



Thoracolumbar and Sacral Spine Surgery Booklet

Instructions and Information for Patients and Their Support Person



*Please bring this booklet with you to your appointments and hospital stay



Pre-Surgery Information

Bring this book to all appointments.

Patient Name: _____ Surgeon: _____

You will need testing before surgery:

- ☐ Diagnostic blood work and MRSA nasal swab, possibly a urine analysis (present to any St. Luke’s hospital to complete. Walk-ins accepted. Fasting is not required.) **Complete together.**
- ☐ EKG

***You are scheduled for a pre-surgical office visit:** St. Luke’s requires an updated office visit within 30 days of surgery.

Date: _____ Time: _____ Provider: _____

☐ **Boise :** _____
190 E Bannock Street 10th Floor
Boise, ID 83712

☐ **Boise Anderson:** _____
222 N. 2nd Street Suite 215
Boise, ID 83712

☐ **Meridian:** _____
520 S. Eagle Road Ste 1201
Meridian, ID 83642

***You may be scheduled to see the perioperative Clinic:** This helps to ensure all prior and current medial issues are addressed and stable before your procedure. We have referred you to an internal medical doctor for evaluation.

Date: _____ Time: _____ Location: _____

☐ **PeriOperative Medicine:** Meridian
(208) 706-0201
520 S. Eagle Road Suite 2104
Meridian, ID 83642

☐ **PeriOperative Medicine:** Nampa
(208) 505-2239
9850 W. St. Luke’s Dr 170
Nampa, ID 83687

☐ **Other:**

***Surgery is scheduled:** Date: _____

Arrival Time: _____ **am/pm** (subject to change up until the day of surgery) Location: _____

No food after _____ Approved clear liquids are allowable until 2 hours (or surgeon preference) before your check in time. STOP all liquids when you are instructed by your surgeon. (Please reference page 14 of this booklet for qualifying clear liquid options/full protocol)

You are scheduled for a post operative visit on: _____



Welcome to St. Luke's Spine Program

We believe that patient's play a key role in the success of their care. Our goal is to educate and involve you in each step of your treatment. Our program is designed to deliver the highest standards of safety and quality from the entire Spine Surgery Team.

The purpose of this guidebook is to help you know more about your spine surgery, how to prepare yourself, home, and family for spine surgery and what to expect after surgery. We believe it is important to empower you with information so you can be an active participant in your own care. Having this information is important to your recovery. Knowing what to expect will reduce anxiety, help make your hospital stay more pleasant, help prevent complications and ultimately lead to a faster recovery.

This spine surgery guidebook is divided up into sections and we hope you find each one helpful as you prepare for surgery:

- Introduction and Spine Anatomy
- Before Surgery
- Your Hospital Stay
- Post Surgery At Home Care
- After Surgery and Beyond



St. Luke's Spine Program has developed a high-quality, comprehensive course of treatment for its patients and it aims to uphold the highest levels of care. The program is certified by the Joint Commission, a national standards and accrediting body.

We hope this book helps you in preparing for Spine Surgery and we look forward to caring for you!



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Frequently Used Phone Numbers

Amy U, MSN, RN

Spine Program Manager

208-381-9771 | spine@slhs.org

Business Office and Patient Financial Service

208-706-2333

Preadmission Testing Scheduling

Boise: 208-381-2570

Magic Valley: 208-814-2400

McCall: 208-630-2248

Meridian: 208-706-2177

Nampa: 208-205-7485

Wood River: 208-727-8142

St. Luke's Medical Center

Boise: 208-381-2222

Meridian: 208-706-5000

Nampa: 208-505-2000

Magic Valley: 208-814-1000

Wood River: 208-381-9500

McCall: 208-634-2221

Perioperative Clinic

Meridian: 208-706-0201

Nampa: 208-505-2239

Nursing Units

Boise 9 East: 208-381-3971

Boise 2 East: 208-381-2134

Meridian 5th Floor: 208-706-5520

Magic Valley: 208-814-2000

Connect Scheduling

208-706-5850

Your Surgeon's Name: _____

Your Surgeon's Office Number: _____

For any after-hours needs or questions, please call your surgeon's office first. They have an after-hours triage, which will get you in contact with a member of their team right away.

Expectations of Spine Surgery

Spine Surgery is always recommended if it is necessary. Our goal is to avoid further disability, improve pain, and alleviate deficits caused by your spine. It is important to understand that Spine Surgery does not always take away all pain, completely reverse disability, or correct deficits.

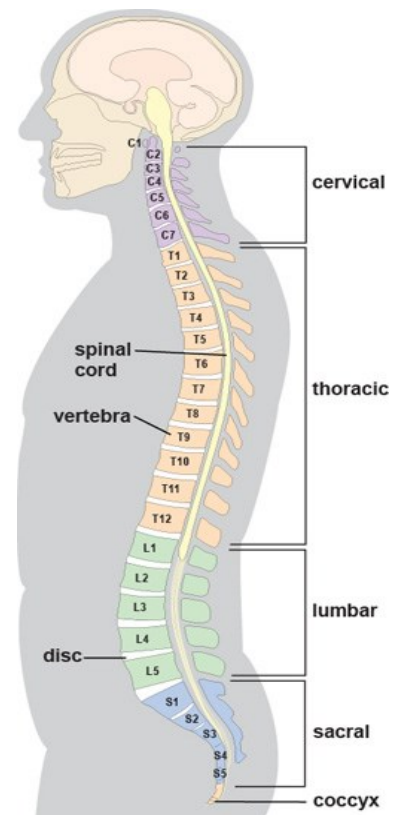
Some patients will see a different level of recovery—and that's okay! Your journey is individual and cannot be compared to others. Abiding by the instructions given to you by your surgical and rehabilitation team will significantly increase your chances of a smooth recovery.

Anatomy of the Spine

The spine is one of the most important parts of the human body. It supports much of your body weight and protects your spinal cord from injury.

The spine has 33 bones, called vertebrae. They are numbered based on where they are on the neck, upper back, or lower back. There are 4 parts of the spine:

- **Cervical** (neck) - C1 to C7
- **Thoracic** (middle back) - T1 to T12
- **Lumbar** (lower back) - L1 to L5
- **Sacral** (tailbone area) - S1 to S5



In between each vertebrae is a disc. Discs can get damaged and cause pain.

Each bone in the spine is associated with a nerve. Many times, these nerves are the cause of pain in people who need surgery.

Injury to the **cervical** spine may cause pain in the arms, hands or fingers.

Injury to the **thoracic** spine may cause pain around the ribs, chest or navel.

Injury to the **lumbar** spine may cause pain in the legs or feet.

Injury to the **sacral** spine may cause pain in the buttocks, legs, or may cause problems going to the bathroom.

Anatomy of the Spine

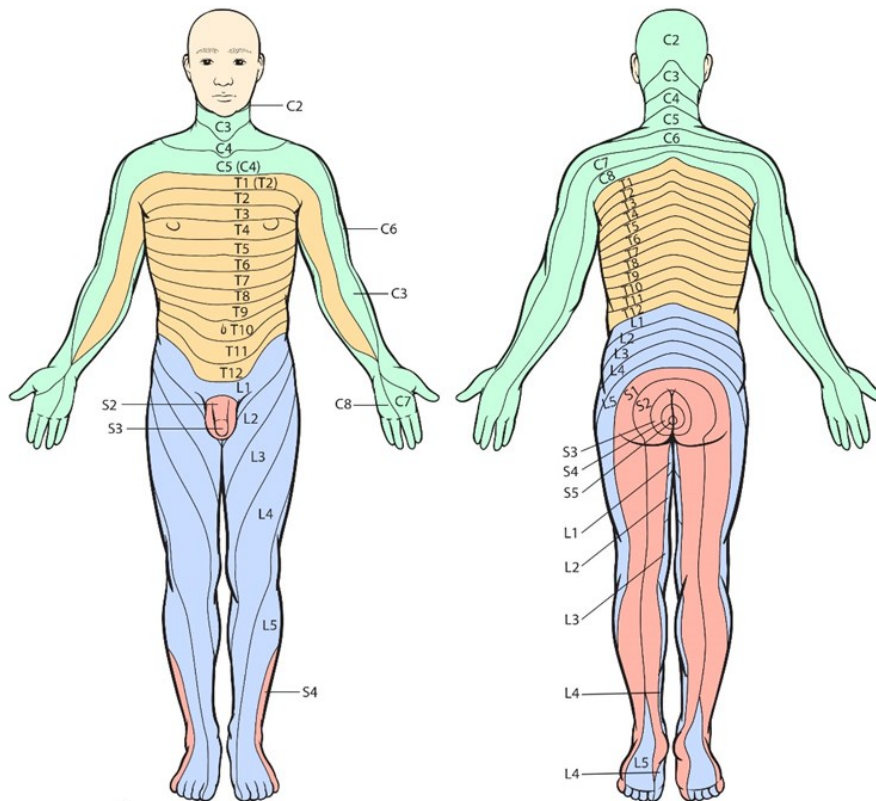
Dermatomes are areas of feeling. A dermatome is an area of skin responsible for the sensation on an area of the body. If there is pressure or damage to a nerve in your back, you may feel pain, numbness, and/or tingling. The location of where you feel these symptoms depends on the location of the nerve.

Cervical (nerves coming from the **neck** region)

Thoracic (nerves coming from the **upper back** region)

Lumbar (nerves coming from the **lower back** region)

Sacral (nerves coming from the **tailbone** region)



Review:

Where is your pain: _____

Where is your numbness: _____

Where is your weakness: _____

Pre-Surgical Preparation Checklist

*All timelines are approximate, please do your best to prepare based on your own care schedule.

What to do as soon as surgery is recommended/scheduled: 4-6 weeks before surgery

- ☐ Confirm contact information for surgeons office and surgeon's staff. Add to contacts on page 5
- ☐ Confirm pre-admission testing appointment
- ☐ Confirm pre-operative Spine Surgery Class date and time.
- ☐ Select your support person (see page 9 for more details on your support person)
- ☐ Make a grocery list, stock up on easy to prepare or frozen meals for 2 weeks after surgery.
- ☐ Prepare your house by removing rugs, cords, and obstructions from walkways. Make sure you have handrails and supports (next to toilet, at all stairways).
- ☐ Call your insurance to confirm:
 1. Insurance is up to date
 2. Deductibles, out of pocket maximums
 3. Check if out of pocket max includes deductible
 4. *We will initiate a prior authorization request for your surgery from your insurance company. Please call 208-493-0333 for questions or concerns.*

What to do 2-4 Weeks Before Surgery

- ☐ Attend the pre-operative Spine Surgery Class with your support person
- ☐ Attend your pre-admission testing appointment and complete necessary tests as directed by your surgeon
- ☐ Follow directions on what medications to stop or continue, verify with your Pre-Surgical providers if there are any questions regarding medications
- ☐ Attend your pre-operative appointment with your support person (if required).
- ☐ Consider the following:
 - ⇒ Create a temporary living space on the main floor of your house if your bedroom is up or down stairs. Climbing stairs may be difficult the first few weeks post op.
 - ⇒ Add safety bars on the walls next to the shower, toilet, and stairways
 - ⇒ Store frequently used items on counter tops to avoid bending too much
 - ⇒ Secure a stable chair with a firm seat cushion, a firm back and armrests for sitting and eating

What to do 1-2 Weeks Before Surgery

- ☐ Call your surgeon for any health changes: getting a cold, new health problems, etc.
- ☐ Stop medications as instructed by your Pre-Surgical providers.
- ☐ Avoid shaving near your surgery site within 3 days of surgery
- ☐ Drink plenty of water, stay hydrated

Pre-Surgical Preparation Checklist

What to do the Night Before Surgery

- ☐ Follow any instructions about what medications to take and what not to take (if any)
- ☐ Take your first pre-surgical shower; follow the shower kit instructions (see page 15 for details)
- ☐ Pack your hospital bag. (See page 17 for suggestions.)
- ☐ Sleep in clean sheets and clean clothes
- ☐ Wear comfortable, clean, loose clothing to the hospital
- ☐ Do not eat anything after Midnight

What to do the Day of Surgery

- ☐ **Do not drink ANY dairy, creamers, protein drinks, or juice containing pulp.** See page 14 for more information on what you can and cannot drink the day of surgery
- ☐ Stop drinking fluids 2 hours (or surgeon preference) before you are to arrive at the hospital
- ☐ Take your second pre-surgical shower, pay close attention to the shower kit instructions.



Choosing a Support Person

It is very important to have someone you trust to help and care for you after surgery. Your support person should be involved in your Surgery from start to finish. This means they should be present during pre-operative appointments, surgery and in the hospital and post-operative appointments.

Your support person should:

- Be at least 18 years old, have a current drivers license, and can drive at night
- **Be available to stay with you for 24 hours after you get home from the hospital**
- **Be available to help you the first week after you get home from the hospital**
- **Be able to assist you in and out of the car, into a shower chair, while using the restroom, with meals, etc. (if necessary)**
- Be able to attend a pre-surgical clinic appointment, even if it is by phone
- Be able to attend a virtual pre-operative Spine Surgery education class
- Be able to problem solve and trouble shoot
- Be level-headed and act appropriately in emergency situations
- Be able to attend physical therapy or occupational therapy visits while you are in the hospital
- **Be available during your discharge from the hospital and ready to take notes**

Pre-Operative Spine Surgery

Education Class

The purpose of this class is to help you and your support person understand what to expect before surgery as well as take you step by step through each area of your care. It is meant to discuss your hospital stay, discharge, and when you go home after surgery.

Currently, the class is offered virtually using Microsoft Teams (see Page 12 for how to join). You will receive a link via email and/or myChart when you sign up for the class. Although it is virtual, it is live—you and your support person will be able to ask questions.

Weekly Class Schedule

All classes are held in Mountain Standard Time. Classes are subject to be cancelled to observe annual holidays. Please join at least five minutes prior to the start of class so that the instructor can take roll and help sort out any technical difficulties.

Tuesdays, 11:45 am—1:00 pm

Thursdays, 7:45 am—9:00 am

***To schedule, call: 208-381-9000 option 3

Attendance is HIGHLY recommended by your surgeon prior to surgery. We highly recommend that your support person also attend to better understand their role and duties. Support persons do not need to register individually—simply forward them the email with the link for the class. *This class is always free of charge and you will never be billed for this course.

If you join the class through the internet or a mobile application, your name *will* show up on the participation list and be seen by everyone in the class. NO other personal information will be shared by the instructor in the class.

The instructor will go over the following topics:

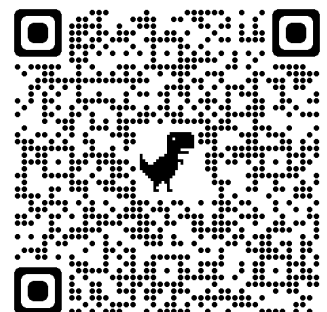
- About the Spine, types of Spine Surgery
- What to expect before surgery
- Activities to do in your home to make a safe environment for recovery
- Getting ready to go to the hospital
- What to expect when you get to the hospital
- What to expect while you are in the hospital
- Guidelines for going home and discharge
- Medication, showering, and bandages
- When to call your surgeon

If you call in via your phone, your instructor will ask you to announce your name to confirm your attendance (your full phone number will not be visible to attendees). You can respond with just your first name and initial of your last name.

If you have any issues or concerns, please email: Spine@slhs.org.

For help quitting smoking/vaping before surgery? Call (208) 3221680

View our video
online with QR
code:



How to Use Microsoft Teams

for the Pre-Operative Education Class

Join via Computer

Microsoft Teams works best when you join from the Teams application—but don't worry, you can join Teams using a web browser if you don't have the app downloaded.

It helps to connect about 5-10 minutes before the event is scheduled to begin. Here's how:

- Click the class/event Teams link (either on the class/event web page, or in your registration confirmation email).
- Select "Join Microsoft Teams Meeting."
- On the internet page that opens, select join through a web browser or download the Teams desktop app.

Note: If you already have the Teams desktop app, the meeting will open in the app automatically.

Join as a Guest

You don't need to sign in or create an account to access the Teams meeting. If you don't have a Teams account, you may enter your name to join the meeting as a guest. Depending on the organizer's settings for the class/event, you may join right away or be placed in a "virtual waiting room" to be admitted by the organizer when the class/event officially begins.



Join Via Mobile Device

To join a class or event using Teams on a mobile device, you need the free Teams mobile app.

It helps to connect about 5-10 minutes before the event is scheduled to begin. Here's how:

- Click the class/event Teams link (either on the class/event web page, or in your registration confirmation email).
- Select "Join Microsoft Teams Meeting."
- You will be prompted to download the Teams mobile app if you don't already have it.

Note: If you already have the Teams mobile app, the meeting will open automatically

Before Admission to St. Luke's— What You Need to Know

Prior to your surgery, your surgeon will have you visit pre-admission testing (PAT) or a Perioperative physician to help identify if further exams are needed before surgery. Possible tests include:

- Blood tests (blood chemistry, complete blood count, A1C, anticoagulation, etc.)
- EKG (heart test)
- MRSA/MSSA screening

Health and medical history information collected by nurses at this appointment helps St. Luke's staff better prepare for your unique needs prior to your hospitalization.

COVID-19 and Surgery

The virus that causes COVID-19 can increase the risk of complications when having a surgical procedure. Tell your physician immediately if you experience

- **new or worsening cough**
- **fever over 100**
- **difficulty breathing**
- **nausea or headache**
- **muscle/body aches, sore throat, or loss of taste or smell**

If you have symptoms of COVID-19, you will need to be tested for the virus **two days** before your procedure.

Medications in the Weeks before Surgery

Your providers may ask you to stop taking certain medications prior to surgery, due to possible reactions. These medications may include:

- Aspirin and other blood-thinning medications
- Anti-Inflammatory medications (Ibuprofen/ Motrin) – 7 days
- Supplements – 14 days

Be sure to confirm with your surgeon or PAT provider which of your current medications are included in this list.



Pre-Operative Nutrition Guidelines

Proper nourishment is important and will help you recover after surgery.

Protein: Eating plenty of protein helps your body stay strong and builds your immune system. Foods with protein include milk, cheese, fish, eggs, meat (including poultry), nuts, soy, and beans.

Fruits and Vegetables: A colorful diet helps to provide antioxidants, vitamins, and minerals - all of which can help in your recovery.

Whole Grains: B vitamins and healthy carbohydrates are in whole grains. These give your body energy to repair itself following surgery.

Fatty Fish: Salmon and tuna have a lot of omega 3 fatty acids which can help your body with inflammation. Walnuts and flax seeds also have a lot of omega 3s.

Water: It is very important to stay hydrated prior to surgery. Proper hydration can reduce pain and nausea following surgery.

Avoid: Processed sugars, caffeine, alcohol, and tobacco products can all cause inflammation and slow your recovery.

The Night Before and Morning of Surgery

Food: Do not eat any food after Midnight unless you are told otherwise.

Liquids/Fluids: You may drink clear fluids (with carbohydrates is okay!) until two hours before you arrive at the hospital (confirm with your surgeon on their preference on when to have your last drink). Your last drink should have carbohydrates.

Clear Liquids:

- Water
- Plain Black Coffee or Plain Tea

Clear Liquids WITH Carbohydrates

- Apple, Grape, or Cranberry Juice
- Plain Black Coffee or Tea (with sugar only)
- 7-up, Sprite, or Ginger ale
- Gatorade or Powerade (avoid red, choose zero/sugar free option if diabetic)

Do NOT consume:

- Dairy
- Creamer
- Protein Drinks
- Chewing Tobacco - at least 8 hours prior to surgery

If your routine is to take a pain pill in the morning, please do so with a small sip of water.

Tell your surgeon and anesthesiologist the name of the medication and the time taken so they are aware

**Do not take ibuprofen, Aspirin or any other medications which you have been instructed to stop for surgery*

Pre-Surgery Shower Instructions

You will receive a shower kit at your pre-operative, PAT, or perioperative appointment. If you do not receive a shower kit, please call your surgeon so they may get you one.

*****If you have an allergy to Chlorhexidine soap or skin prep:** you may use Antibacterial Dial Soap

At St. Luke's, we are committed to reducing the risk of infection. Using the designated shower kit and following the instructions, you can reduce the number of germs that are normally found on your skin before surgery.

The Night Before Surgery

- Take a shower or bath before going to bed.
- Wash your hair with shampoo.
- Apply about 2 Tablespoons of the chlorhexidine antiseptic soap from the bottle to one of the washcloths provided in the shower kit.
- Wash your body from the neck down, avoiding your genitals.
- Do not use the chlorhexidine antiseptic soap on your face, any area above your neck or on your genitals.
- Using the timer provided in the kit, allow the antiseptic soap to remain on your skin for a full 3 minutes (use the timer in the kit).
- Rinse with water.
- Add another Tablespoon size amount of antiseptic soap to the same washcloth and re-apply to your surgical site.
- Allow the antiseptic soap to remain on the area for another 3 minutes.
- Rinse and dry off using a clean towel.

The Morning of Your Surgery

With the second washcloth provided in the shower kit, repeat the same bathing steps listed above. Do not re-use the washcloth from the previous night.

After bathing, apply the solution in the Chloraprep swab to your surgery site. Squeeze to break the vial and release the antiseptic. Use a back-and forth motion until the surgical area is covered – it will have a pink color. Let the solution dry for 3 minutes before putting on clean clothes.

Preventing Surgical Site Infections



How can YOU prevent Surgical Site Infections before surgery?

- ☐ Use nasal ointment if prescribed before surgery.
- ☐ Use Hibiclens (Chlorhexidine Gluconate 4% Solution) as directed, at least two times before surgery (the night before and morning of surgery). Avoid face and genital area.
- ☐ Do not shave near your incision site prior to surgery. Your surgeon will carefully remove any hair if needed before surgery.
- ☐ Before surgery, lose weight if you are overweight.
- ☐ Before surgery, stop smoking or using nicotine.
- ☐ Keep your doctor informed if you have diabetes. Keeping your blood sugar under control is important before, during, and after surgery.
- ☐ Shower and wash your hair the morning of surgery. Put on clean clothes.
- ☐ Do not apply lotions, powders, hair spray, or makeup the day of surgery.

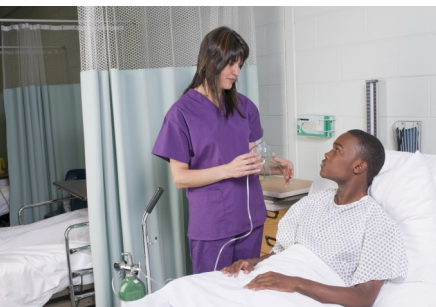


(Hibiclens)



How can YOU can prevent Surgical Site Infections after surgery?

- ☐ Choose one person to be your designated “Coach” or “Support Person” following surgery. They should be present when information is given to you about your post operative care, including wound care.
- ☐ Wash your hands! Wash your hands before changing your dressing. Avoid touching your wound and change your clothing daily or if it becomes dirty.



- ☐ Keep your recovery space clean by changing your linens frequently.
- ☐ Keep pets away from your wound and out of your bed/off your furniture.
- ☐ Call your surgeon after surgery: if you have a fever over 101° F for more than 6 hours.
- ☐ Call your surgeon after surgery: if you notice one of the following: redness, swelling, increased pain, or drainage at your incision site.



Other things you can do to prevent infection:



- Do not remove your bandage unless instructed or necessary.
- Ask everyone (healthcare workers, family, or visitors) that they wash their hands or use alcohol based hand sanitizer before coming into contact with you after surgery.
- Have a support person present while receiving information about how to care for your wound and dressings when you leave the hospital.

What to Bring to the Hospital

- ☐ A change of comfortable clothing, including a shirt, dress, or pants/skirt with an elastic waist, wide legs and thin material so that it doesn't bother your incision
- ☐ Pajamas, if planned for an overnight stay
- ☐ Underwear, undergarments
- ☐ Sweatshirt or cardigan
- ☐ Non-slip, flat, supportive athletic or walking shoes with a secure heel
- ☐ Personal hygiene items
- ☐ CPAP/BIPAP (if applicable)
- ☐ Glasses and/or contacts (note: you cannot wear contacts into surgery)
- ☐ This booklet!

You may bring electronic devices and Wi-Fi is available. We recommend bringing a phone charger with a longer cord for convenience. Please note: St. Luke's is not responsible for broken or lost devices.

Items to Leave at Home

- Valuables
- Jewelry/wedding ring
- Your own medications (unless told to bring them by the hospital staff)

Please take only the medications specified by your physician or pre-admission testing on your day of surgery. This could include insulin, medications for diabetes, pills for high blood pressure or a heart condition. Bring a list of these medications to the hospital along with the date and time of your last dose.

Check In

Arrive at the hospital when specified by your physician. Go straight to the Information Desk. There will be hospital staff there ready to assist you. Your coach can sign up for text notifications at the Information Desk, which will send them regular updates about your surgical process (this service is available in English and Spanish)

Surgery Locations:	Boise	Meridian	Twin Falls	Hailey
Check-in Location	Main lobby	2nd Floor	2nd Floor	2nd Floor
Post-Operative Unit	9th Floor	5th Floor	2nd Floor	2nd Floor

What to Expect in Pre-Surgery

When you arrive to the hospital, you will be checked in and directed to Pre-Surgery. You and your support person will be taken to the pre-surgical holding area. The procedure, as well as risks and benefits will be discussed with you and you will be asked if you understand. This is a chance for you to ask any questions you may have. You will be asked to sign a form saying that you are consenting to the procedure.

Next, you'll be asked to change into a hospital gown. You will not be able to wear your undergarments in the operating room.

An intravenous (IV) access will be inserted in a vein with a needle. This will allow your surgical team to deliver important medications such as pain medicine and antibiotics during surgery.

Your surgeon will mark the surgical site. This is done as a special safety precaution for you. You will be asked to give your name, your surgeon's name and the type of surgery.

You will meet your anesthesia team who help keep you comfortable before, during and after your procedure. Your surgical nurse will then come to the preoperative holding area to take you to the operating room.

The Anesthesia Team

The anesthesia team will review your health history and answer any questions you may have. You will receive medicine to make you very sleepy or go to sleep just before the surgery.

The Anesthesiologist or Certified Registered Nurse Anesthetist (CRNA) will use General anesthesia—This is medicine that may be administered in your IV or as a gas that you breathe. You may wear a facemask or have a tube placed in your mouth and throat. Usually, you are asleep or very drowsy before this occurs.

Waiting Room

Your surgeon will call your coach/family after the surgery to let them know how the surgery went. Once you arrive at your private recovery room, you can have visitors as allowed by the current visitor policy.

After Surgery Recovery Area

After your surgery is completed, you will be moved to a recovery room. Here, you'll undergo the following:

- Your arm will have a blood pressure cuff and your blood pressure will be taken a lot
- You will be asked to take deep breaths.
- You will be in an area with other patients, so you might hear conversation between the recovery area nurses and other patients.
- You will be in the recovery area for about one hour, then transported to your private room.

If you plan to go home the same day as your surgery, you may stay in the recovery area until you are discharged.

Things You Might See When You Wake Up:

Nasal cannula - flows oxygen to your body through your nose.

Oxygen finger sensor - monitors how well you are breathing.

Ice Machine - cooling pad that decreases swelling.

Systematic Compression Device (SCD'S) - also known as "leg squeezers", help with blood flow after surgery.

Drain - helps decrease the pressure in your spine. You may go home with a drain.

Urinary catheter - dependent on the length of your surgery. Will be taken out as soon as possible.

Bandage - will be on your incision covering your surgical site.

Do Not Get Up on Your Own

It is common to feel groggy and unsteady following spine surgery. During your time in the hospital, we will help you get up or reposition every few hours. For your safety, always call for assistance when getting out of bed or up to walk.

Short walks as well as mindful mobility throughout the day will help promote good blood flow. Make sure to drink plenty of fluids as well.

Ankle Exercises: Move your feet up and down or around in circles. This helps get blood flowing and prevent blood clots. Do this 10 times every hour while you are awake.



Deep Breathing and Coughing: Doing deep breathing exercises will help you keep your lungs healthy after surgery. It is important to clear any sputum and phlegm from your lungs.

Take 10 deep breaths in a row every 1-2 hours while awake. Remember to follow each deep breath with a cough.

Cough and deep breath if you awake during the night.

Once you are discharged home, it is important to continue deep breathing and cough exercises.

What to Expect After Surgery

On the Day of Surgery

Early activity is important to promote healing and combat effects of anesthesia.

If you're scheduled to go home the same day as surgery, you'll likely be up and walking around within 2 hours after surgery. Always call for assistance before moving from your bed or chair. ***If you go home the same day as surgery, Policy PE016 requires you to have a responsible adult available to drive you home after surgery. It is also recommended that you have a responsible adult available to help you for 24 hours after surgery. You should not use a non-medical ride share service and you may not drive yourself home.

If you are going to be staying the night in the hospital, you will be taken to your room once you are ready. It is our goal to get you up with the assistance of your health care team within 1 hour of your arrival to your St. Luke's room. This may mean you walk from your transfer bed to the bed in your room.

4 goals for the day of surgery:

1. Tolerate food
2. Walk
3. Urinate
4. Pain management

The Days Following Surgery, in the Hospital

Activity will be encouraged while you are in the hospital. Below are a few different ways we can assist you with mobility:

- Eat meals in a chair and practice (with support) moving from the bed to a chair.
- Learn about any new medications (including pain medications) so that you are prepared to manage them at home.
- Try for what we call Mindful Mobility (example: try to walk 4-7 times per day with someone). You may have visits with physical therapy while recovering in the hospital but you can also try to walk from the bed to the bathroom for practice, with help from your support person or from someone on our team.
- Practice your daily hygiene needs like brushing your teeth, get into the shower, and getting dressed.

Meal Service

When you are able to resume meals, our menu will be at your bedside. Choose anything on the menu (so long as it's part of your recommended diet) and tell us when you would like it delivered. Our operators will gladly assist you in placing your order.

Guest trays can also be ordered from the same menu. Please have a debit or credit card available to pay by phone, or cash to pay on delivery.

To order meals:

Call: 1-2453

7 a.m. to 7 p.m.

After-hours menus are available. Ask staff for assistance.

What to Expect For Discharge

Before you go home, you will be expected to meet certain criteria. Your health care team will:

- Help assess you to make sure it is safe to go home
- Provide education on safe movement
- Talk to you about how to safely complete normal day to day activities like bathing
- Teach you how to move in and out of the bed and a chair
- Show you how to take care of your incision

Going Home

Please arrange for someone to drive you home from the hospital on the day of discharge. You will not be able to drive yourself. Our goal is to discharge patients before the noon hour, however, if there are emergencies this may be earlier or later.

Rehab will be determined by the therapy team after your surgery has been completed. Rehab is not guaranteed. If your care team recommends therapy, you will then be assigned a Case Manager who will assist with discharge and go over therapy recommendations as needed.

You will receive personalized, written discharge instructions prior to leaving the hospital. Your after visit summary (or AVS) will contain this information.

Medications

Your **AVS** will have an updated list of your medications. This list will tell you which medication to start, continue, or stop taking.

Dressings

You will be given dressings prior to leaving the hospital if needed. Please ask your support person to be present at discharge in order to learn how to help you care for your incision.

Follow-up Appointments

Typically occur within 2 weeks of your discharge date. Call your surgeon's office after surgery if you do not have a follow-up appointment to schedule a date and time.

Before You Go

Before you go home, make sure you and your support person know:

- ☐ How to change your bandage
- ☐ How to log roll in and out of bed
- ☐ When to call surgeon vs. when to go to emergency room
- ☐ How often to walk every day
- ☐ Showering instructions
- ☐ Equipment use *(if applicable)*
- ☐ How to put on brace *(if applicable)*



Managing Post-Surgery Pain and Discomfort

Pain is expected after spine surgery. Our goal is to keep your pain at a tolerable level by monitoring you closely and managing your pain safely. Below are some medications along with their purpose and side effects you will see before and after surgery.



Medication Name	Purpose	Common Side Effects
Acetaminophen (Tylenol) Hydrocodone w/acetaminophen (Norco, Vicodin) Hydromorphone (Dilaudid) Morphine (MS Contin) Oxycodone (Roxicodone) Oxycodone w/ acetaminophen (Percocet) Tramadol (Ultram) ***Get clearance for over the counter pain options from your surgeon (i.e. Tylenol, Ibuprofen, Aspirin, etc.)	Treats pain	Drowsiness Difficulty urinating Nausea Constipation
Cyclobenzaprine (Flexeril) Carisoprodol (Soma) Diazepam (Valium) Methocarbamol (Robaxin)	Relaxes muscles that may be tense after surgery	Drowsiness Constipation Difficulty urinating
Ondansetron (Zofran) Promethazine (Phenergan) Scopolamine patch (Transderm-Scop) Lavender & peppermint aromatherapy	Prevents or treats nausea and/or vomiting	Headache Dizziness
General Anesthesia	Allows you to sleep during surgery	Sore throat Nausea Hoarse voice



Important Info About Your Medications

Do **NOT** take NSAIDs (anti-inflammatory pain medication) unless your Spine Surgery Provider approves.

- Motrin
- Advil
- Ibuprofen

Do **NOT** take Acetaminophen (Tylenol) unless your Spine Surgery Provider approves. The following pain medications contain Acetaminophen (Tylenol):

- Hydrocodone/APAP (Norco)
- Oxycodone/APAP (Percocet)

Since these medications already contain Acetaminophen, too much can cause serious harm.

Do **NOT** drive or drink alcohol while taking pain medication.

If prescribed an antibiotic, finish **ALL** of the prescription as directed.

Managing Pain Without Medicine

*****See Appendix C for in depth instructions on more mindful pain control techniques**

Movement: make a plan with your team to “mindfully move” about 4-7 times per day in the hospital and about 4-7 times per day at home. This may mean getting up for water or taking a lap around the house. Do foot circles and ankle pumps once every hour while awake.

Ice: use your IceMan device (if prescribed) or Ice packs at your incision site. This helps to decrease the swelling. *Never allow ice pack in direct contact with the skin. Use a clean, thin barrier such as a clean t-shirt between the ice pack and skin.

Relaxation: Focus the mind with guided meditation, calming music, quiet, or deep breathing. This helps decrease stress levels and relaxes the muscles.

Distraction: While in the hospital, free Wi-Fi and cable TV are available. Crossword puzzles, sudoku, reading, or other brain activities may help. Visitors are preferred between 7am and 9pm.

Music: Bring head phones to listen to music. This can help lower pain levels and provide distraction.

Pet Therapy: While pets should **NOT** sleep in bed with you until your surgeon approves, the love and affection they give reduces stress, lowers blood pressure, and relaxes the mind.

Safely Reducing Pain Medications

Pain medicines and muscle relaxant medicines are not usually addictive if you take them for pain control and for a short time. However, they can lead to addiction if not managed carefully.

Avoiding Addiction

It is recommended that pain medications and muscle relaxants should only be taken for a few days after surgery. After that, it is important to try to reduce them.

Do not stop taking the muscle relaxers or pain medicine all at once. Slowly reduce the amount you are taking until you are off the medicine completely.

Example for Weaning Off Pain Medication

If you have been taking 2 pills every 4 hours:

Step 1: Decrease the medication dose while staying on the same time intervals your doctor has instructed.

- ☐ Take 1 pill every 4 hours for 1-3 days
- ☐ Then, take ½ a pill every 4 hours for 1-3 days

Step 2: Increase the amount of time between doses.

- ☐ Take ½ a pill every 5-6 hours. Do this for 1-3 days
- ☐ Then, take ½ a pill every 7-8 hours. Do this for 1-3 days
- ☐ Then stop taking the medication

****Discuss with your surgeon's office other ways to decrease your pain medication if the above does not work for you.*

Some Pain Alleviation Tips:

- Pain medicines take about 45 minutes to start working
- Taking pain medications right before bed can help to get a full night's rest
- Using ice can help decrease pain and swelling
- Changing position and walking often while awake helps decrease muscle stiffness

There is not a one size fits all approach to pain control. Please remember that each person will have different pain control needs following surgery.



Recording Your Medications

Use this chart to track your medications throughout the day.

[illegible]

Use this chart to track your medications throughout the day.

[illegible]



Home Bowel Care Regime

Anesthesia, pain medicine, muscle relaxants, and reduced physical activity all contribute to constipation. Drinking plenty of fluids and “mindful movement” can help keep your bowel movements regular, but you may need additional help. Here are some tips for helping prevent constipation after spinal surgery.

Every day while taking pain medications:

In the morning:

- 1 Senna (Senokot) tablet
- 1 scoop of Polyethylene Glycol (MiraLAX) mixed into 8oz non-carbonated drink

At night:

- 1 Senna (Senokot) tablet
- 1 scoop of Polyethylene Glycol (MiraLAX) mixed into 8oz non-carbonated drink

If no bowel movement 3 days after surgery:

At breakfast:

- Drink 1 bottle of Magnesium Citrate

If no bowel movement by noon:

- Insert a Glycerin rectal suppository

If no bowel movement by 2pm or having frequent watery stools, call your surgeon’s office

**All of these medications can be purchased over the counter at any pharmacy or retail store*

Resuming Activity, Showering, and Dressings

During the first few weeks after surgery, it is important to focus on safe and mindful mobility as well as sufficient rest time. Get up and walk once every hour while you are awake. You may find it helpful to sit in a reclined position with your legs elevated during your rest times.

Slowly increase your activity—about two weeks after surgery. Tell your surgeon if you have any concerns about your activity during your first post operative appointment.

Showering

Do not submerge your incision in water. This means no bathtubs, hot tubs, swimming pools, or hot springs. Your surgeon can tell you when it is okay to submerge your incision site in water. Follow your surgeon's instructions for when it is safe to shower after surgery.

Dressing Changes and Caring for Your Incision

You will be given specific instruction at discharge about your incision and how to care for it. Please follow these instructions carefully.

Important:

Always wash your hands before doing any bandage changes.

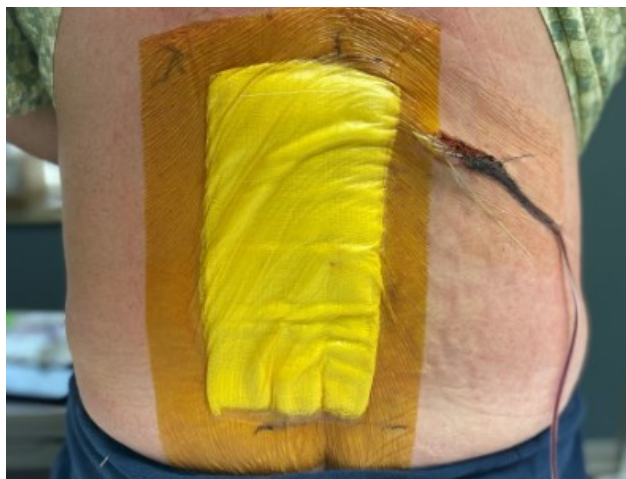
Do not leave a wet or soiled dressing on your surgical incision. Call your surgeon if you soak through your bandage within a few hours.

Smoking and nicotine can delay healing of your wound. If you need help quitting, we can help!

If You Have an Ioban Dressing:

Ioban is a yellow-tinged bandage over the incision. What you need to know if you have an Ioban Dressing:

- This bandage is meant to stay on for an extended period of time. DO NOT remove the bandage at home. At the first post-operative appointment the dressing will be removed – there is no need to remove it before. **Call your surgeon's office if:**
 1. the dressing starts to peel at the sides
 2. you see an excess of blood/drainage through the gauze middle portion
 3. if you notice sudden skin irritation.
- You may get this dressing wet in the shower.
- Do not submerge your body in a bathtub, hot tub, or pool until approved by the surgeon (this usually happens after your 6-week follow up).
- After showering, gently pat the area dry or allow the dressing to air dry.
- Do not scrub or pull at the dressing



When to Call for Help

You can always contact your surgeons office if you have any questions or concerns about your surgery and recovery. Your surgeon's office will have an after hours triage that will get you in contact with someone right away if needed.

Call your surgeon if you have:

- No bowel movement for 3 or more days
- Uncontrolled nausea or vomiting
- New or increased pain or swelling in your legs, especially the lower portion
- New/worsening pain or uncontrollable pain, even after taking pain medication
- Temperature of 101° for more than 6 hours
- A headache that goes away when lying down or gets worse when you sit or stand up
- If your incision opens or there is a lot of new drainage from your incision



Go to the Emergency Room if you have:

- Difficulty breathing or swallowing
- Chest pain and chest pain when you cough
- Difficulty moving or new, increased weakness in legs
- Loss of bowel or bladder control

Do's and Don'ts

It is our goal to keep you safe while at the hospital and after you return home. You should be able to return home after surgery with the ability to get in and out of your bed, use the toilet and shower, go up a few stairs, and understand what activities you should avoid.

Each patient's home environment is different. Use these general guidelines to make it so your home is comfortable and accessible for when you return home from surgery.



Activities to Practice Before Surgery

Within the next few pages, you will find exercises and activity modifications. Before surgery, it is important to practice these everyday tasks in order to better prepare for your return home.

REMEMBER: BLT

No Bending

Do not bend at the waist. Use your knees to lower yourself.

No Lifting

Do not lift objects greater than 10 pounds. For example, a gallon of milk weighs 8.5 pounds

No Twisting

Avoid twisting your torso. Do not reach across your body or reach behind your body.

"But, is sitting okay?"

Limit sitting upright to about 20 minutes at a time. After surgery, it is recommended that you rest in a reclined or laying position for extended periods in order to keep pressure off your lower back.

Do's and Don'ts

Bedroom Tips

Comfortable Bed Positioning



Pillow between legs, head, and neck

OR



Pillow under knees and head

Getting Into and Out of Bed



Getting into bed:

1. Sit on edge of bed. Scoot back until legs are touching bed.
2. Without twisting, lean onto forearm.
- 3 & 4. Bring one leg up at a time onto the bed.
- 5 & 6. Place head on pillow and roll onto back without twisting.

Getting out of bed:

- 6 & 5. Bend knees and roll onto side without twisting.
- 4 & 3. Pushing up on forearm, move legs onto ground.
2. Push upper body into upright position.
1. Sit on edge of bed and pause before standing to ensure no dizziness.

Do's and Don'ts

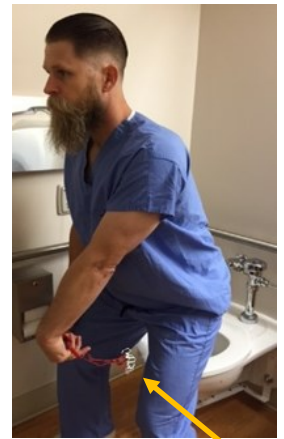
Self-Care Tips

Using the Restroom

- Avoid reaching across body when wiping.
*Use toilet aid if needed to prevent twisting.
- Turn entire body towards toilet when flushing and lowering toilet seat.



OR



NOT



Toilet aid

Showering

- Follow discharge instructions for how to care for incision after showering.
- Move shampoo and soap to waist level.
- Use long-handled bath brush or luffa to avoid bending and twisting.

Showering in Bathtub with a Chair Seat

1. Place towel on chair seat.
2. Back up until legs touch tub frame.
3. Reach back for shower chair and lower self onto seat, scooting back as far as possible.
4. Lift one leg over at a time, spinning on bottom, making sure not to twist neck and back.



Do's and Don'ts

Household Activity Tips

Getting Dressed

Sit in supportive chair when dressing. Do NOT sit on edge of bed.

To put on pant legs, socks, or shoes, either:

Cross your legs

OR

Use Reacher, sock-aid or shoe horn.



Hip Height & Lower Tasks

For example, for front load washer/dryers

- Squat or kneel to reach for clothes.
- Use Reacher to reach for clothes.

For example, for top load washers:

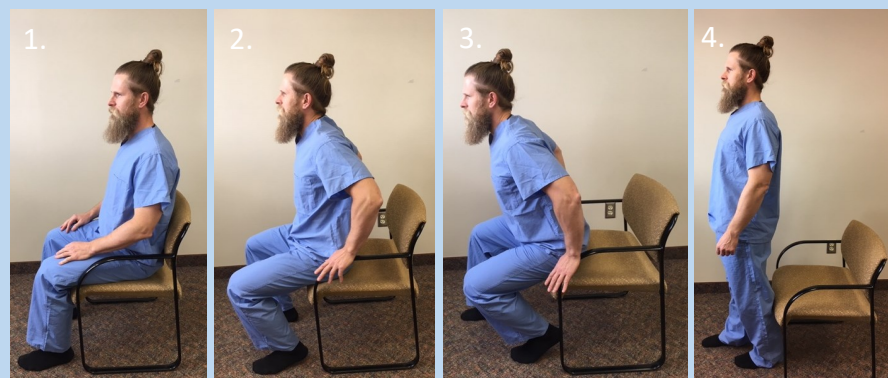
- Bend at hips to reach for clothes.

Sit to Stand

1. Slide forward in chair.
2. Tip forward with chest lifted up while keeping back straight.
3. Use arms of chair to push self upwards.

Stand to Sit

4. Back up until legs touching chair and reach back to find arms of chair.
3. Slowly sit down keeping neck and back straight.

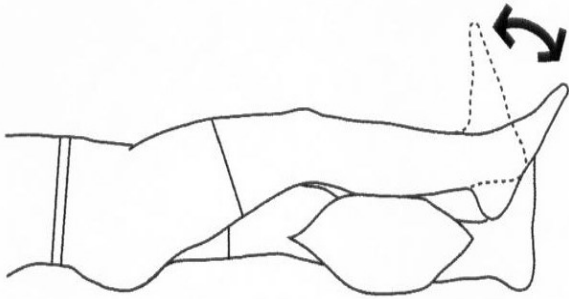


Chair Rules

- Try to limit sitting upright in a chair for 20 minutes at a time.
- Use a chair with back support
- A recliner or sitting with your feet up will help take pressure off your low back

Pre- & Post-Operative Exercises

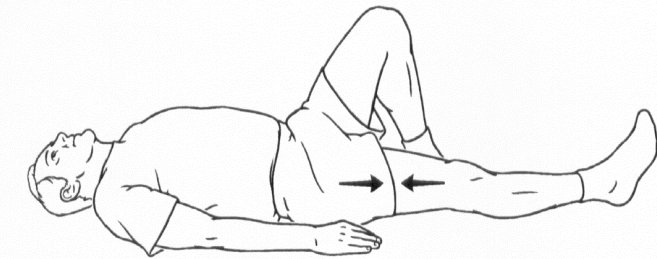
The below exercises can be practiced before surgery and should be performed everyday after surgery until your follow up appointment. These exercises are designed to promote blood circulation and help prepare your body for activity.



Ankle Pumps

- Lie on back, pillow is optional
- Move feet up and down, pumping the ankle

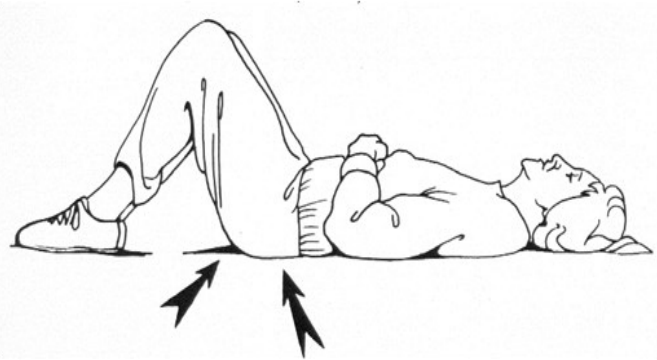
Complete 1 set of 10 repetitions, hourly



Quad Sets

- Lie on back or sit supported with pillows at back
- Tighten thigh muscles on front of leg by pushing back of knee down
- Hold 2-3 seconds

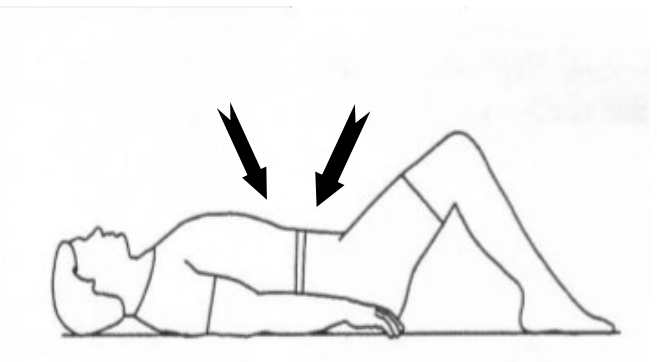
Complete 1 set of 10 repetitions, hourly



Gluteal Sets

- Lie on back with legs slightly bent.
- Squeeze buttocks together
- Hold 2-3 seconds and repeat

Complete 1 set of 10 repetitions, hourly



Abdominal Set

- Lie on back with knees bent
- Gently contract lower abdominal muscles by bringing belly button towards your spine
- Do not arch back and do not hold your breath
- Hold 5 seconds and repeat

Complete 1 set of 10 reps, 3 times a day

Bracing

Not all spine surgeries require a brace after surgery. If you do need a brace, you will be given one prior to leaving the hospital. Here are instructions on how to wear it properly.



Lumbar Sacral Orthosis (LSO)

Cleaning the Brace:

You should wear a thin layer underneath your back brace in order to avoid irritation.

Wash foam pads and straps with mild soap and air dry. Do not place pads or straps into a mechanical dryer.

Video for how to adjust brace:

<https://tinyurl.com/DonJoyLSO>

Initial adjustments: 0:25

The two panels should cross over in the front. Letters should be vertical (up and down) and the center of the brace is in front of your belly button. The brace will sit just above your hip bones.

In the back, the letters should be right side up. The bottom of the brace should be at about your tailbone.



Bracing

Not all spine surgeries require a brace after surgery. If you do need a brace, you will be given one prior to leaving the hospital. Here are instructions on how to wear it properly.



Cleaning the Brace:

You should wear a thin layer underneath your back brace in order to avoid irritation.

Wash foam pads and straps with mild soap and air dry. Do not place pads or straps into a mechanical dryer.

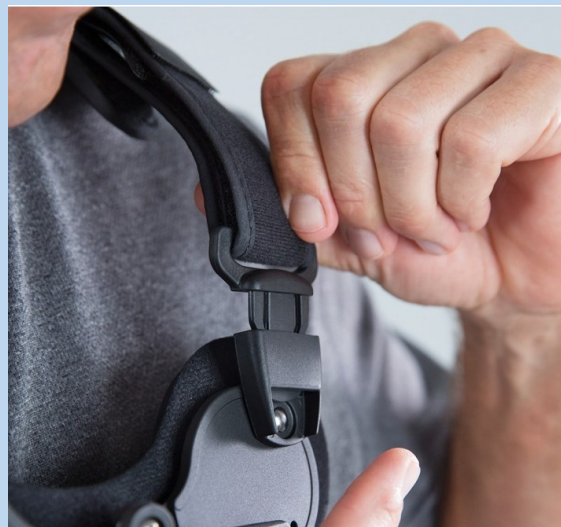
Video for how to adjust brace:

<https://tinyurl.com/DonJoyTLSOII>

Initial adjustments: 0:30

Placement on body: 0:39

Thoracic Lumbar Sacral Orthosis (TLSO) Brace



Straps go over shoulders and should fit securely into buckle on check piece.

Front: The chest piece is below collarbone. Straps are on shoulders like a backpack. The center of the brace is in front of your belly button. The brace will sit just above your hip bones.

Back: The pointed end is up, towards head. In the back, the bottom of the brace should be at about your waist.

Things to Consider

Toilet Seat Riser

A toilet seat riser adds four inches to a toilet seat and includes handles that give you extra leverage for standing. The taller you are, the more you will appreciate the extra height. If you are 5' 4" or taller, you should consider a riser. A three-in-one commode can also be used as a combination of riser and handles



Shower Chair

You may find it helpful to have a shower chair. Make sure to measure your space before obtaining a shower chair.

Long Handled Shoehorn

You may find it helpful to have a shoehorn available after surgery in order to avoid bending at the waist to put on your shoes.



Long Handled Bath Sponge

To make showering more comfortable, you can use this tool to clean your lower body and back while staying safe.



Where to Obtain Durable Medical Equipment

The following list is not an endorsement or complete list of options from which to acquire durable medical equipment (DME). Do your own research and please call the company directly for any pricing information or availability of equipment. Insurance may not cover durable medical equipment—even with a written order.

Borrowing necessary medical equipment from friends/family can be a valuable resource as well as checking local thrift stores.

***Loan Closet:** This is a program that allows you to borrow DME and home medical equipment at no or low cost. A loan closet may be offered through an organization, an individual, or some other entity like a nonprofit organization. Locations marked with an (*) shows a loan closet.

Online

Amazon.com

Treasure Valley

***Hands of Hope,**

Northwest Inc. 1201 S. Powerline
Road Nampa, Idaho 83686
Phone: 208-461-1473

***Knights of Columbus**

2900 Railroad Street
Nampa, Idaho 83687
Phone: 208-461-9248

LINC

1878 W. Overland Road
Boise, Idaho 83705
Phone: 208-336-3335
lincidaho.org

Norco – Boise

400 N Main Street
Boise, Idaho 83702
Phone: 208-344-0299

Norco – Meridian

1303 S. Silverstone Way
Meridian, Idaho 83642 Phone:
208-898-0202

Norco – Nampa

150 Shannon Drive
Nampa, Idaho 83687
Phone: 208-467-3070

***St. Vincent De Paul Thrift Store**

6464 W. State Street
Boise, Idaho 83714
Phone: 208-853-4921

***Veterans of Foreign Wars**

1425 S. Roosevelt Street
Boise, ID 83705
Phone: 208-342-4238

Magic Valley

Lincare Inc.

250 2nd Avenue S.
Twin Falls Idaho 83301
Phone: 208-737-0809

***Mustard Seed**

702 Main Avenue W.
Twin Falls, Idaho 83301
Phone: 208-733-9515

Norco Medical Supply

330 N Haven Drive
Twin Falls Idaho, 83301
Phone: 208-734-9330

McCall

Albertsons

132 E. Lake Street
McCall, Idaho 83638
Phone: 208-634-8166

Norco

163 Thula Street
McCall, ID 83638
Phone: 208-634-2523

Rite Aid

451 Deinhard Lane
McCall, Idaho 83683
Phone: 208-634-4929

Watkins Pharmacy

104 N. Main Street
Cascade, Idaho 83611
Phone: 208-382-4204

Wood River St. Luke's Pharmacy – Hailey

101 S. Main Street
Hailey, Idaho 83333
Phone: 208-788-4970

Overnight Accommodations

Ask about a St. Luke's Discount at the accommodations below

Accommodations near St. Luke's Boise

Holiday Inn Express

475 W Parkcenter Blvd,
Boise, ID 83706
Phone: (208) 345-2002

Candlewood Suites

700 N. Cole Road,
Boise, ID 83704
Phone: (208) 322-4300

Comfort Inn & Suites

3625 W. Elder St.,
Boise, ID 83705
Phone: (208) 342-1075

Fairfield Inn Marriott

3300 S. Shoshone St.,
Boise, ID 83705
Phone: (208) 331-5656

Springhill Suites by Marriott

424 E. Parkcenter Blvd.,
Boise, ID 83706
Phone: (208) 342-1044

Ask the staff about St. Luke's
Bishop House as an
accommodation option. A
referral is required.

RV Parking: Located in the
employee parking lot on Warm
Springs Avenue, RV parking is
available for patients and
families of St. Luke's Boise or
St. Luke's Cancer Institute. The
lot is open year-round and
provides water and electrical
hook-ups, security camera
surveillance, and
transportation to and from St.
Luke's Boise hospital.

There is a fee of \$20 per day
(plus taxes) to cover the
provided services. Guests may
stay at the RV Park for the du-
ration of their treatment at a
St. Luke's facility, as well as up
to two days prior to beginning
treatment and up to two days
after treatment.

For more information on
RV Parking or to make a
reservation, call (208) 706-
2600.

Accommodations near St. Luke's Magic Valley

Quality Inn and Suites

1910 Fillmore St. N.
Twin Falls, ID 83301
(208) 734-7494

Fairfield Inn and Suites

1788 Washington Street N
Twin Falls, ID 83301
(208) 734-8444

Accommodations near St. Luke's Meridian

Candlewood Suites

1855 S. Silverstone Way
Meridian, ID 83642
(208) 888-5121

Country Inn & Suites

3355 E. Pine Avenue
Meridian, ID 83642
(208) 639-3300

LaQuinta Inn & Suites

800 S. Allen Street
Meridian, ID 83642
(208) 288-2100

Holiday Inn Express

2610 E Freeway Drive
Meridian, ID 83642
(208) 288-2060

Courtyard by Marriott

1789 S. Eagle Road
Meridian, ID 83642
(208) 888-0800

Hampton Inn and Suites

875 S. Allen Street
Meridian, ID 83642
(208) 887-3600

Appendix A

Campus Parking Maps



St. Luke's Boise

190 E. Bannock Street
Boise, ID 83712

When you arrive on the day of your surgery, please go in the Main Entrance and report to the information desk in the main lobby, unless otherwise instructed.

Appendix A

Campus Parking Maps



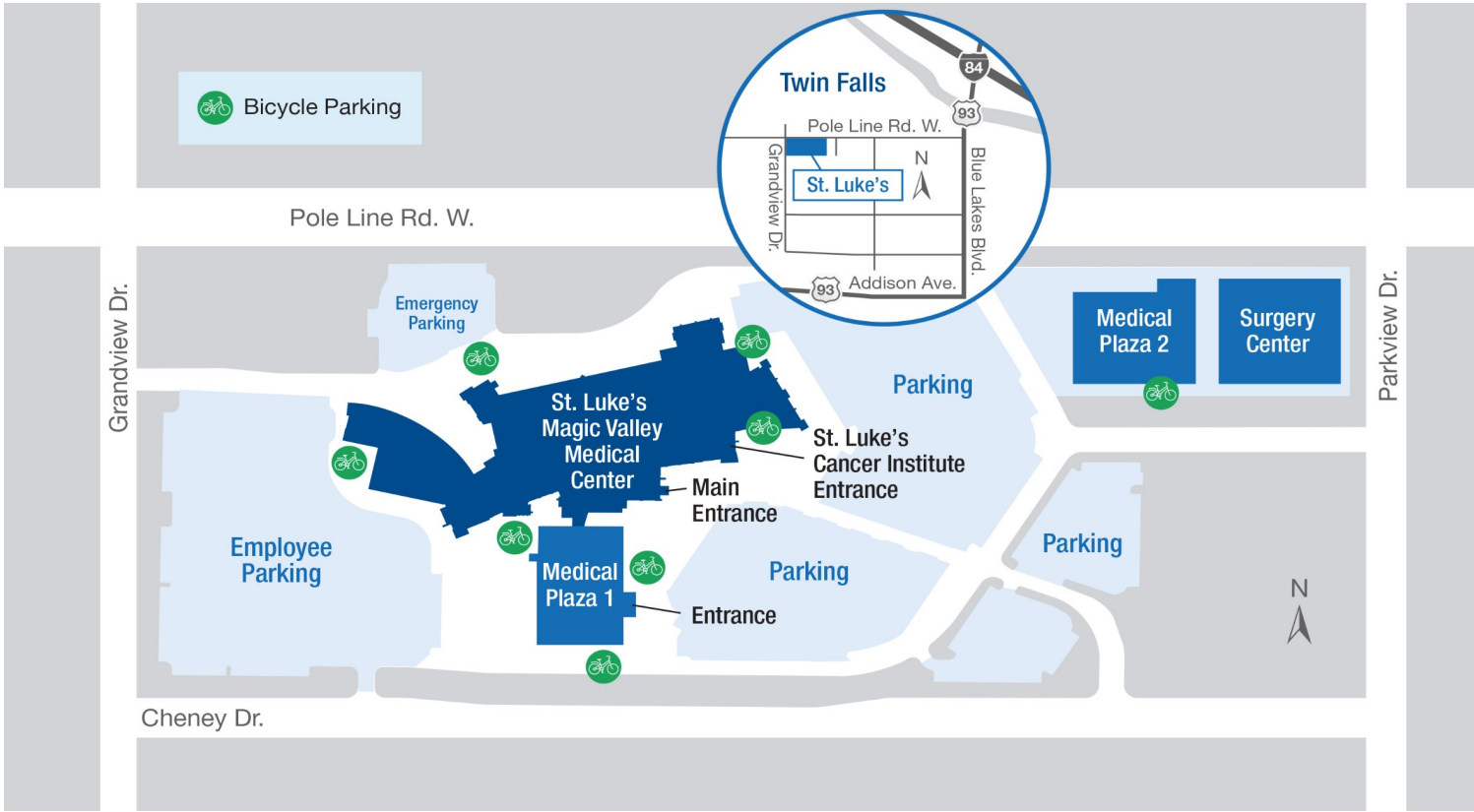
St. Luke's Meridian

520 S. Eagle Road
Meridian, ID 83642

When you arrive on the day of your surgery, please go in the “Hospital Entrance” and report to the information desk on the second floor, unless otherwise instructed.

Appendix A

Campus Parking Maps



St. Luke's Magic Valley

801 Pole Line Road W.
Twin Falls, ID 83301

When you arrive on the day of your surgery, please go in the Main Entrance and report to the information desk on the 2nd floor, unless otherwise instructed.

Appendix B

General Information

Visitors and Visiting

Visitors are welcome at St. Luke's. Visits are good medicine! For the benefit of our patients, staff may limit visits to ensure the patient gets rest or to allow for time for care and treatment.

Visitors may purchase meals or drinks from the cafeteria or coffee bar. Vending machines are also available throughout the hospital.

Delivery guest trays can be ordered from the patient menu.

Tobacco/Vaping-Free Environment

St. Luke's is a smoke free hospital. To protect the health of our patients, visitors, and staff, **the use of tobacco products is not allowed in or on St. Luke's property.** If you need help quitting smoking, we can help!

Latex-Safe Environment

St. Luke's maintains a latex-safe environment. For this reason, latex balloons are prohibited in the hospital and clinic areas. Mylar balloons are allowed.

Computer Access

Wireless laptop computer access is available to patients and visitors through St. Luke's Wi-Fi. St. Luke's Wi-Fi allows you to browse the Internet, use email, find entertainment, and perform other computer work.

"Do Not Publish (DNP)" Status

St. Luke's maintains a patient directory to assist visitors, callers, and family members in contacting patients while they are hospitalized.

Some patients choose not to be in the directory and request "Do Not Publish (DNP)" status. As a DNP patient, you will be unable to receive phone calls or visitors unless you yourself give the room numbers and phone information to individuals who may want to contact you. You will be unable to receive flowers and cards. Hospital staff will not acknowledge your presence at St. Luke's—even to your family members.

Spiritual Counsel

Spiritual care and counseling are provided by St. Luke's chaplains. They can contact your minister, priest, or rabbi, if you prefer. Pre-operative prayer and counseling are available from the Surgical Services chaplain at your request. A chaplain visit or special religious practice may be arranged ahead of time by calling 208-381-2100 in Boise or 208-706-1230 in Meridian.

Advance Directives

Advance directives are documents such as a Living Will, Physician Order for Scope of Treatment (POST), and Durable Power of Attorney for Health Care. The Living Will and POST documents specify what treatment you want, or do not want, should you become very ill. Your physician may be able to assist in explaining your options for treatment and what treatments may be "life-sustaining measures" according to your Living Will or POST. The Durable Power of Attorney for Health Care lets you name someone you trust to make medical decisions for you, should you be unable to do so. If you do not have advance directives and would like information, materials will be given to you at registration or you can contact a social worker at 208-381-2616



Appendix C

Pain and Discomfort after Spine Surgery

Post-Surgical Pain

Pain is normal after spine surgery. Usually, patients will have the most pain 24-48 hours after Spine Surgery.

It is important to prepare how you can manage your pain before to surgery. Besides pain medication, there are other things you can do to help with discomfort and pain after surgery.

The following pages will cover ways to manage your pain without medicine. These techniques are free, easy to use, and have no risk or bad side effects.

It always okay to reach out for help. If you are not able to manage your pain effectively, please call your doctor for help.

Deep Breathing:

Helps with stress, anxiety, muscle tension, sleep problems, high blood pressure, AND pain!

Guided Imagery:

Helps you to relax by using your imagination

Mindful Walking:

Helps you to focus your mind on movement and using it as a distraction

Ice and Heat:

Tried and true pain control techniques to help your body relax and heal

Appendix C—Deep Breathing

Deep breathing can help with chronic pain, stress, muscle tension, anxiety, sleep disorders, and other conditions like high blood pressure. It can help to bring relaxation to your body.

1. Find a quiet place to sit or lay down
2. If you are sitting, try to have good posture (do not slouch). Make sure you are comfortable by using cushions, back rests, and elevating your legs.

If you are laying down, place a pillow under your head if you need to but make sure your head is facing upward and your neck is not bent.

3. Close your eyes
4. Breathe through your nose—try to really feel the breath moving in and filling up your lungs then moving back out
5. Put one hand on the lower part of your belly. Make sure you arm is relaxed. Use a pillow to rest your elbow on if needed.
6. As you breathe in slowly:
 - Let your stomach expand like you have a balloon in your belly—let it fill up in all directions
 - As your belly expands, fill your lungs with air
 - Breathe in slowly like this for 4 to 10 times

7. As you breath out , let your belly relax. Make sure you are breathing out slowly by trying to count to 10 in your head

8. As you are practicing your breathing, try to only think about your breath. If other thoughts come up, bring your thoughts back to your breathing in, belly rising, and breathing out.

9. Continue steps 1-8 for 10 to 20 minutes

10. You may practice deep breathing with other mindful techniques such as guided imagery.



Appendix C—Guided Imagery

Guided Imagery is the use of relaxation, visualization, and your own imagination to improve well-being, health, and mood. This can be done quietly, alone, with a therapist, audio or video.

1. Find a quiet place to sit or lay down. Make sure that you are as comfortable as possible before starting. You may use **deep breathing** to become more relaxed before starting.
2. Clear all thoughts from your mind. Begin to imagine something positive. A few examples are:
 - Imagine you are in your favorite place or a place you have always wanted to visit (a beach, peaceful lake, quiet mountain top)
 - Think of your pain or discomfort as an electric current you can switch on or off
 - Imagine any pain you have as a cloud and picture it floating away
 - Imagine warm, relaxing water filling in where you feel pain
 - Imagine you are a flower or plant soaking up the sun
 - Imagine you have a key to a giant palace and focus on what it would look like to open the door and walk through. Picture furniture and décor, how many rooms are there?
3. Whatever you choose to imagine or focus on, try to use all of your senses. Is it warm or cold? What does it smell like? What sounds do you hear? What colors do you see?

There is no right or wrong way to do this. The purpose of this method is to relax and use your imagination for 10-20 minutes.

“You can worry yourself sick or you can think yourself well” - Dr. Martin Rossman



Appendix C—Mindful Walking

The ability to move is one of our greatest gifts. If you are able to walk, it makes for the perfect way to focus your mind and attention away from pain or discomfort.

Basic Walking Meditation

1. Begin walking at a steady, comfortable pace. Avoid a very busy, congested area.
2. As you walk, focus on the physical sensations of walking: the sights, the sounds, and feelings of each step.
3. Try to keep your mind focused only on the activity of walking. If your mind wanders you can think of the exact movement it takes to walk: heel, toe; right foot, left foot, etc.
4. Once you are comfortable and settled into the movement of walking, take note of your body: is your heart beating faster, did your body warm up, are you breathing harder?
5. Attempt to walk for 10-20 minutes so long as you are comfortable and able.
6. You may add in additional exercises like Body Awareness or Appreciative Walking



Body Awareness while Walking

As you walk, start by focusing on your feet. Think of the feeling of the soles of your feet pressing down into the ground. After a few minutes bring your focus up to your ankles and calves. After a few more minutes move your focus higher until you have reached the top of your head. Notice how the sensations change over time.

Observational Walking

This method helps to bring awareness to your own emotions while walking. As you walk, notice your emotional reactions to everyone and everything around you. Do you feel anxious, dreadful, happy, sad, excited, tired, scared, hopeful, nervous? Whatever the emotion is, try to pay attention to how your body is responding. If you are feeling sad are your eyes down-cast? If you are in pain are your shoulders tense? If you feel happy are you walking at a faster pace? Reflect on your moods and feelings, noticing how your body reacts. You can address your physical reactions once you are aware of them.



Appendix C—Ice or Heat for Pain

Ice can help decrease swelling and numb a painful area. Heat can help to relax tense muscles. Both are helpful in pain control.

Ice for Pain

Ice is a great way to reduce swelling and help control pain, especially following a very active day or after a procedure.

Important tips for using Ice:

Never apply ice, ice pack, or IceMan pad directly to skin. You can use a clean T shirt or towel as a barrier between the ice and your skin.

You should limit the amount of time you apply ice to an area to about 20 minutes at a time. After approximately 20 minutes, remove the ice. You may re-apply the ice after 20 minutes of rest. If you are given an IceMan, please follow the instructions from the manufacturer on approved time limits for use.

Heat for Pain

Heat is a great way to help tense muscles and relax the body.

Important tips for using Heat:

Never use heat on or near your incision site.

Check the temperature of your heat pack before applying to your body. Especially if you experience any numbness in your body, it is very important to make sure the heat pack is not too hot.

Always limit your use of the heat pack to 20 minutes at a time to avoid skin irritation.



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