Spine Surgery: a Personal Planner
The Spine Center: A Personal Planner

Valley Medical Center
Renton, Washington

Printed in the United States of America

Copyright © Valley Medical Center

All rights reserved. No part of this book may be reproduced by any means whatsoever without written permission.

For information or permissions, write to:
Marketing and Community Relations
Valley Medical Center
PO Box 50010, RCC-260
Renton, WA 98058
SECTION 1
Welcome to The Spine Center

SECTION 2
From Your Surgeon
Learn basic information about your surgery.

SECTION 3
About Valley Medical Center
View maps, learn cafeteria and gift shop hours and find links to other VMC services.

SECTION 4
Before Your Spine Surgery
Learn about our surgery scheduling process, how to prepare for your return home and potential risks of surgery. Find a list of anti-inflammatory medications and herbal supplements you should stop taking before your surgery.

SECTION 5
Your Guide to Surgery
Learn what to expect during your hospitalization.

SECTION 6
Anatomy & Surgery Descriptions
View diagrams of spinal anatomy and surgical procedures.

SECTION 7
After Your Spine Surgery
Review pain medication instructions, incision care and exercises for your discharge.

SECTION 8
Important Phone Numbers & Resources
Find important hospital phone numbers and helpful web sites.

SECTION 9
Notes
Use these pages to write down questions for the surgeon or other members of your care team.
Award-winning Care at The Spine Center

**HealthGrades®**

*America's 100 Best Hospitals Award™*
Top 2% in the nation for consistently delivering clinical quality year over year
2020, 2019, 2018

**Blue Distinction Center Spine Surgery**
Recognized for high quality standards for exceptional patient experience and performance
2020

**Healthcare Equity Index**
National Leader in LGBTQ Healthcare Equality

**Washington State Hospital Association**
Partnership for Patients Achieving Best Care Award

**The Joint Commission National Quality Approval**
Three year, full accreditation in 2019 for our commitment to meeting national and safety performance standards
Welcome to the Spine Center
Welcome to The Spine Center!

Congratulations on your decision to tackle the spinal issue that has caused you great pain and diminished your quality of life. Every member of The Spine Center at Valley Medical Center is ready to help you take your next step.

Whether it means resuming walks with your dog, chasing grandchildren or bicycling in the early morning drizzle, regaining a life worth living is defined differently for each of us. The Spine Center surgeons and staff are here to help alleviate the effects of wear and tear or aging and allow you to take your next stride forward.

Spine conditions can affect individuals of all ages and walks of life. Each condition and patient is unique. Our skilled staff has identified ways to treat you individually, yet standardize our protocols, to achieve superior outcomes. I have worked with our dedicated staff to design a program to help you back to your much wanted, much needed, active life.

Your time at The Spine Center will focus on you. We will provide you treatment, education and motivation. Your job will be to take what you have learned, apply it daily and share it with those who will assist you in your recovery. We will be available to help you through each step of your journey.

Sincerely yours,

Jason Hoyt Thompson, MD
Medical Co-Director, Orthopedics
The Spine Center at Valley Medical Center
From Your Surgeon
Basic Information About Your Surgery

Surgery to be performed: __________________________________________________________

Doctor: ___________________________ Surgery date: ________________________________

Hospital arrival time: _________________ Estimated surgery time: ___________________

You may NOT eat or drink after: ____________________________________________________

Special instructions:_______________________________________________________________

Please read this book before your preoperative appointment and surgery. If you have any further questions after surgery, please review the information given in the book and if you do not find the answer, please call our office with your question.

Call Pre-registration at 425.251.5193 and STAR Clinic at 425.656.5404, 7 business days before surgery.

Stop anti-inflammatory medications 5 days before surgery.

If you are having a posterior lumbar fusion, we strongly encourage you to watch our preoperative informational video online at valleymed.org/spine. Click on “Spine Pre-op Video” found on the left side of the page. We also ask that any individuals directly caring for lumbar fusion patients after surgery, watch the video.

After Surgery

Your follow up appointment is on ________________________________ at ____________ AM / PM with:

( ) Chris Howe, MD ■ Anastasia—Medical Assistant
( ) Jason Thompson, MD ■ Gina—Medical Assistant
( ) W. Chad Swaims, DSc, PA-C
( ) Joshua Grant, PA-C, MCHS

This appointment will take place at one of the following locations:

( ) Covington: 27005 168th Pl SE, Suite 201, Covington, WA 98042 • 253.630.3660
( ) Maple Valley: 24060 SE Kent Kangley Road, Maple Valley, WA 98038 • 425.358.7708
( ) Renton: 4011 Talbot Road S, Suite 300, Renton, WA 98055 • 425.656.5060
About Valley Medical Center
Hospital Services at a Glance

During Your Hospital Stay

Visiting Hours  Visiting hours are flexible to accommodate family and friends. Visitors should consult with the patient’s nurse regarding appropriate times and length of stay. Visitors are asked to be respectful of noise levels in consideration of other patients. In general, patients should have no more than two visitors at a time, and an adult must accompany children at all times.

Visitation guidelines vary throughout the hospital, especially in Critical Care, Pediatrics and The Birth Center. Please consult with your nurse for additional information.

Room Service  All patient meals are ordered using the menu provided in the hospital room and calling room service. Each meal is delivered to the patient’s room. Guests and family members are not provided food; however, meal vouchers may be purchased at the Trendz Café. Room service is available 7 AM to 7 PM.

Trendz Café  The hospital cafeteria is located on the third floor and is open every day. Hours are 6:30 AM to 8:30 PM, Monday – Friday. Café hours are subject to change; current hours are posted outside of the cafeteria.

Espresso Bars  Legacy Espresso is located in the corridor between the South Tower and Main Lobby. Vibes Espresso Bar is located on the third floor next to Trendz Café. Current hours are posted.

Gift Shop  The Present Place, which includes a flower shop, is open 7 days a week. The flower shop is open Monday through Friday. It is located at the main entrance of the hospital.

Vending Machines  A vending machine is located in the Legacy Espresso Bar. Multiple vending machines are on the second floor, located near the atrium.

Cash Machine  A cash machine is located in the third floor lobby, near Trendz Café.

Public Restrooms  Restrooms are located on the third floor outside of Trendz Café. They are also located on the second floor between the main lobby and Radiology. South Tower restrooms are located in the Emergency Department and at The Joint and Spine Center on the fifth floor.

Internet  All patient rooms have Internet access through the Valley Medical Center wireless guest network.

Newspapers  Newspaper vending machines are available outside the third floor main entrance.

Mailbox  A U.S. Post Office mailbox is located just outside the hospital’s third floor main entrance.
Healing Garden  Located between the Northwest Pavilion and the Talbot Professional Center, this garden serves as a quiet space for meditation and reflection. The garden is open for patients, staff, visitors and the community. Commemorative bricks and other items are available for purchase and placement in the garden. Please call 425.690.3055 for more information.

Reflection Room  A spacious, quiet room is located on the hospital’s second floor, facing the fountain. It is available 24 hours a day to patients and visitors.

Pharmacy  The Prescription Pad pharmacy has two locations. PP South is located in the corridor between the South Tower and Main Lobby. Prescriptions filled prior to discharge may be picked up at PP South. Open daily 8 AM – 2 AM. PP North is at the north end of the campus at 3915 Talbot Rd S. and features a drive-through window. Open Monday – Friday, 8 AM – 6 PM.

Interpreter Services  If needed, an interpreter will be provided during your stay at Valley Medical Center.

Financial Advocate  If you do not have health insurance and need to make financial arrangements for surgery, please call 425.656.5599.

Patient Accounts  If you have questions regarding insurance or your hospital bill, please call 425.690.3578, option 5.

Domestic Violence Information  Your nurse or doctor can refer you to community resources. You may also call the Washington State Coalition Against Domestic Violence at 1.800.562.6025.
**Specialty Services**

In addition to our primary care clinics located in Covington, Kent, Maple Valley, Newcastle and Renton, Valley offers comprehensive specialty care in our community. To learn more about Valley’s specialty care services, visit valleymed.org/clinics/#specialty.

<table>
<thead>
<tr>
<th>Auburn</th>
<th>Newcastle</th>
<th>Renton</th>
<th>Caucasian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valley Women’s Healthcare Clinic</td>
<td>Newcastle Clinic</td>
<td>Primary Care</td>
<td>Infusion &amp; Immunotherapy Center</td>
</tr>
<tr>
<td>Diabetes Education &amp; Nutrition</td>
<td>Internal Medicine Clinic</td>
<td>Primary Care</td>
<td>Lifestyle Medicine &amp; Fitness Center</td>
</tr>
<tr>
<td>Obstetrics, Gynecology &amp; Midwives</td>
<td>Valley Clinic</td>
<td>Primary Care</td>
<td>Neuro Oncology</td>
</tr>
<tr>
<td>Covington Clinic South</td>
<td>Sports Medicine Clinic</td>
<td>Central Clinic</td>
<td>Neurology</td>
</tr>
<tr>
<td>Covington Clinic South</td>
<td>Internal Medicine Clinic</td>
<td>Renton Landing Clinic</td>
<td>Neuropsychology</td>
</tr>
<tr>
<td>Covington Clinic South</td>
<td>Senior Care Clinic</td>
<td>Renton Landing Clinic</td>
<td>Neurophysiology</td>
</tr>
<tr>
<td>Covington Clinic South</td>
<td>Valley Family Medicine Clinic</td>
<td>Renton Landing Clinic</td>
<td>Neurosurgery</td>
</tr>
<tr>
<td>Covington Clinic North</td>
<td>Fairwood Clinic</td>
<td>Renton Landing Clinic</td>
<td>Sleep Medicine</td>
</tr>
<tr>
<td>Covington Clinic North</td>
<td>Highlands Clinic</td>
<td>Renton Landing Clinic</td>
<td>Spine</td>
</tr>
<tr>
<td>Allergy &amp; Immunology</td>
<td>Clinic I Primary Care</td>
<td>Renton Landing Clinic</td>
<td>Stroke</td>
</tr>
<tr>
<td>Sports Medicine Clinic</td>
<td>Clinic</td>
<td>North Benson Clinic</td>
<td>Movement Disorder</td>
</tr>
<tr>
<td>Anticoagulation</td>
<td>Clinic I Primary Care</td>
<td>Urgent Care</td>
<td>Occupational Health Services</td>
</tr>
<tr>
<td>Breast Center</td>
<td>Clinic</td>
<td>Clint</td>
<td>Oncology &amp; Hematology Clinic</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Clinic</td>
<td>Clinic</td>
<td>Psychiatry &amp; Counseling Clinic</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Clinic</td>
<td>Clinic</td>
<td>Pulmonary &amp; Sleep Disorder Clinic</td>
</tr>
<tr>
<td>Diabetes, Thyroid &amp; Endocrinology</td>
<td>Clinic</td>
<td>Clinic</td>
<td>Radiation Oncology</td>
</tr>
<tr>
<td>Ear, Nose &amp; Throat</td>
<td>Clinic</td>
<td>Clinic</td>
<td>Rehabilitation Medicine Clinic</td>
</tr>
<tr>
<td>Obstetrics, Gynecology &amp; Midwives</td>
<td>Clinic</td>
<td>Clinic</td>
<td>Rehabilitation Therapy Services</td>
</tr>
<tr>
<td>Pulmonary &amp; Sleep Disorder</td>
<td>Clinic</td>
<td>Clinic</td>
<td>Hand Therapy</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>Clinic</td>
<td>Clinic</td>
<td>Lymphedema Services</td>
</tr>
<tr>
<td>Lifestyle Medicine &amp; Fitness Center</td>
<td>Clinic</td>
<td>Clinic</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>Diabetes Education &amp; Nutrition</td>
<td>Clinic</td>
<td>Clinic</td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>Covington Clinic South</td>
<td>Clinic</td>
<td>Clinic</td>
<td>Speech and Language Therapy</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Clinic</td>
<td>Clinic</td>
<td>Stroke Rehabilitation</td>
</tr>
<tr>
<td>Podiatry</td>
<td>Clinic</td>
<td>Clinic</td>
<td>Vestibular Rehabilitation</td>
</tr>
<tr>
<td>Covington Clinic South</td>
<td>Clinic</td>
<td>Clinic</td>
<td>Wound Clinic</td>
</tr>
<tr>
<td>Covington Clinic South</td>
<td>Clinic</td>
<td>Clinic</td>
<td>Supportive Care Clinic</td>
</tr>
<tr>
<td>Covington Clinic South</td>
<td>Clinic</td>
<td>Clinic</td>
<td>Urology Clinic</td>
</tr>
<tr>
<td>Covington Clinic North</td>
<td>Clinic</td>
<td>Clinic</td>
<td>Valley Women’s Healthcare Clinic</td>
</tr>
<tr>
<td>Covington Clinic North</td>
<td>Clinic</td>
<td>Clinic</td>
<td>Vascular Surgery Clinic</td>
</tr>
<tr>
<td>Specialty Care Clinic</td>
<td>Clinic</td>
<td>Clinic</td>
<td>Weight Loss Surgery Clinic</td>
</tr>
<tr>
<td>Specialty Care Clinic</td>
<td>Clinic</td>
<td>Clinic</td>
<td>Wound Care Clinic</td>
</tr>
</tbody>
</table>

| Primary care clinic | Urgent care clinic | Quick care clinic | Specialty care clinic |
Before Your Spine Surgery
Prefering for Spinal Surgery:
Important Information about Your Home

We want to ensure your safe recovery when you return home. To prevent problems, consider the following questions before your spinal procedure:

1. Where do you live (apartment, house, condominium, townhome)?
2. Do you live alone or are there other members in the household?
3. Who will drive you home from the hospital?
4. If you live alone, do you have family, friends or neighbors nearby? Can they offer help should you need it?
5. Do you have any adaptive equipment, such as a walker, crutches or cane, commode, high-rise toilet seat, shower bench or other similar equipment?
6. Do you have throw rugs or carpeting in your home? If so, where?
7. Do you cook your meals at home?
8. Is someone available to help prepare meals after surgery?
9. Do you have children? If so, is someone available to help with care and transportation of your children?
10. Are your bills settled and finances in order?
11. If you need to be discharged to a skilled nursing facility or rehabilitation center after surgery, do you have a preferred location?
12. Do you have a phone near your bed and seating areas?
13. Do you have pets? If so, have you arranged for the care of your pets?
14. What pharmacy will you use after surgery? Is someone available to help you in picking up medications?
Preparing Your Home for Your Return from Surgery

Remove Hazards

- Remove area or throw rugs and any loose carpeting.
- Remove loose cords and other clutter that may cause accidents or falls.

Use Assistive Devices

Need for assistive devices vary according to the individual. We will review your requirements before you are discharged from Valley Medical Center. You may need the following:

- Elevated toilet seat or commode
- A sturdy handrail for multiple steps
- Cordless telephone
- Remote control for television
- A grabber to reach small items
- A walker or cane
- Shower seat and handheld shower

Create a Less Cluttered Environment

- Reorganize furniture to allow space for a walker.
- Move important items to top drawers of dressers; lower the shelves of high cabinets; and move needed items to other easily accessible areas.
- Use paper plates and other disposable items to decrease clean-up time.
- Leave frequently used items within easy reach to decrease bending and reaching.

Stock Up on Essential Items

- Ample reserves of easy-to-prepare food, individually packaged convenience foods and frozen dinners and casseroles
- Toilet paper
- Tooth paste
- Paper towels
- Paper plates and napkins
- Small trash bags, as initially, large trash bags may be more difficult for you to move
When You Are Scheduled for Surgery

Valley Medical Center’s pre-registration staff will call you to obtain the following information:

- Full legal name
- Mailing address and phone number
- Email address
- Employment information
- Emergency contact information
- Insurance information, including ID numbers and a claim address

If you have not been contacted by the pre-registration staff 7 business days before your scheduled procedure, please call the Pre-registration Office at 425.251.5193.

In addition to obtaining the above information, the Pre-registration Office will also schedule you to see a preoperative nurse at Valley Medical Center’s STAR (surgical testing and registration) Clinic. If you have received medical clearance for your spine surgery from your primary care physician, a pre-registration interview can be performed by telephone and you will not need an appointment at the STAR Clinic.

Your Visit with the STAR Clinic Preoperative Nurse

This orientation at the STAR Clinic will help you take care of necessary procedures before your surgery. The preoperative nurse will assess and interview you and perform a basic physical exam. The nurse will answer any questions you may have. During this visit, please bring:

- Your completed Allergy and Medications form, including both prescription and over-the-counter medications (see form on next page)
- All paperwork from your doctor
- This planner

The nurse will also arrange for an electrocardiogram (EKG), if necessary, or any lab test(s) required for your surgery if they have not already been obtained by your physician. The nurse will discuss your role in your care, both before and after surgery. Your visit with the preoperative nurse will last about an hour.

Spine Surgery Preoperative Seminar

If you are a posterior lumbar fusion patient, we request you watch our preoperative informational video online in addition to your visit with the preoperative nurse. The purpose of this video is to provide the education and information needed for a smooth transition from the hospital to your home. Topics include tips on preparing for time at the hospital; discharge planning; preparing your home for your arrival after surgery; and what to expect afterward. Family members or other caregivers helping you are encouraged to watch as well. Please view the preoperative video online at valleymed.org/spine: Click on the “Spine Pre-op Video” link found on the left side of the page.
# Allergies and Medications

**1. STAR Clinic Review.** Please complete this form and have it with you for a nurse’s review during your preoperative STAR Clinic phone appointment or in-person appointment.

**2. Day of Surgery.** Please bring the completed form with you on your day of surgery as well.

## Allergies

<table>
<thead>
<tr>
<th>Allergy</th>
<th>Side effect, if known</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Medications, Dosages, Frequency & Timing

<table>
<thead>
<tr>
<th>Medication <em>(prescription and over-the-counter)</em></th>
<th>Dosage</th>
<th>How taken <em>(oral, topical, injection, etc.)</em></th>
<th>How many times per day &amp; when <em>(once a day, twice a day, morning, night, etc.)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Medications, Dosages, Frequency & Timing

<table>
<thead>
<tr>
<th>Medication (prescription and over-the-counter)</th>
<th>Dosage</th>
<th>How taken (oral, topical, injection, etc.)</th>
<th>How many times per day &amp; when (once a day, twice a day, morning, night, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What You Need to Know to Prepare for Surgery

At Least Six Weeks Before Surgery

- If you are going to have a cervical or lumbar fusion, you must quit smoking and stop any nicotine products at least 6 weeks before surgery. You must remain nicotine-free for a minimum of 6 weeks after surgery. Your surgeon may choose to perform a urine-nicotine screening test to verify that you have quit nicotine products. For help with this, call the Tobacco Quit Line at 1.800.QUIT.NOW (1.800.784.8669). Valley Medical Center is a smoke-free campus.

At Least One Week Before Surgery

- Complete your pre-registration interview with the STAR Clinic preoperative nurse, either in-person at the STAR Clinic or by phone.

- If you are a posterior lumbar fusion patient, please watch the preoperative video online at valleymed.org/spine: Click on the “Spine Pre-op Video” link found on the left side of the page.

Five Days Before Surgery

- Stop taking all over-the-counter medications, including medications like aspirin, ibuprofen and supplements.

Three Days Before Surgery

- Wash with the Chlorhexidene sponge daily as instructed. See the washing instructions flyer near the end of this section.

Two Days Before Surgery

- Do not shave around your surgical area.
Eight Hours Before Your Check-in Time

- Follow the “When Should You Stop Eating and Drinking Before Your Surgery?” flyer instructions on the next page. **Follow these instructions carefully as drinking liquids after the 2-hour cutoff may cause your surgery to be cancelled.**
- On the day of surgery, please bring your **completed Allergy and Medications form (or a copy of it)** located in this section.
- If you are currently taking prescription drugs for conditions such as high blood pressure, seizures, heart problems or asthma, **take them before surgery as you normally would**, but with the smallest amount of water possible. Be sure to discuss medications with your surgeon.
- On the day of surgery, if you cannot take the generic form of your current medication(s), please bring the medication(s) with you to the hospital in the original container(s). The staff will administer the medication(s) to you following your surgery, if needed.
- If you have diabetes and require insulin, be sure to **check with your doctor regarding your insulin requirement before surgery.**
- Do not wear contact lenses, makeup, skin lotions, powders or perfumes the day of surgery.
- The day of your surgery, a nurse will fill out a preoperative checklist. If you wear dentures, eyeglasses, contact lenses, a hearing aid or jewelry, you will be asked to remove them for safekeeping.
- Please be aware that your scheduled surgery time is only an estimate. Although every attempt will be made to keep your surgery on schedule, your actual surgery time will depend on the amount of time required for cases before yours and the need to prioritize emergency surgeries.
- It is important that we are able to contact you before your scheduled surgery to let you know about any possible schedule changes. If you cannot be reached at your home phone, please call Valley's Pre-registration Department at 425.251.5193 to provide your daytime number.
- You will be asked to sign a Consent to Care and Financial Responsibility form.
List of Anti-inflammatory Medications

**Stop these medications 5 days before surgery:**
- Advil
- Aleve
- Arthrotec
- Aspirin
- Cataflam
- Daypro
- Diclofenac
- Etodolac
- Feldene
- Ibuprofen
- Indomethacin
- Ketorolac
- Ketoprofen
- Lodine
- Meloxicam
- Mobic
- Motrin
- Nabumetone
- Motrin
- Naproxen
- Naprosyn
- Piroxicam
- Relafen
- Toradol
- Voltaren

**Stop these herbal supplements 5 days before surgery:**
- Fish oil
- Flaxseed oil
- Garlic
- Ginseng
- Glucosamine-chondroitin
- Green tea extract
- Many other herbal supplements

If you are unsure if your herbal supplement contains an anti-inflammatory or anti-platelet product, please contact your pharmacist.

If you are having a spinal fusion performed on your neck or back, these medications must be stopped for 3 months after surgery.

**Other Medications**
- If you take Coumadin, contact your primary provider to stop your Coumadin before surgery.
- Stop taking Plavix 7 days before surgery.
Pre-surgery Washing

In preparation for your upcoming spine surgery, we want you to help us reduce your risk of infection. Starting 3 days before surgery, wash with the Chlorhexidene sponge daily as instructed.

**Follow the specific instructions below rather than the directions on the sponge package:**

- Each day take a shower like you normally do, using your usual soap and washing your hair with shampoo.
- Clean your fingernails and toenails using the plastic cleaner provided in the package.
- Use the Chlorhexidene sponge in the shower. Wet the sponge and wash your entire back, from neck to under buttocks. Please have someone help you if you cannot reach all areas. Use the pictures to the right as a guide. Let foam sit on skin for 60 seconds. Rinse with water.
- Then clean entire body (head to toes with sponge) and let foam sit on skin for 60 seconds, then rinse with water. Avoid eyes, ears, mouth and genital area.
- Finally, clean armpits, stomach and front groin folds with sponge as shown in the pictures. Let foam sit on skin for 60 seconds, then rinse with water.
- Pat dry with a clean towel and dress in clean, dry clothing.
When Should You Stop Eating and Drinking Before Your Surgery?

Our goal at Valley Medical Center to is to provide safe, excellent care for our patients. For your safety, if you are receiving anesthesia or sedation for surgery or a procedure, it's important that you follow the recommended fasting rules beforehand.

Having food or drink in your stomach before your surgery or procedure puts you at a risk for pulmonary aspiration which can lead to pneumonia or other problems. If the fasting rules are not followed, your surgery or procedure may be delayed or cancelled.

The chart below provides you with the rules for what you may eat and drink prior to your surgery/procedure day, as well as when to stop eating and drinking before your surgery or procedure.

<table>
<thead>
<tr>
<th>Types of Meals</th>
<th>Examples</th>
<th>When to Stop Before Surgery or Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear Liquids</td>
<td><strong>Patients without diabetes:</strong> water, black coffee, clear tea, cranberry juice, apple juice, grape juice, Gatorade, Breeze, soda, clear broth (not soup) <strong>Patients with diabetes:</strong> water, black coffee, clear tea, diet soda, low sodium broth (not soup) <strong>For all patients: NO cream, creamer, or any milk products and NO juices with pulp</strong></td>
<td>minimum of 2 hours before</td>
</tr>
<tr>
<td>Full liquids</td>
<td>milk products, milk alternatives (almond, soy, rice), fresh fruit juices with pulp, soup</td>
<td>minimum of 8 hours before</td>
</tr>
<tr>
<td>Light snack</td>
<td>toast, crackers and clear liquids <strong>NO fatty or fried foods</strong></td>
<td>minimum of 8 hours before</td>
</tr>
<tr>
<td>Full meal with fatty or fried foods</td>
<td>meats, cheeses, fried foods</td>
<td>minimum of 8 hours before</td>
</tr>
</tbody>
</table>
Financial Arrangements for Surgery

If you don’t have health insurance coverage, you will need to make financial arrangements before your procedure. The Financial Advocate at Valley Medical Center is available to assist you with this process. You may contact the Financial Advocate at 425.656.5599.

If you have health insurance coverage, Valley Medical Center will bill your insurance company for services provided at the hospital. Any services provided by a physician (surgeon, anesthesiologist, pathologist and/or radiologist) will be billed separately by the physician’s billing office. You may receive informational statements while your insurance company processes your claim. If your insurance requires more information to process your claim, you may also receive a letter from Valley Medical Center. If you have any questions or concerns regarding statements or bills received, please call Valley Medical Center Patient Accounts at 425.690.3578, option 5.

Your Discharge from Valley Medical Center

The discharge planning process actually begins before you are admitted. Plan to have someone drive you home from the hospital and to your first few appointments after surgery. Depending on your insurance coverage, you may be eligible for home nursing visits, home therapy and other patient services. Make arrangements for help at home for at least 3 days or a place to stay. Your nurse will give you written instructions on how to care for yourself at home and will answer any questions. If you need additional help, request a visit from a hospital discharge planner before you leave the hospital.

Notice of Privacy Practices

Valley Medical Center’s Notice of Privacy Practices describes how medical information about you may be used and disclosed and how you can access this information. You will receive a complete copy of the Notice of Privacy Practices when you are admitted to Valley Medical Center.

The Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes the limits to which we may use or disclose your protected health information, with whom that information may be shared and the safeguards we have in place to protect your information. This notice also describes your rights to access and amend your protected health information. You have the right to approve or refuse the release of specific information outside of our system, unless the release is required or authorized by law or regulation. For further clarification of our Notice of Privacy Practices, visit valleymed.org/privacy or call 206.616.5248.
Potential Risks Associated with Spine Surgery

Although spine surgery generally has a low complication rate, as with any surgical procedure there are potential risks. Below are the most common risks, along with the precautions you can take to help reduce them.

**Infection**

With any surgery, there is a risk of infection. However, pre-admission test results will detect whether you have any active infections before surgery and antibiotics will be administered to you before and after surgery to help prevent infection. **Starting three days before your surgery, please follow the washing instructions previously in this section to further help reduce your risk of infection.**

**Blood Clots**

Circulation may be impaired during the healing process from spine surgery. Blood clots can develop and cause a deep vein thrombosis, heart attack, stroke or pulmonary embolus. To promote circulation, you may be asked to move your feet and exercise your ankles. Compression devices may also be applied to your calves to help prevent a blood clot.

**Pneumonia**

Congestion in the lungs may occur following surgery which can lead to pneumonia. To prevent pneumonia after surgery, you will be asked to use an incentive spirometer or take several deep breaths. These breathing exercises will help keep fluids from pooling in your lungs. Breathing deeply after surgery and using an incentive spirometer are important to prevent congestion in the lungs. It is also important to get out of bed often.

**Bladder Infections**

Bladder infections may also occur, especially if you have a catheter. It is important to drink plenty of fluids to prevent infection. We will remove the catheter as soon as possible.

**Nerve Damage**

Nerve damage can occur during spine surgery and can be present after surgery. Nerve damage can include complete paralysis, numbness, extremity weakness, bowel and bladder dysfunction or pain. These symptoms can be temporary or permanent. If you are having surgery on your neck, nerve damage can result in a change in your voice quality or ability to swallow.
Blood Loss

Large amounts of unexpected blood loss can occur. Significant blood loss may require a blood transfusion. Blood transfusions have a small risk of transmitting undetected HIV, hepatitis B and hepatitis C or cause an allergic reaction. Blood transfusions are only ordered when medically necessary. You may also be asked before surgery to donate your own blood. For some procedures, a cell saver is used which allows your own blood to be transfused back to you. If you are anemic at discharge, you may be given an iron supplement.

Blindness

When performing lumbar spine surgery, you are positioned with your face down. Extra pressure or extra fluid can cause temporary or permanent visual changes.

Pain

Spine surgery typically reduces pain, but it may not eliminate your pain entirely. Initially after surgery, you will experience an increase in pain.

Failure to Fuse

If your bone does not completely heal after a fusion surgery, you may experience pain. If you smoke or use any nicotine products before or after your surgery, you increase the risk of the bone not healing. Failure to fuse may require additional surgery.

Severe Complications

As with any surgery, there is the possibility of complications from the procedure and from anesthesia. Very rarely, complications may be severe enough to result in death.
THE SPINE CENTER: A PERSONAL PLANNER

Your Guide to Surgery
The Morning of Your Surgery

Please leave valuables including watches and jewelry at home, if possible. You may wish to bring a comfortable bathrobe, slippers, pajamas and personal toiletries, along with a change of loose-fitting clothes for when you leave the hospital. Bring your completed Allergies and Medications form to the hospital, as well as your home medications in their original containers. Include your photo ID, insurance card and a little cash, credit card or check for incidentals or co-pays for discharge prescriptions, if needed. You may fill most prescriptions at the Prescription Pad Pharmacy South.

Your surgeon’s office will tell you in advance what time to arrive at the hospital. Please check in at the Surgery Admitting area. Your driver may drop you off at the Surgery entrance, the door south of the main hospital entry. Drivers may park in the South Tower underground garage, Parking G, by turning right at the end of the surgery entry drop off roundabout. All parking on campus is free. Parking G is the most convenient to Surgery and the Spine Center. Weekdays, free valet parking is also available at the main entry.

In the Pre-op Area

After you check in at Surgery Admitting, you will be taken back to the pre-op area where you will meet the pre-op nurse. You may be asked to wipe down your body with an antiseptic solution and change into a hospital gown. You will have an intravenous (IV) started before surgery. The IV is inserted into the vein of your hand or forearm. Any fluids or medications you need during surgery are given to you through the IV.

Things We Do to Decrease Your Risk of Infection

1. Antiseptic body wipes, diluted iodine nasal swabs in pre-op area
2. Pre-op intravenous (IV) antibiotics
4. Efficient surgical time
5. Diluted iodine wound lavage
6. Special surgical dressings

Anesthesia

You will receive general anesthesia. Your anesthesiologist will review your chart and determine the appropriate anesthesia medication for your situation.

General anesthesia is typically given by adding medications to your IV and by having you breathe a mixture of anesthetic gases. You will be aided in breathing during the surgery.
Your heart rate, blood pressure, oxygen concentration and breathing will be monitored closely throughout your operation.

If you have become confused after surgery in the past as a reaction to anesthesia, it will likely happen again. Please remind your friends and family of your reaction so they can anticipate your confusion and know it was expected.

In the Operating Room

Your surgery team will typically include your surgeon, surgical assistant, anesthesiologist, nurse anesthetist, operating room nurse and surgical technicians. The team will work with you to make sure everything goes as smoothly as possible.

The operating room is kept cool and can be bright and noisy due to the various equipment used during your surgery. Members of your surgical team will be with you at all times to ensure your comfort and safety until the end of your surgery. If you feel chilled before surgery, please ask for a warmed blanket. We want you to be as comfortable as possible.

In the Recovery Room

After surgery, you will be taken to the PACU (Post Anesthesia Care Unit) or recovery room. A PACU nurse will care for you as your anesthesia wears off by monitoring your condition and checking your dressing, blood pressure, IV, Foley catheter and any drainage tubes inserted near your incision.

- **Foley catheter**: While you are undergoing anesthesia, a Foley catheter may be inserted into your bladder to drain your urine. If this is used, it will remain in place for 1 to 2 days.

- **Drainage tube**: A drainage tube may also be in place for 1 to 2 days to capture blood draining from your surgery site.

- **Oxygen**: You may also receive oxygen through a nasal cannula or oxygen mask. This is typically precautionary: it does not mean you are having difficulty breathing or that there is a problem of any kind.

You may experience a variety of symptoms as your anesthesia wears off, including blurry vision, dry mouth, nausea, chills and perhaps some pain.

Please ask your nurse for medication to control your pain.

Your anesthesiologist will determine when you can be moved to your room at The Spine Center, generally within 1 to 3 hours after surgery. Your surgeon will discuss the procedure with your family in the waiting area or on the telephone.
Beginning the Recovery Process

Vital Signs

Once you are transferred from PACU/recovery room to your room at The Spine Center, nurses will continue to closely monitor your vital signs, including your blood pressure, heart rate and temperature. A monitoring machine may be used.

Nausea Management

Sometimes people are nauseated when they wake up from surgery. If this happens, turn your head to one side and call your nurse to help you.

Coughing

Coughing after many surgical procedures is essential to clear your lungs. Your nurse will review proper coughing techniques with you.

Pain Management

Unfortunately, some pain after surgery is unavoidable. Medication to ease the pain can be administered in pill form, by injection or through your IV. It is important to tell a member of your care team if your pain is worsening before it becomes unbearable. You can report your pain to your care team using the scale below. Rate your pain with “0” for no pain and “10” for the worst pain. This will help your care team know if your medication is working.

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO PAIN</td>
<td>MILD PAIN</td>
<td>MODERATE PAIN</td>
<td>SEVERE PAIN</td>
<td>VERY SEVERE PAIN</td>
<td>WORST POSSIBLE PAIN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(NO PAIN) (MILD PAIN) (MODERATE PAIN) (SEVERE PAIN) (VERY SEVERE PAIN) (WORST POSSIBLE PAIN)
Arriving at the Spine Center from the Recovery Room

Education

The nurses will explain any equipment used and what you can expect to happen throughout the day.

Diet

With the guidance of your nurses and as you are able to tolerate solid foods, you will progress to a regular diet. Use the menus provided in the hospital room to order your meals.

Using the Bathroom

Staff will help you to the bathroom. Alternatively, your Foley catheter may still be in place. Foley catheters are typically removed the first morning after surgery.

Lab Work

Blood may be drawn for the purpose of measuring laboratory values.

Breathing Exercises

The nurses will teach you breathing exercises and remind you to take deep breaths and cough every 2 hours. You may be instructed to use an incentive spirometer, which measures how deeply you are able to breathe. Your family or other caregiver is encouraged to help. You may have oxygen in place until you are fully awake following surgery. Breathing exercises are an important tool to prevent pneumonia while you are recovering from surgery.

Length of Stay

The length of your hospital stay will vary depending on the procedure performed. Your surgeon will give you an approximate length of your hospital stay.

Drains

Typically, drains are removed 24 to 48 hours after surgery. If a cervical fusion was performed, the drain is removed the first morning after surgery.
Physical and Occupational Therapy

You will be out of bed within the first 24 hours after your surgery. You may be seen by both a physical and occupational therapist. They will assist you in increasing your independence while walking. If you have stairs at your home, they will assist you in climbing stairs before your discharge.

Discharge Planning

The nurses and therapists will confirm your discharge and home-care plans and will discuss any additional arrangements you may need. A nurse will give you your discharge medication prescription as provided by your surgeon or physician assistant. You may go home when you have met your goals for independence.

You will need help at home for at least 3 days after surgery. Please arrange for assistance from friends, neighbors or family before you come to the hospital for your surgery.
Anatomy & Surgery Descriptions
Learn About Your Spine

The Curves of Your Spine

The spine consists of 24 bones (vertebrae) with discs between the bones that act as cushions and absorb shock.

The bones are aligned in such a way that three curves are created. The curves and the characteristics of the bones define the cervical, thoracic and lumbar spine as seen on the diagram.
The lumbar spine is made of five vertebra with discs between each level. The vertebra are numbered L (lumbar) 1 through 5. The disc is named from the vertebra located above and below the disc.

So, for example, a L4-L5 discectomy is surgery at the disc that sits between the fourth and fifth lumbar vertebra.

The spinal cord travels through the spinal canal within the vertebra.

At each level, nerves travel out of the foramen on each side and down into the legs. Spinal problems commonly cause patients to experience leg pain, weakness or numbness due to nerve irritation.
### Lumbar Spine Problems

#### Bulging or Herniated Disc

The disc is made of a thick outer ring that encircles a soft jelly-like substance. Pressure may cause the outer ring to tear or rupture and the soft disc material may bulge or herniate into the space that the nerve occupies.

#### Arthritis or Stenosis

As disc material degenerates, it causes the joints between the vertebra to become arthritic and enlarged. It may also cause bone spurs to develop on the edge of the vertebra. Under both situations, the canal can become narrowed and the nerve can become irritated.

#### Instability or Spondylolisthesis

Vertebra can be unstable due to malformation of the vertebra as the spine develops. Instability can also occur with age as arthritis develops. Slipping of the vertebra can cause back pain and irritation of the nerve can cause leg discomfort.
Lumbar Spine Surgery

**Laminotomy/Laminectomy**

A laminotomy is the partial removal of the lamina to create a small space in order to access the disc. A laminectomy is the removal of the entire lamina. By removing the lamina, pressure is relieved as more space is made available for the nerves to occupy.

**Discectomy**

When a disc herniation is causing nerve irritation, a patient may choose to undergo a discectomy procedure.

To remove the disc herniation, a small window is created by removing a small piece of the lamina. The herniated disc material is then removed. Typically, a microscope is used to help visualize the nerve and disc material so the procedure is commonly referred to as microdiscectomy.
Lumbar Spine Surgery (continued)

**Fusion**

When two bones heal together as one piece of bone, they are said to have fused. To surgically create a fusion of two bones, the bones are stabilized, typically using metal rods and screws. Bone graft material is then laid along the metal to promote the bone to heal itself as one piece. In addition to bone forming along the metal, often fusion is also between the vertebral bodies (interbody fusion).

Bone for grafting can be obtained from the removal of bone from the surgical site or from cadaver bone. In some circumstances, bone is harvested from the iliac crest of your pelvis to use as bone graft. If this procedure is recommended for you, your surgeon will specifically discuss the bone graft with you before surgery.
Lumbar Spine Surgery (continued)

**Lumbar Disc Replacement**

Total lumbar disc replacement is used to treat degenerative disc disease (DDD) at one level from L3 to S1. Total lumbar disc replacement surgery is intended to remove the diseased disc; restore the disc to normal height; reduce pain associated with the diseased disc; provide the potential to preserve motion in the affected vertebral segment.

Disc replacement surgery is performed by making a small incision below the belly button. The disc is removed and a metal implant is placed between the vertebral bodies.
Anterior Lumbar Interbody Fusion (ALIF)

Anterior lumbar interbody fusion is used to treat spinal stenosis and radiculopathy associated with degenerative discs or spondylolisthesis at one or two levels in the lumbar spine. This is sometimes combined with a posterior laminectomy.

In this surgery, the diseased or unstable disc is removed through an incision below the belly button, and bone graft, a spacer, and a small plate and screws are inserted from the front. This allows for reduction of a misaligned vertebrae and restoration of the normal anatomy surrounding the nerves.

During this surgery, there is usually a general surgeon or vascular surgeon present to ensure a safe exposure through the abdomen down to the spine.
Cervical Spine Anatomy

The cervical spine is made of seven bones (vertebra) with discs between each level. The bones are numbered C (cervical) 1 through 7. The disc is named from the vertebra level above and below the disc. For example, a C5-C6 discectomy would be the removal of the disc between the vertebral bodies of C5 and C6. The spinal cord travels down the canal created by the vertebra. The nerves branch off the spinal cord and follow specific paths down into the arms.

Cervical Spine Problems

Disc Degeneration and Arthritis

As discs lose height over time and degenerate, the opening for the nerves to travel from the spinal cord to the arms can become smaller. As the disc ages further, bone spurs can develop causing more irritation to the nerve.
Cervical Spine Problems (continued)

**Disc Herniation**

Pressure can cause the thick outer ring of the disc to bulge or rupture. As this occurs, the jelly-like inner disc material can become herniated. The herniated disc can contact the nerve and cause pain, numbness and/or weakness in the arms and hands.

Cervical Spine Surgery

**Anterior Cervical Discectomy and Fusion**

The most common procedure performed for cervical disc problems is an anterior cervical discectomy and fusion (ACDF). The spine is accessed by making an incision in the front of the neck along a skin fold. Instruments are used to expose the spine. The disc is removed from between the vertebral bodies and a bone graft or cage is inserted into the disc space. A metal plate with screws is then placed to stabilize the spine and allow two vertebral bodies to fuse together. The levels that are fused together correspond to the vertebra number. For example, a C5-C6 ACDF is an anterior fusion between the cervical 5 and cervical 6 vertebral bodies and is considered a one-level fusion. Typically, the ability to move your neck after a one-level fusion is not substantially changed after surgery.
Cervical Spine Surgery (continued)

Cervical Disc Replacement

In particular situations, disc herniations may also be treated with a cervical disc replacement. The disc replacement allows motion to be maintained and reduces the risk of disc degeneration above and below the herniated level.

The procedure, hospitalization time and recovery is similar to cervical fusion surgery.

After any anterior cervical surgery, it is common to have discomfort swallowing for up to 6 weeks after surgery. Take care to chew foods completely and avoid breads and meats as needed until your ability to swallow improves.
After Your Spine Surgery
Postoperative Pain

After surgery you will experience many different types of pain. The pain may move to different locations from day to day. Please tell us if you experience any sustained pain associated with weakness that becomes progressively worse over several days. New numbness is also very common after surgery and may be due to the position of your body during surgery itself. The numbness will typically improve over several weeks and may become a tingling “pins and needles” sensation before it improves. If you had numbness prior to surgery, it may take several months to a year for the numbness to improve. If you received steroids during the surgery, you may feel the steroids wear off 5 to 7 days after the procedure. As the steroids wear off, you may feel your pain increase.

During this time and even up to 2 weeks following surgery, you may feel a significant increase in your pain that can be severe before improving. It is also very common to have difficulty sleeping for several weeks after surgery.

Patients who have had anterior neck fusions will often have difficulty swallowing after surgery. Typically patients will feel a lump in their throats when trying to swallow foods, especially breads and meats. If you experience these symptoms, they may persist for several months after surgery. If you do choose to eat these foods, please take small bites and chew the food thoroughly before swallowing. Immediately after surgery, most patients find that soups and thickened fluids are easier to swallow than solids.

Pain Medication

After surgery, we use a variety of ways to control pain which combine both narcotic and non-narcotic pain medication, muscle relaxers, anti-inflammatories, as well as other methods such as ice packs, physical therapy and occupational therapy. We do not expect your pain to be “0” with the pain medications, but we do want your pain to be tolerable. You will be given prescriptions for medications before your discharge from the hospital. After surgery, while you are at home, if you find that you need a refill of your pain medications, please be aware that we require several days advance notice. Most of the medications listed below require a signed paper prescription that will need to be picked up directly from our office. Your discharge medication may include the following:

- **Oxycodone/acetaminophen (Percocet):** This is a shorter-acting pain medication which combines a narcotic with Tylenol. It is to be taken every 4 to 6 hours for pain. Because too much Tylenol can potentially injure your liver, do not take more than 8 to 10 per day. When you are ready to decrease your daily dose of Percocet, you may substitute one of your Percocet doses with an over-the-counter Tylenol tablet or stretch out the time between doses.
■ **Oxycodone IR**: This is a shorter acting narcotic pain medication without Tylenol. It is often used for a short period of time after surgery.

■ **Hydromorphone (dilaudid)**: This is also a shorter acting narcotic pain medication without Tylenol. It is often used for a short period of time after surgery.

■ **Lortab/Vicodin/Norco (hydrocodone)**: These are all shorter-acting pain medications containing a different narcotic and Tylenol. Because of the added Tylenol, you should not take more than the prescribed amount.

■ **Hydroxyzine (Vistaril)**: This medication may be added to your pain regimen to improve the strength of your narcotic pain medicine.

■ **Baclofen**: This medication is used to relieve muscle spasms and associated pain. Take as prescribed as needed for spasms.

■ **Cyclobenzaprine (flexeril)**: This medication is used to relieve muscle spasms and associated pain. Take as prescribed, as needed for spasms.

■ **Gabapentin**: This is used to calm nerve pain if present after surgery. Take as prescribed.

If you have had a fusion-type surgery, do not take any anti-inflammatory medication after surgery for 3 months. These medications may inhibit the fusion from healing. Anti-inflammatory medications include:

- Advil
- Arthrotec
- Aleve
- Cataflam
- Daypro
- Diclofenac
- Etodolac
- Feldene
- Ibuprofen
- Indomethacin
- Ketoprofen
- Lodine
- Ketorolac
- Meloxicam
- Mobic
- Motrin
- Nabumetone
- Naprosyn
- Naproxen
- Piroxicam
- Relafen
- Toradol
- Voltaren

Avoid herbal supplements containing anti-inflammatory for 3 months after surgery, including:

- Fish oil
- Flaxseed oil
- Garlic
- Ginko
- Ginseng
- Glucosamine-chondroitin
- Green tea extract
- Many other herbal supplements

If you are unsure if your herbal supplement contains an anti-inflammatory, please contact your pharmacist.
Incision Care

After surgery, your incision will be closed with either dissolvable sutures or staples. If you have staples, they will need to be removed 14 days after surgery. We rarely use staples, so you will be told if they have been placed.

More likely, you will have a dissolvable stitch. You may have two pieces of sutures coming out from either end of the incision. The incision may be covered with Dermabond Prineo or steri-strips (butterfly bandages). Steri-strips will fall off on their own within the first or second week after surgery. Do not pull off your steri-strips unless they have started to fall off on their own. Do not cut suture ends.

Most incisions will be covered with Dermabond Prineo, a watertight, sterile and strong mesh dressing that covers multiple layers of dissolvable sutures. The Prineo will eventually be removed after the first 2 – 3 weeks. See instructions specific to Prineo below.

Once the incision is dry, no wound care will be needed. At home, you will not need to keep your incision covered with a dressing unless it has drainage. Contact the clinic if your incision drains yellow or green discharge or if you feel it has opened. It is normal to see bruising or swelling around or below the incision. You may shower the second day after surgery. You may wet the incision and pat it dry with a towel. You may use heat or ice along your back after surgery, but keep in mind your skin sensation in that area may be altered. Please take care to limit your heat and ice application time to avoid injuring your skin. We will take care of your incision at your first post-operative visit. If the incision is fully healed, you can take a bath, use a hot tub, and go swimming at 4 weeks. Do not apply lotion or ointments to the incision for 1 month after surgery.

Prineo Instructions & Answers to Common Questions

Once the top bandage is removed, you will see a mesh covering the incisions. This is the Prineo dressing. It is normal to have wrinkling and some blood spot areas within the mesh.

1. Leave the mesh on at least to the first post-operative clinic visit (about 2 – 3 weeks).

2. If the corners start to peel up, you can trim off the part that has peeled up with scissors (they should be clean, but do not have to be sterile).

3. You can shower with the Prineo on, but do not scrub or soak. If the incision is fully healed, you can take a bath, use a hot tub, and go swimming at 4 weeks.

4. Over time, as you trim the corners and edges that peel up, the mesh will become small. At this point you can just pull it off entirely. This usually occurs about 2 – 4 weeks after surgery. See information below on removing the bandage and what to do afterward.
Q: There is blood on the Prineo Bandage, is this normal?
A: Yes, this is normal as the incision does bleed a little when it is being closed. If there is blood draining down your leg or pooling under the bandage, call the clinic, but red or dark dried blood is normal and safe.

Q: Why can’t I just remove the dressing after surgery?
A: The mesh helps the top-most skin layer heal nicely and stay clean. This takes about 2 weeks and so we leave the mesh on for this time. After 2 weeks, most people find it easiest to just trim off the parts that peel up until the mesh gets small enough to just pull off, usually sometime between 2 – 4 weeks.

Q: What can help in removing the mesh when it is time?
A: The mesh is easier to remove after you take a shower as that allows the adhesive to soften. Additionally, Neosporin or a small amount of petroleum jelly or KY lubricant can be rubbed on the mesh and the incision to help it peel off. It should peel very easily and can be done at home by yourself. If you are worried or want assistance, you can leave it until your post-op visit or come into the office for a visit to have it removed by one of our techs, but this is usually not needed.

Q: What do I do after the mesh is removed?
A: You can shower, wear normal clothes, and do not need to keep it covered. After 4 weeks if it is healed nicely, you can soak your back, go in a hot tub, or go swimming.
Diet and Bowel Function

Pain medications commonly cause constipation. During your hospital stay, you will receive a stool softener/laxative to help prevent you from becoming constipated. You will be discharged home with a stool softener (Colace) or a laxative such as Senakot or Miralax. If these medications are not enough to help you have a bowel movement, magnesium citrate or a laxative suppository/enema may be purchased over the counter. You only need to take the stool softener/laxative while you are taking narcotic pain medication. If you develop loose stools, stop using the stool softeners/laxatives.

When you are at home, you should try to eat a balanced diet that includes fruits, vegetables and protein to insure proper healing. If you normally take a multi-vitamin or calcium tablet, you should start taking the supplement. Many herbal supplements contain an anti-inflammatory, so most herbal medications should not be taken for 3 months after a fusion-type surgery. You may ask your pharmacist about ingredients of your herbal medications.

Activity after Surgery

After surgery, we want you to walk as much as safely possible. You may need a walker if you had a fusion-type surgery. A physical therapist will determine what type of equipment you may need at home and you will be given a prescription for equipment before discharge from the hospital.

If you had neck surgery, you will need to avoid looking upward or working overhead for the first 2 weeks. Avoid lifting more than 10 pounds the first 2 weeks. You may be given a soft or hard collar to wear. If you are given a soft collar, it is to be worn for comfort only. If you are given a hard white and blue-type collar, it needs to be worn at all times when you are out of bed. You may be given specific collar instructions from your surgeon before you are discharged.

Most patients will not need physical therapy immediately after surgery. If the hospital physical therapist decides you need extra therapy at home, it will be arranged before your discharge from the hospital.

Once you have stopped using your narcotic pain medication and you feel safe operating a vehicle, you may drive following your surgery. If you have a long road trip scheduled, please plan to take stretching breaks every few hours.

After fusion surgeries, you will not need a special card for airline travel, but you may be asked to show your incision at airport security.
The following exercises will help maintain your leg strength and range of motion and help prevent blood clots after your back surgery. Exercises should not increase pain. If an exercise does increase your pain, you should stop that exercise.

**Repeat 10 – 20 repetitions of each exercise, two to three times daily.**

1. **Ankle Pumps**
   - Lie on your back.
   - Slowly point your toes up and down, moving your whole foot.
   - Slowly move your feet in circles (both directions).

2. **Knee Locks (Quad Sets)**
   - Lie on your back.
   - Slowly tighten your thigh muscles by straightening your knee.
   - Hold for 5 seconds.
   - Relax.

3. **Buttocks Squeeze (Gluteal Sets)**
   - Lie on your back.
   - Tighten your buttocks.
   - Hold for 5 seconds.
   - Relax.
Leg Exercises for Lumbar Spine Surgery (continued)

Repeat 10 – 20 repetitions of each exercise, two to three times daily.

4. Heel Slides
   ■ Lie on your back.
   ■ Slide your heel upward toward your buttocks, bending your knee.
   ■ Straighten your leg all the way down.
   ■ Relax.
   ■ Repeat with other leg.

5. Lying Hip Abduction
   ■ Lie on your back.
   ■ Slide your leg out to the side.
   ■ Keep your kneecap pointing toward the ceiling.
   ■ Gently bring your leg back.
   ■ Relax.
   ■ Repeat with other leg.

6. Knee Extensions
   ■ Sit in a chair.
   ■ Straighten knee and hold briefly.
   ■ Lower ankle to floor.
Hand Exercises for Cervical Spine Surgery

The following exercises will help maintain your hand range of motion and strength. Exercises should not increase pain. If an exercise does increase your pain, you should stop that exercise.

Repeat 10 – 20 repetitions of each exercise, two to three times daily.

1. **Hand Flexor Stretch**
   - Keeping elbow straight, grasp right hand.
   - Slowly bend wrist back until stretch is felt.
   - Hold for 5 seconds.
   - Relax.
   - Repeat with other hand.

2. **Hand Extensor Stretch**
   - Keeping elbow straight, grasp right hand.
   - Slowly bend wrist forward until stretch is felt.
   - Hold for 5 seconds.
   - Relax.
   - Repeat with other hand.

3. **Elbow Flexion/Extension**
   - With right hand palm, gently bend elbow as far as possible.
   - Then straighten arm as far as possible.
   - Relax.
   - Repeat with other arm.

4. **Wrist Flexion**
   - With right hand palm up, bend wrist up.
   - Relax.
   - Repeat with other arm.
Hand Exercises for Cervical Spine Surgery (continued)

Repeat 10 – 20 repetitions of each exercise, two to three times daily.

5. Wrist Extension
   ■ With right hand down, bend wrist up.
   ■ Relax.
   ■ Repeat with other hand.

6. Elbow Flexion: Resisted
   ■ Hold a 1-5 lb. weight in your right hand.
   ■ With arm straight, thumb forward, bend elbow.
   ■ Return slowly to straight position.
   ■ Repeat with other arm.

7. Wrist Ulnar Deviation: Resisted (Standing)
   ■ Hold a 1-5 lb. weight in your right hand.
   ■ With arm at your side, thumb forward, bend wrist forward.
   ■ Return slowly to relaxed position.
   ■ Repeat with other arm.

8. Wrist Ulnar Deviation: Resisted (Standing)
   ■ Hold a 1-5 lb. weight in your right hand.
   ■ With arm at your side, thumb forward, bend wrist back.
   ■ Return slowly to relaxed position.
   ■ Repeat with other arm.
Cervical Spine Exercises

Repeat 10 – 20 repetitions of each exercise, two to three times daily.

1. **Neck Rotation**
   - Turn head slowly to over one shoulder.
   - Hold for 5 seconds.
   - Repeat to other side.

2. **Lateral Neck Flexion**
   - Tilt head slowly toward one shoulder.
   - Hold for 5 seconds.
   - Repeat on other side.

3. **Neck Flexion**
   - Bend head forward.
   - Hold for 5 seconds.

4. **Shoulder Shrug**
   - Shrug shoulders up and down.
   - Shrug shoulders forward and backward.

5. **External/Internal Rotation: Abduction (Standing)**
   - With upper arms parallel to the floor and elbows bent at right angles, gently rotate arms up then down as far as possible without pain.
Follow-up Appointments

After surgery you will be seen in the clinic for your postoperative visit. X-rays may be obtained at your first follow-up appointment. If you had lower back surgery, you will need to wear pants without metal clasps, zippers or rivets. If you do not have elastic waistband pants, shorts will be provided for your x-ray.

If you have any postoperative questions or concerns, or need to reschedule the follow-up appointment, please contact one of our offices listed below.

Jason Thompson, MD  
Chris Howe, MD  
Joshua Grant, PA-C, MCHS  
W. Chad Swaims, DSc, PA-C

Proliance Orthopedic Associates–Renton  
425.656.5060  
Talbot Professional Center  
4011 Talbot Road S Suite 300  
Renton, WA 98055

Proliance Orthopedic Associates–Covington  
253.630.3660  
27005 168th Place SE  
Covington, WA 98042

If you have an urgent issue that requires **immediate** attention after working hours, our answering service can be contacted at 425.251.1311.
Phone Numbers & Resources
Important Phone Numbers

Your Surgeon: ________________________________________________________________

Practice Name: __________________________________________________________________

Phone Number: __________________________________________________________________

Your Primary Care Physician: __________________________________________________________________

Practice Name: __________________________________________________________________

Phone Number: __________________________________________________________________

Valley Medical Center Phone Numbers

Main Operator................................................................. 425.690.1000
Admitting.............................................................................. 425.690.3545
Financial Advocate................................................................. 425.656.5599
Patient Financial Services, Customer Service .................... 425.690.3578, option 5
Chaplain/Spiritual Care..................................................... 425.228.3440, ext. 5859
Donating to Valley Medical Center ................................. 425.690.5956
Neuroscience Institute ....................................................... 425.690.3586
Present Place Gift Shop...................................................... 425.228.3440, ext. 5959
Patient/Visitor Information ............................................... 425.228.3440, ext. 5191
Preoperative Nurse (STAR Clinic) .................................. 425.656.5404
Pre-registration Office....................................................... 425.251.5193
Prescription Pad Pharmacy North................................... 425.690.3551
Prescription Pad Pharmacy South................................... 425.690.3552
Proliance Orthopedic Associates .................................... 425.656.5060
Surgery.............................................................................. 425.251.5192
Helpful Websites

Valley Medical Center ................................................................. valleymed.org
Neuroscience Institute ............................................................... valleymed.org/neuro
Proliance Orthopedic Associates .............................................. prolianceorthopedicassociates.com
North American Spine Society .................................................... spine.org
All about Back and Neck Pain .................................................... allaboutbackandneckpain.com
Spine Universe ........................................................................ spineuniverse.com
Spine Health ............................................................................. spine-health.com
Cervical Spine Research Society ............................................... csrs.org
Scoliosis Information for Teenagers .......................................... iscoliosis.com
American Academy of Orthopedic Surgeons .............................. orthoinfo.aaos.org
Cervical Disc Replacement ........................................................ synthesprodisc.com
Lumbar Disc Replacement .......................................................... synthesprodisc.com
Notes
Notes
Notes
About Valley Medical Center

At Valley Medical Center, we witness the remarkable power of life in everything we do. It's humbling, it's inspiring, and serves as a constant reminder of why we are here—to care for people.

From the comprehensive wellness check to extraordinary critical care, it is our goal to keep you and your family healthy, living pain free and leading a better life. We are proud to offer convenient, neighborhood clinics and walk-in urgent care 7 days per week. We're also there for the unexpected, with 24-hour trauma and emergency services, experienced surgeons, medical specialists, and state-of-the-art imaging, robotic and diagnostic technologies.

The Spine Center

UW Medicine

VALLEY MEDICAL CENTER

Remarkable things happen here.

South Tower, Seventh Floor
400 South 43rd Street
Renton, WA 98055

425.690.1000
valleymed.org/spine

© 2020 VMC (Rev 9/20) VMC-SPIN-00003

Recycled Paper