Your Guide to Your Stay in the Neuro-Spine
Unit at the Mount Sinai Hospital
Thank you for choosing The Mount Sinai Medical Center Department of Neurosurgery for your Spine Surgery. Our team of dedicated professionals will work with you to make your surgical procedure and postoperative stay as comfortable as possible. You and your surgeon, in collaboration with other members of the healthcare team, will work together to achieve the best possible outcome. Please read this booklet thoroughly as it will become your guide to undergoing a spinal procedure at Mount Sinai.

We have enclosed checklists to assist you in preparing for surgery, what to expect during your hospitalization and postoperative recovery, as well as how you can help yourself once discharged home. While each individual responds differently to surgical procedures, this booklet has been developed to make you aware of the experiences typical for patients undergoing spinal surgery.

It is important for you to remember that you are in charge of your own recovery. The recovery phase begins immediately after surgery. The sooner you become active postoperatively, the sooner you may begin to return to normal activity. Please feel free to ask any of your team members how we can best help you in meeting your goals.
Preparation for Surgery

Before Going to the Hospital

To make sure you are healthy enough to tolerate your surgery well, you will undergo a series of tests of time. If you are being admitted as an emergency, these tests will be done upon arrival at the hospital. These will include a medical and neurological evaluation, an electrocardiogram, x-rays, and several blood tests. You may also be asked to donate blood, for use if you need a transfusion.

Other steps you should take before your surgery include:

• Have your teeth checked. To help avoid infection, it is important to complete any dental work you need prior to surgery. Loose teeth can also be at risk so please notify your dentist of your upcoming surgery.

• Review all medications you are taking with your surgeon (be sure to include nonprescription drugs, such as overthecounter remedies, as well as vitamins and food supplements). If you are taking herbal medications, it is also important to mention these to your surgeon as they may cause bleeding.

• It is important for you to report a complete and accurate history of all medications (including medication for pain) so we can provide you with the best level of care while you are at Mount Sinai. Please also discuss your alcohol consumption and use of any recreational drugs with your surgeon.

• You may need to stop some medications such as blood thinners (including but not limited to aspirin, Coumadin®, Plavix®) or antinflammatory agents (including but not limited to Advil®, Motrin®, Aleve®, Ibuprofen®, Celebrex®, Tricosal®, Cataflam®, Voltaren®, Dolobid®, Lodine®, Nalfon®, Ansaid®, Indocin®, Indocin SR®, Oruvail®, Torel®, Medolmen®, Poxitel®, Mobic®, Relafen®, Naprosyn®, Anaprox®, Daypro®, Feldene®). If you are unsure about stopping any of the medications you are taking, be sure to ask your surgeon. Blood thinning medications can be in the form of pills, patches or creams so please let your surgeon know about any and all medications you are taking. In addition, bring all of your medications that you take at home with you on the day of surgery in their original prescription bottles in one clear plastic bag.

• If you are having a spinal fusion, you may be asked to stop taking bisphosphonates (including but not limited to Fosamax® or Actonel®)

• You will be given prescriptions for any medications you might need specifically related to your surgery before discharge from Mount Sinai.

• Make sure your surgeon knows about your past history of medical conditions, surgeries, allergies and drug allergies.

• Stop smoking – smoking slows down the healing process and may interfere with the development of solid bone fusion.

• If you are overweight, losing weight will help improve your mobility after surgery.
Preoperative Exercise Program

If you have been scheduled for spine surgery, you have probably already been participating in some form of a physical therapy exercise program. Should you have any questions regarding activity and exercise recommendations pre-operatively, please contact your surgeon’s office.

Home Modifications

A number of simple changes can make your home safer and more practical for your return from the hospital. While your physical or occupational therapists may have additional suggestions after your surgery, the following steps are generally recommended for everyone.

Most of these items are readily available from medical/surgical supply stores. It is advised that you check with your insurance company to see if you are covered for any or all of the below items.

Throughout your home

• Remove throw rugs and other hazards; pay special attention to the position of electrical cords.
• Place items you use regularly (kitchen utensils, toiletries, clothes, etc.) at arm level so you don’t have to reach up or bend down.
• For elderly patients or patients with special needs, you may want to consider rearranging furniture so you can maneuver easily with a cane, crutches, or walker.

Bedroom

• Make sure your bed is accessible and of adequate height so you don’t have to bend too much getting in and out. Raise the bed with bed risers if necessary.
• Make sure lamps can be turned on and off easily, preferably from bed.
• Check to see that your remote controls and battery operated devices have new batteries.

Living Room

• Have available a high, stable chair with a firm seat cushion and armrests.

During your hospital stay, your physical or occupational therapist may suggest some of the following items. Some can be shipped to your home if not provided on your day of discharge.

Bathroom—For your safety and comfort, you might consider:

• Bars/handrails in the bath/shower
• A raised toilet seat if you have a low toilet
• A shower bench/chair for bathing
• A handheld showerhead
Blood Donation

Some patients undergoing spine surgery may also need a blood transfusion. If you receive a transfusion, the most likely time is the first or second day following surgery, although it can occur at any point during your hospital stay.

As part of your preparation for surgery, you and your family may donate blood prior to your surgery to be used in the event that a transfusion is necessary. Donations can be made up to 5 business days before your surgery. If you choose not to make a donation or are not eligible to do so (see guidelines below) and you require a transfusion, Mount Sinai will provide blood for you.

There is no fee to donate at Mount Sinai. However, there may be a fee for donations made elsewhere. If you are donating at a center outside of New York City, additional time might be needed for the blood to be processed and shipped to Mount Sinai. Blood is not usually processed from out-of-state blood banks.

⚠️ Please note that your blood can only be used within 1 month from the date of your donation.

The checklist below can be used to determine if you are eligible to donate blood in preparation for your surgery at Mount Sinai. Please contact your physician or the Blood Donor Center at 2122416104 if you have any questions about these guidelines.

Guidelines for Blood Donation

- You are at least 10 years old. Patients over 70 may donate with medical clearance from their physician.
- You weigh at least 110 lbs.
- You have been infection/symptom free for at least 3 days.
- You are not currently taking antibiotics.
- You have not had an adverse reaction to blood donation in the past.
- You do not have a history of cardiovascular disease.
Insurance Coverage

Before you come to the hospital, you may want to check with your insurance company to inquire about your coverage (both hospital stay and postdischarge needs, including rehabilitation, home care, and equipment). If a rehabilitation center is being considered for you postdischarge, please note, being told by your insurance company that you have “coverage” or “benefits” does not always mean you will receive authorization for admission to an acute rehabilitation facility from your insurer. Admission to an acute rehabilitation facility is based not only on your insurance coverage but also on clinical criteria and bed availability. The Mount Sinai staff will work with your insurer to provide you with the most appropriate level of rehabilitation services upon discharge.

Specific Questions to Ask Your Insurance Company

- Make sure that you specify your diagnosis and the type of spine surgery you will be having.
- Is there a limit on the number of days I am covered for hospitalization for the surgery?
- Does my insurance pay for a private room or nurse’s aide? Please note, routinely these are not covered by insurers and are paid for out-of-pocket.
- Does my diagnosis and procedure meet medical criteria for an acute rehabilitation facility?
  Acute rehabilitation facilities are overnight programs, either at Mount Sinai or another institution. Such programs provide intensive therapy for at least three hours per day, Monday through Saturday. The average length of stay is 7 days.
    - If yes, is there a limit on the number of days I am covered for?
    - Which facilities are in my network (covered under my plan)?
    - Is transportation to the facility covered? If yes, under what circumstances?
    - Please note: Applications must be made to 3 acute rehabilitation facilities — we cannot only apply to your first choice.

- Does my diagnosis and procedure meet medical criteria for a subacute rehabilitation program?
  Subacute rehabilitation programs are overnight short-term programs conducted in a nursing home. On average, such programs provide 1-2 hours of therapy, Monday through Friday. The length of stay is approximately 14-21 days, which varies on your prior level of independence and progress with your rehabilitation program.
    - If yes, is there a limit on the number of days I am covered for?
    - Which facilities are in my network?
    - Is transportation to the facility covered? If yes, under what circumstances?
    - Please note applications must be made to 3 subacute rehabilitation facilities — we cannot only apply to your first choice.
Insurance Coverage (continued)

- Does my diagnosis and level of care required qualify me for home care?
  Home care involves therapy and services provided to you at your home.

  If yes, what kind of services?

  - A nurse?
  - Physical therapy?
  - Occupational therapy?
  - Assistance at home, such as a home health aide/attendant?

  If yes, do I have a copay for any of the services?

- Please note: Home care is often limited or not covered at all by insurers, especially if you have private insurance. Therefore, please make alternate care plans for when you get home.

What types of equipment are covered?

- A walker, wheelchair, crutches, cane?
- Elevated toilet seat/commode?
- Shower bench/seat?
- Dressing equipment?

Workman’s Compensation Insurance

If you have Workman’s Compensation Insurance, please make sure that you contact your Workman’s Compensation Case Manager. Make sure to bring your case number and your case manager’s phone number with you to Mount Sinai. If you have additional insurance coverage, please bring that information with you as well.

Friends and Family

Who is your primary contact person? Be sure to bring that person’s phone number with you to the hospital. The surgeon will speak to your friends and family after your procedure is complete. If you would like the surgeon to call someone instead, please tell the surgeon ahead of time and provide the phone number. Hospital staff are not allowed to give out information to multiple people over the telephone because of the privacy stipulations of the Federal Health Insurance Portability and Accountability Act (HIPAA). If your family has specific questions about the procedure, it is a good idea to write them down and bring them to an appointment prior to your spine surgery. Plan ahead for your transportation home (family, car service, ambulance). Please note that most insurance does not cover the cost of getting home.

Arrange for a friend or family member to be available to assist you after you return home.

Depending on your insurance, you may not be covered to receive any extra help. If you are interested, a list of private services can be provided.
The Night before Surgery

- Take medications as instructed by your surgeon and medical doctor.
- Do NOT eat or drink anything after midnight the night before your surgery.

What to Bring to the Hospital
You can make your hospital stay that much easier by following this checklist as you pack:

- Insurance card/information
- List of medications, including dosage and how often you take them
- Prescription Medications: Bring all of your medications with you the day of surgery in their original prescription bottles. Some of your medications that are non-formulary may be taken to be re-labeled by our pharmacy to be dispensed to you by the nursing staff.
- List of allergies
- Completed Health Care Proxy form
- Emergency contact number
- Names and numbers of any rehabilitation facilities you may have made arrangements with
- Loosefitting clothes, such as sweatpants and t-shirts
- Robe
- Rubbersoled, nonslip shoes (e.g., sneakers, or slippers with a back)
- Toiletry items (toothbrush, toothpaste, comb/brush)
- Any assistive devices you use (e.g., walker, cane). Please label all devices.
- Dentures or hearing aids (with working batteries)
- Eyeglasses (not contact lenses)
- Phone numbers of all physicians, family, and friends whom you might need to contact
- A small amount of cash for newspapers, etc. It might be helpful to have a credit number available (although you do not need to bring the actual card).
- House keys

What NOT to Bring

- Valuables (such as large amounts of cash, checkbook, jewelry, expensive belongings)
- Electrical devices (such as hairdryers and heating pads)
Hospital Information

Where to Go:
On the day of surgery, go to the 2nd floor of the Guggenheim Pavillion at Mount Sinai, using either the 1190 5th Avenue or the 1468 Madison Avenue entrance. After registering, you will go to a holding room, where you will meet with your anesthesiologist and your surgeon, before being taken to the operating room.

Mount Sinai Information

Telephone and TV Services
A personal telephone and TV are available for $13 total ($7 for TV and $6 for phone) per day. The charge for these services may be applied to your home telephone bill and paid after you leave the hospital. A staff member during the admission process will help you make arrangements for these services.

Please understand that to ensure a quiet, restful atmosphere; patient phones cannot receive calls after 9:00 pm, although you will be able to make outgoing calls after that time. If family members/friends wish to call after hours to check in, please ask them to call the nurses’ station at 212-241-7923.

Family Waiting Rooms
This waiting room is available for family and friends of patients undergoing surgery. There will be staff present to serve as liaisons between surgeons, medical staff and families. It is located in the Guggenheim Pavilion, 2 West. The room is available Monday – Friday 5:30 am – 8:00 pm.

Visiting Hours
Visiting hours are between 11:00 am and 9:00 pm. We ask that you and your family/friends respect these hours very closely. (Early morning hours are typically devoted to clinical care needs, while after 9:00 pm, patients are encouraged to get the sleep they need to speed their recovery.)

Any visits outside of regular visiting hours will require the permission of the nursing staff, the one exception being a patient’s transfer from the recovery room to the Spine unit after 9:00 pm.
Guest Lodging

Families and guests of patients receiving care at Mount Sinai may choose to stay at local hotels in the area that offer discounts to our patients. Mount Sinai has an exclusive agreement with the Courtyard by Marriott, located at 92nd Street and First Avenue which offers a variety of rooms at substantial discounts. Reservations can be made by dialing 212-241-5431. The Hotel Wales, located at 92nd Street and Madison Avenue, also offers discounts and can be reached at 1866-WALES-HOTEL.

Meals

Mount Sinai makes every effort to provide nutritious meals to our patients. To speed your recovery, your surgeon may specify what you can eat postoperatively. If you observe Jewish Dietary Laws, there are kosher meals available to you. Also, there are other dietary meals available upon request (e.g. Vegetarian, diabetic).

Parking

The Mount Sinai parking facility, located on 99th Street between Madison and Park Avenues, is attended from 5:00 a.m. to 12:30 a.m. daily. At all other hours, please contact the Security Desk in the main lobby of the hospital for assistance with parking. For questions about parking, call 212-241-5125.
Who's Who?

While at Mount Sinai, you will be taken care of by excellent physicians and outstanding registered professional nurses, as well as an entire healthcare team. This team may include physicians' assistants, social workers, pharmacists, physical and occupational therapists, nutritionists, and associate staff.

Each staff member will provide you with different aspects of your care and in order to help you understand their roles in your recovery, we have listed a brief description of their roles.

Clinical Nurse Manager (CNM): coordinates all Registered Nurses (RNs) and Patient Care Associates (PCAs) on the unit. The CNM oversees all care delivered on the unit. She is available for any questions or concerns you may have. She also ensures that you receive excellent care during your stay.

Nurse Practitioner (NP): is an advanced practice nurse specially trained to oversee the patient plan of care in collaboration with the spine surgeon. The NP will follow you from the post anesthesia care unit until discharge. The NP has the ability to order tests, X-rays, medications and acts as the physician liaison for patients and families in regards to patient education, concerns, and problems.

Physicians Assistant (PA): is a healthcare professional licensed to practice medicine with the attending physicians. The PA will conduct physical exams, diagnose and treat illness and assist in surgery. The PA will also order and interpret tests, prescribe medication and provide a broad range of diagnostic and therapeutic services.

Registered Nurse (RN): will coordinate your care during your stay including administering your medication, monitoring your pain and response to medication and other treatments, as well as monitor your vital signs. The RN will also monitor the status of your surgical site, communicate issues and concerns to your surgeon and carry out your surgeon's orders for your care.

Patient Care Associate (PCA): helps the RN give you physical care such as bathing and taking vital signs. They will check on your pain level frequently, as they help you to regain your independence. They report to your RN.

Physical Therapist (PT): will work with you to get you back on your feet and moving again by increasing your strength, balance and overall functional mobility.

Occupational Therapist (OT): will help you to perform your selfcare and improve your independence in completing everyday essential tasks.

Social Worker: will arrange for your needs upon discharge, sometimes including rehabilitation, home care, transportation, and equipment. The social worker is also available for supportive counseling, if needed.

Mount Sinai offers a variety of additional services not covered by your insurance that are available to you on a fee-for-service basis:
For Private Duty Nurse: Access Nursing Service (212) 241-7383
For Private Room or Private Unit (GP 11West):
Notify the Admitting Coordinator on admission to the hospital.
Your Surgery

Your surgeon will discuss in detail with you how long your surgery routinely takes. Most often, patients receive general anesthesia. Your surgeon and anesthesiologist will discuss with you the type of anesthesia that is best for you. During surgery, the surgeon will also decide whether to insert a catheter to collect urine.

Recovery Room

- After surgery, you will be closely monitored in the recovery room (also called the Post-Anesthesia Care Unit, or PACU) as your anesthesia wears off. Under certain circumstances, you might be placed in the Intensive Care Unit or another post surgery unit after surgery. Specially trained nurses, physicians, and other medical staff will care for you, and begin administering pain medication right away. You may find the room noisy and bright, with a lot of equipment: this is a sign that you are in good hands. Extra blankets are available if you feel cold. You are expected to stay in the recovery room until your condition is stabilized and a bed is available for you on the Neuro-Spine floor.

- Your family and friends are encouraged to remain in the waiting area, where they will be given updates on your progress and be notified when you are ready to be taken to your room.

- **Please note:** If you are a patient under 21 years of age you may or may not be followed after surgery on the pediatric floor. This is to allow for a pediatrician to participate in your care.

Transfer to Your Room

Once you have recovered from the anesthesia, you will most likely be transported to the Neuro-Spine floor, 8 Center, in the Guggenheim Pavilion, where a team of neuro-spine and rehabilitation specialists will take over your care for the remainder of your hospital stay. If the neuro-spine floor is full, you may be sent to another unit where the team will also follow you in your care. Your length of stay will vary depending upon your procedure, which will be discussed by with you by your surgeon.

On arriving in your room, you will be given a calf pump—a toeless slipper that gently squeezes your foot to help the circulation—as well as a special device, called an incentive spirometer, that will help you practice breathing deeply to clear your lungs. You may wake up with drains and possibly a catheter which are usually removed postoperatively when your mobility improves. Please note, if you have had cervical spine surgery you may wake up with a cervical collar on your neck.
Monitoring Your Progress

We will take your temperature and blood pressure, and also check on your surgical site, every 4 hours around the clock. Once a day, we will also take a blood sample.

For the first 24 hours, your mouth will be very dry, and your throat may also hurt. Ice chips are available to ease these sensations.

Some patients may experience a slowing of the digestive process as a result of some medications or the surgical procedure. Please let your healthcare team know if you experience any abdominal pain or nausea; treatment is available.

Billing Information

You will receive several bills after your hospital stay.

The hospital bill will cover your time in the operating room and your inpatient stay.

If you have any questions about this bill, please call 212-731-3100.

• For questions about your surgeon’s bill, contact your surgeon’s office.
  -You may receive a bill for neuromonitoring.
  -You may receive a bill for anesthesia.
Pain Management

Although discomfort is a normal result of surgery, your healthcare team is there to keep your pain to a minimum. Your surgeon will prescribe your personal Pain Management program, which will involve either intravenous medication or the use of a pump you activate yourself (also known as Patient-Controlled Analgesia, or PCA pump). Your nurse will instruct you on the use of the PCA pump. Please remember that if you are using a PCA pump, it is important that you push the button when you have pain. If you are in pain, you can also request additional pain medication. We can also adequately control your postoperative pain with oral medication once you can tolerate food and drink. We also work closely in conjunction with the Pain Service Team should you require further management to tailor your pain medications to adequately control your pain.

You can also help us help you. The more accurately you can describe your symptoms, the better we will be able to alleviate them and help you move forward with your recovery. Your health team will use a pain scale of 0-10 for you to gauge your pain; 0 being no pain and 10 being unbearable.

Since pain levels tend to go up and down during the early recovery stages, tell your nurse or doctor if the pain gets worse.

Try to pinpoint the kind of pain you are experiencing: Is it constant? Intermittent? Sharp? Dull? Aching? Burning? Does it feel like muscle spasms? If you have more than one pain location, it is important to identify, describe and rate each pain area using the pain scale.

Since pain also varies in intensity, we will ask you to rate your pain whenever we check on you.

Please also let us know if you experience side effects from the pain medication, such as nausea, itching, dizziness, or constipation. We can help you with those symptoms as well.

You can expect pain to decrease and your stamina to increase as your stay goes on. By the time you leave the inpatient floor, you should need only oral pain medication.
Understanding your Spine Surgery

Microdiscectomy/Decompression Lumbar Laminectomy

Anatomy of the Lower Spine

SAGITTAL (VERTICAL) SECTION

Conus medullaris of spinal cord

Cauda equina nerve roots

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Exercise is very important to help your recovery from spine surgery. You are going to need to learn to move differently, and strengthen your back and your legs. A physical therapist will work with you after surgery to help you start moving again.

In order to let your spine heal, you will want to decrease the strain you put on your spine. This strain often comes from lifting objects, twisting and bending your spine. Good body mechanics are essential to protecting your spine.

One of the first aspects of body mechanics is log rolling. This is extremely important:

- Your physical therapist will work on log rolling with you. This way of moving will often feel awkward at first, but once you make it a habit, it will be second nature. Please review the pictures on page 26.
- When you are getting into and out of your bed, you want to picture your spine as a log, it does not bend. Your hips, knees and arms can move, but your spine stays as one unit.
- Your surgeon may prescribe a brace for you. He or she will let you know when you will need to wear it. Your physical therapist and/or occupational therapist will review with you the proper use of this brace. You may need to use this brace when you are out of bed and with exercise.

Other Precautions:

- Carry objects with both hands and keep the objects close to you. Pretend that you have VERY short arms.
- Push or pull objects instead of lifting them.
- When pushing objects, especially doors, keep your arms very close to you and let your legs do the pushing.
- When reaching toward the ground or picking something up, bend with your hips and knees instead of your back.

Your surgeon will likely recommend limiting the amount of time you spend sitting at one time. In general, do not sit for more than 20-30 minutes at one time and make sure you change positions often.
Understanding your Spine Surgery

Lumbar Fusion (Anterior and Posterior)

Anatomy of the Lower Spine

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Other Reminders:

- Stop smoking and use of nicotine prior to your surgery and during your recovery

- If you were taking biphosphonates such as Fosamax®, Actonel® or anti-inflammatory agents prior to surgery, check with your surgeon before re-starting these medications.
Understanding your Spine Surgery

Cervical Discectomy and Fusion (Anterior)

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- Push or pull objects instead of lifting them.
- When pushing objects, especially doors, keep your arms very close to you and let your legs do the pushing.
- When reaching toward the ground or picking something up, bend with your hips and knees instead of your back.
- Avoid repetitive overhead activities.
- Do not move your head rapidly.
- It is suggested to have some type of support in bed (i.e. sleeping wedge, or pillow, to keep your head up.)

Other Reminders:

- Do not drive if you have been instructed to wear a cervical collar.
- Stop smoking and use of nicotine prior to your surgery and during your recovery.
- If you were taking biphosphonates such as Fosamax®, Actonel® or anti-inflammatory agents prior to surgery, check with your surgeon before re-starting these medications.
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Other Reminders:

- Stop smoking and use of nicotine prior to your surgery and during your recovery.
- If you were taking biphosphonates such as Fosamax®, Actonel® or anti-inflammatory agents prior to surgery, check with your surgeon before re-starting these medications.
Important Spine Precautions and Activity Program

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- When you are getting into and out of your bed, you want to picture your spine as a log, it does not bend. Your hips, knees and arms can move, but your spine stays as one unit.
Avoid lifting, twisting and bending that places strain on your spine

DON'T

1. Twist at the waist

2. Sit up

3. Bend at the waist

4. Twist your torso to reach items

If you have any questions, ask your therapist or surgeon.
Other Precautions:

- Carry objects with both hands and keep the objects close to you. Pretend that you have VERY short arms.

- Push or pull objects instead of lifting them.

- When pushing objects, especially doors, keep your arms very close to you and let your legs do the pushing.

- When reaching toward the ground or picking something up, bend with your hips and knees instead of your back.
# Leaving the Hospital

## Discharge Information

Once your surgeon says you are medically ready for discharge, there are several options available. You and your healthcare team—your doctors, nurses, physical and occupational therapists, and social worker—will make the decision together with your insurance provider. Approval and authorization from your insurance carrier may also affect the discharge decision.

<table>
<thead>
<tr>
<th>Discharge Option</th>
<th>Description</th>
<th>Appropriate If...</th>
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| **Home without physical therapy** | • Initially you will be discharged without an immediate plan for PT but you will follow-up with your surgeon to plan for outpatient physical therapy. | • You can function independently (i.e., get in and out of bed and bathe without assistance, use a walker or cane by yourself);  
• You have support at home; and  
• You can get to and from your out-patient physical therapy. |
| **Home with outpatient physical therapy** | • No home care – you will go to an outpatient physical therapy program.  
• Equipment needs to be arranged prior to discharge. | • You can function independently (i.e., get in and out of bed and bathe without assistance, use a walker or cane by yourself);  
• You have support at home; and  
• You can get to and from your physical therapy. |
| **Home with home care**           | • Home visits by a physical therapist or occupational therapist.  
• May or may not provide you with a nurse or an aide*  
• Equipment needs to be arranged prior to discharge. | • You are functioning well in the hospital;  
• You can manage with limited assistance; and  
• You have the appropriate support at home. |
| **Acute Rehabilitation**          | (Transfer to inpatient rehabilitation, either at Mount Sinai or another institution)  
• You will be expected to actively participate in Intensive therapy, at least 3 hours per day Monday through Friday**.  
• Average length of stay: 7 days. | • Your recovery indicates that you need an intensive therapy program;  
• Your insurance approves;  
• You meet medical criteria and there is bed availability. |
| **Sub-Acute Rehabilitation**      | (Transfer to a nursing-home-based rehabilitation program)  
• 1-2 hours of therapy per day, Monday through Friday**.  
• Average length of stay: 14-21 days, depending on patient. | • Your recovery indicates that it would be helpful to have more time before you return home;  
• Your insurance approves, and there is bed availability. |

* If you feel you need a home aide, but your insurance does not cover the service, a list of agencies can be provided.

** Some facilities may offer limited therapy on weekends.
**Time of Discharge**

You will be discharged as early in the day as possible. Your nurse will give you an approximate time of discharge and discuss arrangements with your family member or friend if you are going home.

- Many insurance companies do not cover the cost of transportation home from the hospital. We will assist you if you need transportation arrangements made. Please keep in mind that transportation services may require payment at time of service.

- If you are going home, review discharge instructions with your healthcare team and make sure arrangements have been made for all the equipment you need.

- If you are being discharged to an inpatient rehabilitation setting, arrange to bring loose-fitting clothes and sneakers, and notify friends and family of your new location.

**General Discharge Instructions**

- If you are going home, please make a follow-up appointment with your surgeon.

- Follow-up with your physician about resuming any medications that may have been stopped during hospitalization.

- It is not uncommon to experience pain flares or episodes of numbness or recurring nerve type pain. In most cases, these feelings will resolve over time.

**Call your surgeon if:**

- You notice significant redness, swelling and drainage at the surgical site. (Minimal drainage is expected, but if you see an increase or change, please call your surgeon.)

- Your temperature exceeds 101 degrees.

- You have new calf pain or calf swelling.

- You do not have a bowel movement for 5-7 days; please remember to take stool softeners. To help avoid constipation, be sure to drink plenty of fluids and eat plenty of fruits and vegetables. If you continue having a problem, it is important for you to call your surgeon.

**Call 911 if you develop chest pain or shortness of breath.**
Pain Management and Wound Care

You will be discharged with a prescription for pain medication and for any other medications your surgeon determines you need.

- Take pain medication only as prescribed and avoid alcohol.
- Notify your doctor if your pain medication is not working or you are experiencing unpleasant side effects, such as constipation.
- If you feel your pain is ongoing, your surgeon can refer you to a pain management service.
- If you have had chronic pain in the past and have seen a chronic pain management provider, please follow up with them after your surgery.
- If you need refills for pain medication, call your surgeon during weekday office hours. Please try to anticipate any pain medication needs before the weekend or evenings.
- For patients with spinal fusions, you can not take anti-inflammatory medications for six months after surgery.

Wound Care

- Keep the wound area clean and dry. Before you leave the hospital, your nurse will explain how, and how often, to change dressings.
- You will be able to shower 5 days after surgery unless told otherwise.
- Do not put anything on the wound besides soap and water, unless otherwise instructed.
- Staples or sutures will be removed from your wound in approximately 2 weeks, depending on your surgery. Depending on your discharge plan, the staples will be removed at a rehabilitation facility, at home by a visiting nurse (which will be arranged prior to your discharge from the hospital), or during a follow-up appointment with your surgeon.
Physical Therapy

Remember, range of motion and strengthening exercises are essential to getting the most out of your surgery. Surgery is just one step in your recovery, your physician and rehabilitation team will prescribe a program that will fit you best. Make sure you are an active participant in your rehabilitation program in order to benefit the most from your surgery.

Resuming Your Normal Activities

While in the hospital, you will be taught the proper way to get through the activities of daily living. The pace of return to activities is individual to each patient. Check with your doctor as to when you can safely resume:

- taking baths
- driving (the average time is approximately 6 weeks after surgery)
- work
- sexual activities
- sports (while you are encouraged to remain physically active, both for your general health and for maintaining good bone quality, you should discuss specific activities with your doctor)

Recovery Reminder

- Be sure to follow your surgeon’s recommendations regarding if and when to wear your brace or collar.
- Climb stairs carefully – “Up with the good leg, down with the bad leg,” if appropriate.
- Avoid lifting, twisting and bending that places strain on your spine.
- Continue your exercise program regularly, as prescribed by your therapist to help keep your body strong.
- Speak with your rehabilitation team about appropriate sleeping positions following surgery.
- Speak with your rehabilitation team about how to bathe (i.e. if the dressing can get wet).
- Speak with your surgeon about when driving is appropriate.
- Speak with your surgeon about when sexual activity is safe.
- The amount of time you sit in one position may be limited after surgery. Speak to your surgeon and rehabilitation team for more details.

Thank you for choosing Mount Sinai for your spine surgery.

If you or your family have any questions, please be sure to call your surgeon. While in the hospital, please call the unit at 212-241-7923 and ask for the Clinical Nurse Manager.
Notes and Questions