptive equipment that you may require.

Kitchen:

- Place the most frequently used items within safe reach, between your shoulder and waist height. For example, move fruits and vegetables up higher in your refrigerator. Leave pots and pans on the stovetop.
- Use counter height toaster ovens and microwaves instead of a regular oven.
- Avoid reaching overhead (eg. top shelf, changing light bulbs).

Bathroom:

- Equipment for the toilet, tub and/or shower stall will likely be prescribed for temporary use. The Occupational Therapist will discuss this with you.
- A handheld showerhead makes bathing and showering easier.
- Leave items out on the bathroom counter to reduce bending, reaching and twisting.

Arranging For Help At Home

You may have some difficulty preparing meals or doing housework after surgery. Ask friends and family to help. Family and friends often want to help but are not sure how. Try sharing this list with them and decide together how they can help:

- Staying with you at home.
- Running errands or driving you (in a suitable vehicle) to appointments.
- Grocery shopping and lifting/carrying other heavy items.
- Dusting, making/changing beds, doing laundry, cleaning the bathroom and floors.
- Meal preparation and clean up.
- Taking out the garbage/recycling.
- Mowing the lawn, weeding the garden or removing snow.
- Picking up newspapers and flyers left outside the door.
- Encouraging/helping with your exercises.

If you do not have someone to do these tasks for you when you return home, there are things you can do:

For meals, you can:

- Prepare and freeze meals for yourself to last 2-4 weeks after your surgery. Single serving portion sizes are easier to manage.
- Stock up on easy-to-prepare foods or pre-packaged frozen meals.
- Arrange for meal delivery services such as Meals on Wheels. Check in the phone book or the internet for local meal delivery services.

For housework, including vacuuming, sweeping and laundry you can:

- Look in the phone book under “Home Support” or “Housekeeping” to purchase housekeeping services, or call your local Home and Community Care Support Services for agencies that offer these services for a fee.

If you live alone or have limited support, you may want to arrange to:

- Have someone stay with you for 1 to 2 weeks after discharge from hospital.
- Temporarily move into a family member or friend’s home.
- Access a retirement home for a short stay depending on room availability.

Retirement homes offer professional supervision that is not covered by OHIP or most private medical insurances; therefore, you would be responsible to pay for the cost of convalescence.

Transportation Needs

You may return to driving once your surgeon has said that you may do so. You should not drive while you are taking narcotic pain medication. You are also advised not to drive if you cannot turn to see over both shoulders to check your blind spot.

You will need to plan for transportation to and from appointments in the community. Please make the following arrangements before you leave the hospital:

- Arrange for a family member or friend to drive you home from the hospital. Paying for a taxi can also be an option but you should have someone with you. **Please confirm your discharge time with the hospital staff.**
- If you plan to use public transportation once back home, please contact the service below to inquire about obtaining an application form and to setup an account. (These specialized services are not suitable for going home from the hospital).

What to bring to the hospital

- Your OHIP card and photo ID.
- Eyeglasses, hearing aids, and/or dentures in labeled storage containers.
- You will have to change into hospital clothes. You may wish to bring a lightweight housecoat.
- Bring an empty gym bag to store the above items while you are in surgery.
- Have a family member bring the rest of the articles you packed before your surgery to your room after surgery. DO NOT bring luggage to the surgery check-in area.
- Please label all of these items.

Include the following when packing:

- Toiletries, including toothbrush and toothpaste, Kleenex, deodorant, soap, and shaving kit.
- Loose, comfortable clothing such as sweatpants and T-shirts.
- 2 pairs of socks with loose ribbing
- Shoes that are closed toed with a supportive heel and non-slip soles. Remember your feet may be swollen, so shoes should not be too tight
- Any brace or other assistive devices, such as dressing aids that you currently use at home or were prescribed pre-operatively. Label them clearly with your name.
- Prescription medications from home (give them to your nurse).

Please do not bring any personal items of value or sentiment. Ensure that you keep track of your personal belongings, including electronics, jewelry, money, etc. to avoid losing items that are important to you.

Smoking

We recommend that you stop smoking before surgery and stay off cigarettes until at least one week after surgery. If you stop smoking you will improve your healing process and prevent infection after surgery as well as improve your overall heart health and lung function.

If you have thought about quitting for good, there is no better time than now, especially because you are having surgery. Ask your healthcare team about how they can help you deal with the withdrawal symptoms while in hospital. They can also assist in providing you with smoking cessation interventions, including community resources.

Our hospital is a **Smoke Free Facility**. This also means that smoking is prohibited on all hospital grounds.

Alcohol

We recommend that you eliminate or minimize alcohol use before surgery. Alcohol consumption can cause complications during and after surgery, or when suddenly stopping alcohol intake. **It is important that you inform your doctor and nurse if you drink alcohol on a regular basis.**

Anticoagulants

For patients who may be taking anticoagulant medication before your surgery, please ask your surgeon if you should stop taking the medication. Also, please ask your surgeon when you leave the hospital when you may resume your anticoagulant medication.

Post-surgery (Day 0)

After surgery, you will go to the recovery room where you will need to lie on your back. You may have a tube in your vein (intravenous), a drainage tube (hemovac) from your spine and/or a tube (catheter) to empty your bladder. You may also have compression devices on your legs; they inflate from your ankles to your knees, and help keep your blood circulating.

Your blood pressure, pulse and tubes will be checked often by a nurse. If you feel sick or have pain, tell your nurse right away. Medications will be given to you as ordered by your doctors.

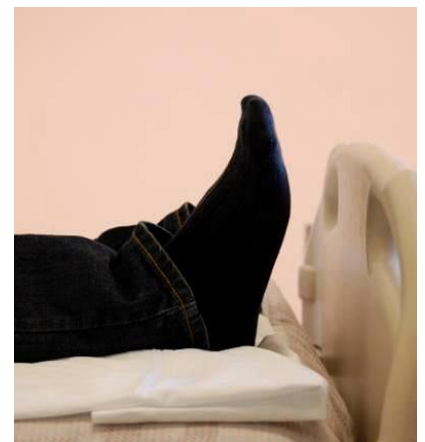
You will be moved to your room in your bed and the nurse will check your incision, pain control, temperature, blood pressure and oxygen level. You will be given clear fluids at first then you will progress to a normal diet.

Your care team will follow a plan for each day of your stay to help you recover as quickly as possible. During your hospital stay, the staff will support you as you regain your ability to care for yourself (walking, getting to the bathroom, dressing, etc.)

You will be asked to take 10 deep breaths and cough each hour while you are awake to help keep your lungs clear from secretions. You will also be encouraged to do calf-pumping exercises after surgery.

Ankle Exercises (Calf-Pumping)

Point your feet up and down, repeating 20 times every hour. This exercise helps the blood to circulate in your legs.



First Day After Surgery (Day 1)

Your nurse will check on you frequently. You may have a blood test early each morning. If you have a catheter, it will be taken out today.

Your IV will be discontinued either today or tomorrow depending on your needs. After the IV patient-controlled pain medication is stopped, you will take pain medications by mouth.

Do the deep breathing and calf-pumping exercises at least every hour. Be sure your pain is under control before you get up. Insert something about PRN medication here

The nurse and Physiotherapist (PT) will review with you how to move in bed and get up from the bed using the log rolling technique. The Occupational Therapist (OT) may also see you on either Day 1 or Day 2.

If your doctor has prescribed a neck brace/collar for you, the staff will show you how to put it on and help you if needed. The neck brace is worn whenever you are out of bed. The collar helps to support your neck and reminds you to keep your head and neck in good alignment.

You will be encouraged to sit up for a short time, several times throughout the day as tolerated. Using a walker, your nurse will help you to get up to a chair or to the washroom. The PT will also practice walking with you.

The nurse, PT and/or OT will review the important post-operative precautions regarding neck movements and lifting. Your neck precautions are discussed further below.

Remember to take pain medication before activity and as needed.

You and your family are encouraged to ask questions to staff if you are unsure or anxious about anything.

Second Day After Surgery (Day 2)

Your PT or Physiotherapist Assistant (PTA) will help you walk in the hallway with a walker for support. The PT will let you know when you are safe to walk on your own. You may also practice going up and down the stairs. The PT may also recommend some leg strengthening exercises for you to do with the PTA or independently.

Your OT or Occupational Therapist Assistant (OTA) will talk to you about how you were managing personal care and household tasks at home before your surgery and will teach you how to manage activities of daily living or ADLs while following the post-

operative precautions. This includes using assistive devices for dressing, bathing, and toileting hygiene as needed.

Third and Fourth Day after Surgery (Day 3 and 4)

You will walk with the walker outside your room to increase your walking distance. You will continue to practice stair climbing if needed. The PT or PTA will also review the safe use of a walker/cane and your neck precautions.

You will continue to work with the OT or OTA to discuss and practice how you will manage some of your ADLs while following the post-operative precautions. You will practice getting in and out of the tub, if needed and figuring out what equipment you may need at home.

Your nurse will teach you how to recognize blood clots and infection, how to prevent constipation and how to care for your dressing/incision. Your nurse will also teach you about your medications.

Ensure that your equipment is ready at home by the third or fourth day after surgery (day of discharge).

Day of Discharge (Day 3 or 4)

Your nurse will provide you with a copy of any prescriptions that need to be filled, and a summary of when you need to make an appointment with your Family Doctor and Surgeon. This includes a date when the staples should be removed.

Remember to follow the post-operative precautions and use the assistive devices recommended for your daily activities.

Discharge Instructions from Physiotherapy

Walking is your main exercise. When you are home, start with 5 minute walks and to walk 3-5 times a day and adding an additional 5 minutes to your walk each week. Scale back if you think you are overexerting. Progress to your tolerance. balance rest and activity. Sit up in a chair, do your short walks, and rest in bed when tired or in pain. During your follow-up appointment with your surgeon (6-8 weeks post-op), ask if you can do more exercises, whether there are any further restrictions, and whether you need physiotherapy follow up.

The Road Recovery

Nutrition

Good nutrition promotes healing, helps to fight infection and promotes a smooth recovery.

- **Do not** go on a crash diet – it may hinder recovery.
- **Do** eat at least three meals a day.
- **Do** cut down on fats, junk food and sweets.

What should I eat?

1. For healthy blood, choose **iron-rich** foods and a **Vitamin C** supplement
 - There are 2 types of iron found in food- heme iron and non-heme iron.
 - Heme iron is found mainly in meat, liver, poultry and fish, oysters and clams. This type of iron is more easily absorbed by the body than non heme –iron.
 - Non-heme iron is found in legumes such as chickpeas and kidney beans, breads and pastas, breakfast cereals, nuts, dried fruits, and some fruits and vegetables. You can boost the absorption of this type of iron from foods if you eat it with meat/poultry/fish or with foods rich in vitamin C.
 - Good sources of vitamin C include oranges, orange juice, grapefruit and grapefruit juice, strawberries, cantaloupe, tomatoes, tomato sauce, tomato juice, raw cabbage, green and red peppers.
2. For healing, include a **protein** choice with each meal.
 - Protein choices include **meat, fish, poultry, eggs, beans and nuts.**
3. Calcium is important for healing bones.
 - Choose from **milk, yogurt, cheese and pudding** or from non-dairy foods such as juice and soy drinks fortified with calcium, tofu, salmon and sardines with bones, turnip greens and broccoli.
4. For regular bowels, choose **fiber** at every meal and plenty of fluids.
 - Good sources of fiber are **fruits, vegetables, whole grain breads, legumes,** and high fiber **cereals** (greater than or equal to 4 grams of fibre per serving).
 - Drink 6 to 8 glasses of fluids per day (not including tea or coffee) such as water, juice, herbal tea and milk.

What about herbal medication and dietary supplements?

Certain herbal medications and dietary supplements may interfere with the medication used during your surgery, anesthetic agents (drugs used during your surgery) or blood thinners. Some may increase the risk of bleeding or raise blood pressure. **It is very important that you tell your doctor and admission nurse if you are taking these medications.**

Constipation

Constipation often happens after surgery because of pain medication and limited activity. Here are some ways to prevent constipation:

- Drink lots of fluid (8 cups a day).
- Include fiber in your diet (bran, beans, raisins, etc.).
- Continue regular activity.
- Do not overuse laxatives.
- Maintain a regular bowel routine.

You may also be given medication to help prevent constipation. Remember to tell your nurse when you have a bowel movement.

Anticoagulants

For patients who may be taking anticoagulant medication before your surgery, please ask your surgeon if you should stop taking the medication. Also, please ask your surgeon when you leave the hospital when you may resume your anticoagulant medication.

Pain Management

After surgery, you will have some pain. The nurses will ask you often to describe your pain and rate it on a scale from 0-10. Zero means you have no pain and 10 means the worst pain imaginable. It is important for you to rate your pain and describe it to others.



You will be given medication to manage this pain so you can do the exercises that help you get better. The better your pain is managed after surgery, the better you will be able to function. With less pain, you will be able to walk sooner and more frequently. You will also be able to do your exercises with physiotherapy as required and your sense of well-being will improve and help your body to heal faster.

Ask your nurse for pain medication when you are uncomfortable. Do not wait for the pain to get worse. It is important to request pain medication prior to ambulating and therapy. Let the nurse know if the medication is not helping your pain.

In the beginning, pain medication will be given through an intravenous (IV). In addition, you may also get a pill for pain relief. Your doctor will talk to you before surgery about which method is best for you. Your nurse will also tell you what else you can do to reduce your pain.

Patient-Controlled Analgesia (PCA)

An intravenous medication is hooked up to a pump; this is called Patient Controlled Analgesia or PCA. You can administer pain medication to yourself by pressing the button so you will be more comfortable during your stay and while participating with physiotherapy. You do not need to wait for the nurse to bring you pain medicine. The PCA pump lets YOU give yourself the pain medicine when you need it.

NO ONE OTHER THAN YOURSELF (this includes family and friends) SHOULD BE PRESSING THE PATIENT CONTROLLED ANALGESIA BUTTON.

How does the PCA pump work?

When you feel pain, press the button on the handset. You will hear a “beep”. After the beep, the pain medicine is delivered quickly through the intravenous into your arm.

How much medicine do I need?

When you feel comfortable and not sleepy, you have had enough medicine.

Can I give myself too much medicine?

No, you will not get too much medicine if you only press the button when you feel pain. The PCA pump has a computer that gives you the amount of pain medicine your doctor orders.

How long will I have the PCA pump?

You will have the PCA pump for 24-48 hours after surgery depending on your needs.



Post-Operative Precautions

After surgery you should follow these helpful guidelines to prevent injury to your neck. Your muscles need time to heal. Following these precautions will help promote a better recovery. You should follow these precautions until your surgeon feels that your neck has healed well and says it is OK to resume regular activities. This healing usually takes 2-3 months. The main precaution is to keep a “neutral c-spine” alignment, which is to minimize how much you bend your neck up or down, and rotate your neck from side to side. **3 key movements you must NOT do:**

1. No extreme **TWISTING** of your neck (turn your whole body instead)



2. No **hyperextension** or **flexion** of the neck.



3. No heavy **lifting, pushing** or **pulling** (i.e. an object more than 5 lbs.)



You should avoid doing the following activities:

- Vacuuming
- Scrubbing the bathroom floor, toilet or tub.
- Carrying bags of groceries.
- Laundry (avoid bending and avoid lifting too many wet clothes at one time).
- Baths (no sitting in the bottom of the tub).
- Cooking large meals (avoid bending and lifting, and take rest breaks).
- Jogging or “working-out” at the gym.
- Mowing the lawn or digging in the garden.
- Shoveling snow.

Don't be afraid to ask for help!

Do not have any massage therapy, chiropractic, or physiotherapy unless your spinal surgeon or a member of the hospital health care team says it is okay to do so, or has arranged it for you

Exercises after Your Spine Surgery

Exercises

Your main exercise is walking. Your strength and tolerance for activity will return gradually. Alternate between periods of activity and periods of rest. Start with short periods of activity several times throughout the day.

Your PT may recommend some of the following exercises for you. These will help to keep the strength in your legs along with your walking:

Static Knee Extension

Pull your feet and toes up and press your knees down firmly against the bed, hold for five seconds, and then relax and repeat 10 times.



Leg Flexion

Lie on your back. Slide your heel along the bed towards your buttock. Repeat 10 times.



On the second day after surgery, you can start doing this exercise while sitting in a chair. Lift your knee towards the ceiling and hold for five seconds. Repeat 10 times.



Leg Extension

Lie on your back with a roll under one knee.
Pull your toes up and raise your heel off the bed
until your knee is straight. Hold for five seconds
and slowly lower back down. Repeat 10 times.
The roll can be made from a coffee/juice can/tin covered with a towel.



On the second day after surgery, you can start
doing this exercise while sitting in a chair.
Extend your knee and hold for five seconds.
Repeat 10 times.



Transfers and Positioning

Positioning In Bed

- **Do not twist.** Keep your shoulders and hips in line with each other.
- Do not lie on your stomach.
- Use a regular bed with a firm mattress. **DO NOT** use a soft bed if possible. (e.g. waterbeds, futons, pull-out couches, sofas).

Lying On Your Back

- Place a pillow under your knees.

Side Lying

- Place a pillow between your legs.
- You may wish to have another pillow behind your back to prevent rolling over in your sleep and twisting your back.

Bed Transfers / “Log Roll”

You will learn to turn yourself with a straight back by “log rolling.” Log rolling means moving your body without twisting or bending your spine.

To Get OUT of bed:



1. Bend both knees.



2. Roll onto your side, keep your neck, shoulders and hips in line as you roll.



3. Hang your legs over the side of the bed.



4. Push yourself into a seated position .
using you hand and elbow.

To get into bed:

Follow the above steps in reverse order to get back into bed. Someone should be with you the first time you perform this transfer after surgery. Use the call bell to call your nurse, personal care assistance or therapy staff to request assistance when you are ready to return to bed.



Sit / Stand Transfers

To Sit:

1. Back up slowly until you feel the back of your legs touching the chair/toilet/bed.
2. Reach your hands back for the armrests /edge of the seat.
3. Slowly lower yourself and gently take a seat. Push your bum back in the chair.



- Sit on a firm, high chair with arm rests.
- Keep feet flat and square

To Stand:

1. Wiggle forward to the edge of the chair / toilet / bed. Place feet on the ground.
2. With your hands supported, use your legs to push-up to stand.
3. Move gradually to avoid feeling dizzy. Sit if dizziness increases.



Bathtub Transfers

- Stand beside the bathtub, with the side of one leg touching the tub.
- Touch the wall in front of you to help support your balance while stepping into the tub. If you have a vertical grab bar, grasp the bar with both hands.



- Raise the leg closest to the tub up and move it over the edge of the tub. If raising your knee is difficult, try bending your leg backwards at the knee instead.
- Once you step one foot into the tub, make space beside it for your other foot to go.
- Raise or bend your other leg to bring it over the edge of the tub, while using the shower wall or grab bar for support.



- Step backwards until you feel the seat of the shower chair against the back of your legs.
- Reach your arms back to feel the chair for support. Slowly lower yourself to a sitting position, being sure to keep your neck in neutral position.



Washing and Bathing

- Check with your surgeon regarding showering. Cover your incision, use a handheld showerhead below level of incision or sponge bathe until the staples have been removed.
- Ensure someone is available to assist you in stepping in and out of the bathtub/shower. Do not get in by yourself!
- Do NOT reach for the taps or shower attachments while you are sitting because you may bend forward too much. Adjust the temperature and water level before getting in. You may need help for this.
- Sit on a bath seat instead of standing to shower. A hand-held shower attachment is useful to rinse from a seated position.
- Use a rubber mat inside and outside of the tub or shower stall to prevent slipping. If available, use grab bars for extra support when sitting/stand and when getting in / out of the tub or shower stall.
- Use a long-handled sponge/bath brush to reach your legs or feet.



Toilet Transfers

- Toilets at home are usually very low (usually 14" from the floor). This is usually too low for you to get on and off safely and easily. You may need to use a raised seat if you are over 5' 2" or if the height of the toilet seat is at knee height or lower.)
- Arrange to rent, buy or borrow a raised toilet seat or commode with arms to bring up the height of the toilet seat.
- A versa frame or toilet safety frame can provide something to push up from without changing the height of the toilet seat. Talk to your Occupational Therapist



if you are unsure which equipment is best for you.

Toilet Hygiene

- Keeping your back straight and your feet hip width apart, bend slightly at the hips.
- If you have difficulty reaching behind, you may use curved tongs to hold toilet paper to reach back and clean yourself.
- You may also use a squeeze bottle to spray warm water to cleanse your skin.
- You may also use a hand held showerhead to cleanse yourself in the shower.
- If you have a bidet, you may use that to cleanse yourself.



Getting Dressed

- Wear loose fitting clothes, supportive shoes that have an enclosed toe and heel and a non-slip sole. Avoid soft slippers without a firm heel.
- You may need to use the long-handled aids recommended by your Occupational Therapist (e.g. long-handled shoehorn, reacher, sock aid) to avoid bending.
- Keep clothes, shoes and assistive devices within reach.
- Sit on a firm surface (bed or chair) while getting dressed. This will prevent you from tiring and will help you maintain your balance.
- DO NOT twist around to pick up anything lying behind you.

Socks and Stockings

- Slide the sock onto the sock aid until the toes of the sock is taut.
- Holding onto the straps, drop the sock aid in front of one leg.
- Point your toes and slip your foot into the sock aid. Pull on the straps up to pull the sock on.



To Remove Socks

- Use the long-handled shoehorn or reacher to push the sock down and off.



Shoes

- Slip-on shoes with a supportive back are the easiest to put on.
- For tie-up shoes use elastic shoelaces.
- Use a long-handled shoe horn and/or reacher to assist you.



Pants and Underwear

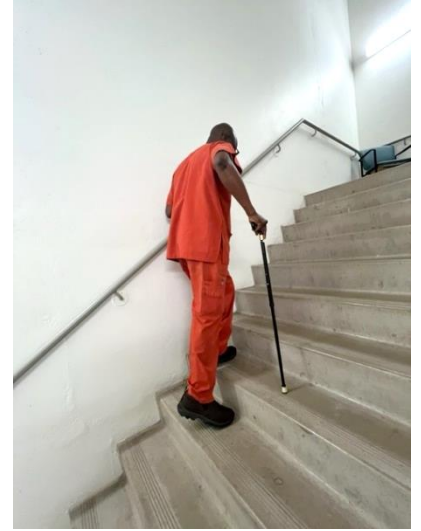
- Without bending, use the reacher to grasp the waistband of the pants/underwear.
- Slip one leg through the leg opening (start with your weaker leg).
- Put the other leg into the remaining leg opening while using the reacher to assist.
- Pull your underwear or pants up over your knees.
- Stand carefully to pull up your underwear or pants.



Going Up Stairs

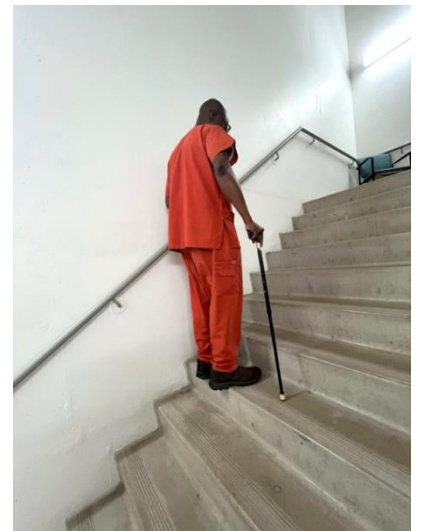
Without a cane:

1. Stand close to the first step
2. Face your body towards the rail and hold the rail with both hands.
3. Take a side-step up with one leg (ideally the stronger leg).
4. Make space beside the first leg.
5. Then take a step up with your other leg to bring your feet together.



With a cane:

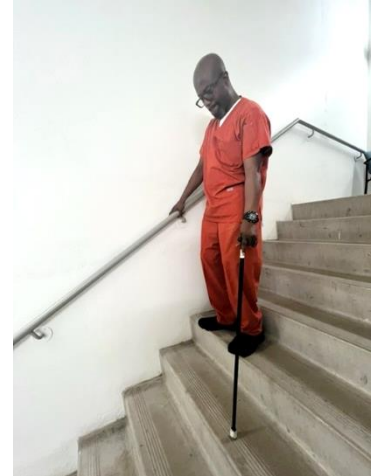
1. Stand close to the first step
2. Hold the handrail with one hand and the cane with the other hand.
3. First, take a step up with one leg (the stronger leg).
4. Then step up with your other leg (the weaker leg).
5. Lastly, bring your cane up onto the step.



Going Down Stairs

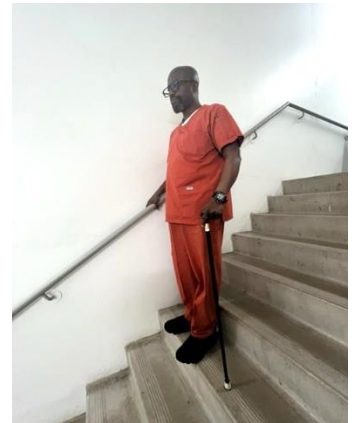
Without a cane:

1. Stand close to the edge of the first step.
2. Face your body towards the rail and hold the rail with both hands.
3. Take a side-step down with one leg (ideally the weaker leg).
4. Make space beside the first leg.
5. Then take a step down with your other leg to bring your feet together.
6. Remain erect, bending forward as little as possible.



With a cane:

1. Stand close to the edge of the first step.
2. Hold the rail with one hand and the cane with the other hand.
3. First, put your cane one step down.
4. Then take a step down with one leg (the weaker leg).
5. Then, take a step with your other leg, onto the same step as your first leg.
6. Remain erect, bending forward as little as possible.



Ask for help to carry your walker up/down stairs, or get one walker for each level of your home, particularly if you live alone or will be home alone during the day.

Getting In/Out of a Car

- Ask someone to move the car seat back as far as it goes to give you the most legroom. Have them recline the seat back a little as well.
- To get into the car, reach back and lower your bottom to sit on the edge of the seat. Swing your legs into the car, one leg at a time. Move your upper body at the same time as you swing your leg into the car. Remember- to keep good/straight body alignment.
- A plastic bag on the seat may make it easier to turn in the seat.
- To get out of the car swing your legs out, then stand up with one hand on your walker and the other hand on the car seat.
- If you are getting into a van or a vehicle that has higher seats, you may need to park the car next to the curb.



Planning for Home after your Surgery

Remember to arrange for someone to drive you home.

The goal is to discharge home on the 3rd or 4th day after surgery.

Your team will send you home once you are:

- Independent on level surfaces with a walking aid.
- Safe on stairs, if needed.
- Able to transfer safely (between bed, chair, toilet, shower).
- Familiar with your post-operative precautions and activity recommendations.
- Able to perform required self-care activities (dressing, toileting, etc.)

And have:

- A stable, healing wound.
- Effective pain control with oral medications.
- Arranged for assistive equipment for home as necessary (determined by your Physiotherapist and/or Occupational Therapist).

Leaving the Hospital Checklist

Things to remember:

- Fill prescriptions for medication on the day of discharge and know when you must take your medication
- Know when and how to make an appointment with your Family Doctor and Surgeon
- Staple remover and strip dressing
- Ensure you have the recommended assistive equipment in place.
- Have your house key ready.
- Ensure there is food in the refrigerator.
- Keep your phone within easy reach.
- Letters for insurance reimbursement signed by your surgeon or physician assistant.
- Bring all belongings home with you (i.e. clothing, shoes, personal care items, pillows and blankets, dentures, glasses, electronics, etc.)

Pain Management

Continue to take your pain medication as ordered.

Incision Care

Keep your incision clean and dry. After 10 - 14 days your staples will need to be removed. This should be done in your Family Doctor's office; please remember to bring the staple remover with you.

Washing and Bathing

Check with your surgeon or physician assistant regarding showering. Don't get the incision site wet until the staples have been removed. Cover your incision to shower, use a hand-held shower head below the incision site, or sponge bathe until the staples are out.

Sports

You may return to certain sports when you no longer have postoperative precautions. Sports involving jarring, twisting, jumping, running or pivoting are not recommended. Discuss these activities with your surgeon at your first appointment after surgery.

Returning to Work

Allow yourself enough time to heal before you return to work (usually two to three months). Speak with your surgeon to determine what is realistic for you.

Sexual Activities

You may resume sexual relations as soon as you are comfortable with this activity. Remember to follow your spine precautions. Initially, you should take a passive role. Stop and rest if you begin to feel pain.

Safety Reminders for Home

Remember to follow the post-operative precautions at all times:

1. No extreme **twisting** of your neck (turn your whole body instead)
2. No **hyperextension** or **flexion** of the neck.
3. No heavy **lifting, pushing** or **pulling** (i.e. objects more than 5 lbs.)

The following are unsafe and dangerous actions. Do not do the following:

- DO NOT use your walker in the shower/bathtub for support
- DO NOT jump or hop into the bathtub
- DO NOT stand on one foot in the bathtub
- DO NOT use the walker on stairs or carry it up the stairs
- DO NOT carry items in your hands while walking with a walker. This may cause you to tip the walker and fall. Instead, keep both hands on the walker while walking.
- DO NOT try to carry anything hot or that may spill while using a walker or crutches. Try this instead:
 - Use a wheel trolley or cart
 - Slide objects along countertops
 - Pass objects from surface to surface
 - Carry hot liquids in a thermos

Go to the Emergency Department immediately if you experience any of the following:

- Sudden chest pain
- Shortness of breath
- Coughing up blood

Call your family doctor if you have:

- Sudden and extreme back or leg pain
- New or worsening numbness, tingling or changes in sensation
- Fever over 100.4°F or 38°C
- Increased redness, swelling or drainage around skin incision
- New leg swelling or calf soreness

Strategies to Prevent Falls Inside and Outside Your Home

1. Maintain Your Health

- o Stay physically active
- o Drink enough fluids and eat regular, healthy meals
- o have your hearing and eyesight tested on a regular basis
- o

2. Know Your Medications

- o Review your medications with your doctor or pharmacist
- o Some medications can cause dizziness or drowsiness
- o Take your medications as prescribed

3. Wear Proper Footwear and Clothing

- o Wear supportive, closed back shoes with non-slip rubber soles that are easy to get on and off
- o Avoid wearing clothing that is too long

4. Move About Carefully

- o Take your time and avoid rushing
- o Use your mobility aid every time you get up
- o Sit down when getting dressed and putting on shoes
- o Avoid using step stools and ladders – ask for help when possible

5. Keep Areas of Your Home Well Lit and Clear of Clutter

- o Secure all rugs and remove any unnecessary scatter rugs/throw mats
- o Secure or tuck away any cords
- o Keep walkways and stairs free of clutter
- o Ensure proper lighting throughout your home and install nightlights in walkways, bedrooms and bathrooms

6. Keep Important Items Close By

- o Keep a cellphone, cordless phone or emergency detection system with you

7. Stair Safety

- o Use the handrail when climbing the stairs
- o Do not carry heavy objects on the stairs

8. Install Equipment in the Bathroom

- o Install grab bars near the toilet and in the bathtub or shower
- o Use non-slip bath mats
- o Consider using a raised toilet seat, tub transfer bench or bath seat if additional support is needed

Energy Conservation

Energy conservation is a way to help you maximize your activity level while minimizing fatigue to achieve a balance between activity and rest. Just remember the 4 P's:

Prioritize

Plan

Pace

Position

Prioritize

Prioritize Your Activities: Which activities are most important for you to get done? Which activities can you ask for help with right now? Can some activities be postponed until you are further along in your recovery?

Gradually Increase Activity Level: Start with easy activities at first (and don't forget to take breaks). Do a little more each day. If you start feeling very tired or unwell, do less for a day before adding more activity in again.

Plan

Get Organized: Gather the supplies and equipment you need before beginning an activity (or ask someone to help you with set up). Plan ahead so that you only need to make one trip up or down stairs.

Think Critically: When planning, ask yourself the following questions: is it necessary? Can this be eliminated altogether? Can it be done by someone else? Can the job be simplified? List the necessary tasks and schedule rest in. Try to balance each day with lighter and heavier tasks. Try to plan so that your heavier work is spread out over the week and not all in one day.

Pace

Self-Monitor: Be aware of how you feel at all times. You can adjust your activity according to your energy level, instead of only focusing on the need to get the job done. Work slowly and take rest periods often. Stop to rest as soon as you begin to feel tired.

Take Your Time: Allow for lots of time to finish each task. How fast you perform an activity affects how much energy you use. Most activities can be broken down into several stages, including periods of rest before carrying on with the next step, i.e. taking several short walks instead of one long walk.

Alternate Between Activity and Rest: The best pattern to maximize one's energy level is to alternate short periods of activity with short periods of rest to allow for recovery. For example: A = Activity; R = Rest

1. A-R-A-R-A-R-A-R-A-R

vs

2. A-A-A-A-A-R-R-R-R-R

The first pattern will get you through the day with the least fatigue and the most accomplished. The second pattern shows continuous activity in the morning without breaks. This can result in fatigue and exhaustion for the rest of the day.

Position

Practice Good Body Mechanics: to conserve energy and prevent injury. Remember your post-operative precautions! Keep commonly used items at counter level.

Change positions frequently: Don't stay in any one position for extended periods of time. If you've been sitting a long time, go for a walk. Think about what tasks you can perform from a seated position (chopping vegetables, dressing, grooming, etc.)

Supports at Home

Your local Home and Community Care Support Services (HCCSS) can help link you with community services and supports that may be of help to you when you go home.

Mississauga Halton Home and Community Care Support Services

(905) 855-9090 or 1-877-336-9090
2655 North Sheridan Way, Suite 140
Mississauga, Ontario L5K 2P8

Central West Home and Community Care Support Services

(905) 796-0040 or 1-888-733-1177
199 County Court Blvd.
Brampton, Ontario L6W 4P3

Toronto Central Home and Community Care Support Services

(416) 506-9888 or 1-866-243-0061
250 Dundas Street West, Suite 305
Toronto, Ontario M5T 2Z5

**If your community is not listed above, you may contact HCCSS at;
310-2222 (no area code required).**