

Spine Surgery Center of Excellence

A Patient Guide to Spine Surgery



Atlantic
Health System

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Welcome

We recognize that spine surgery may be a stressful time for you and your family. We created this patient guide so you know what to expect before, during, and after surgery.

Our goal is to provide you with information to help reduce your pre-surgical anxiety and to introduce you to our team. By becoming an active, involved and well-informed member of the health care team, you will play a vital role in your treatment and recovery.

Please keep in mind this booklet is only a general overview. The experience may be different for each person, depending on the surgery and the needs of each individual.

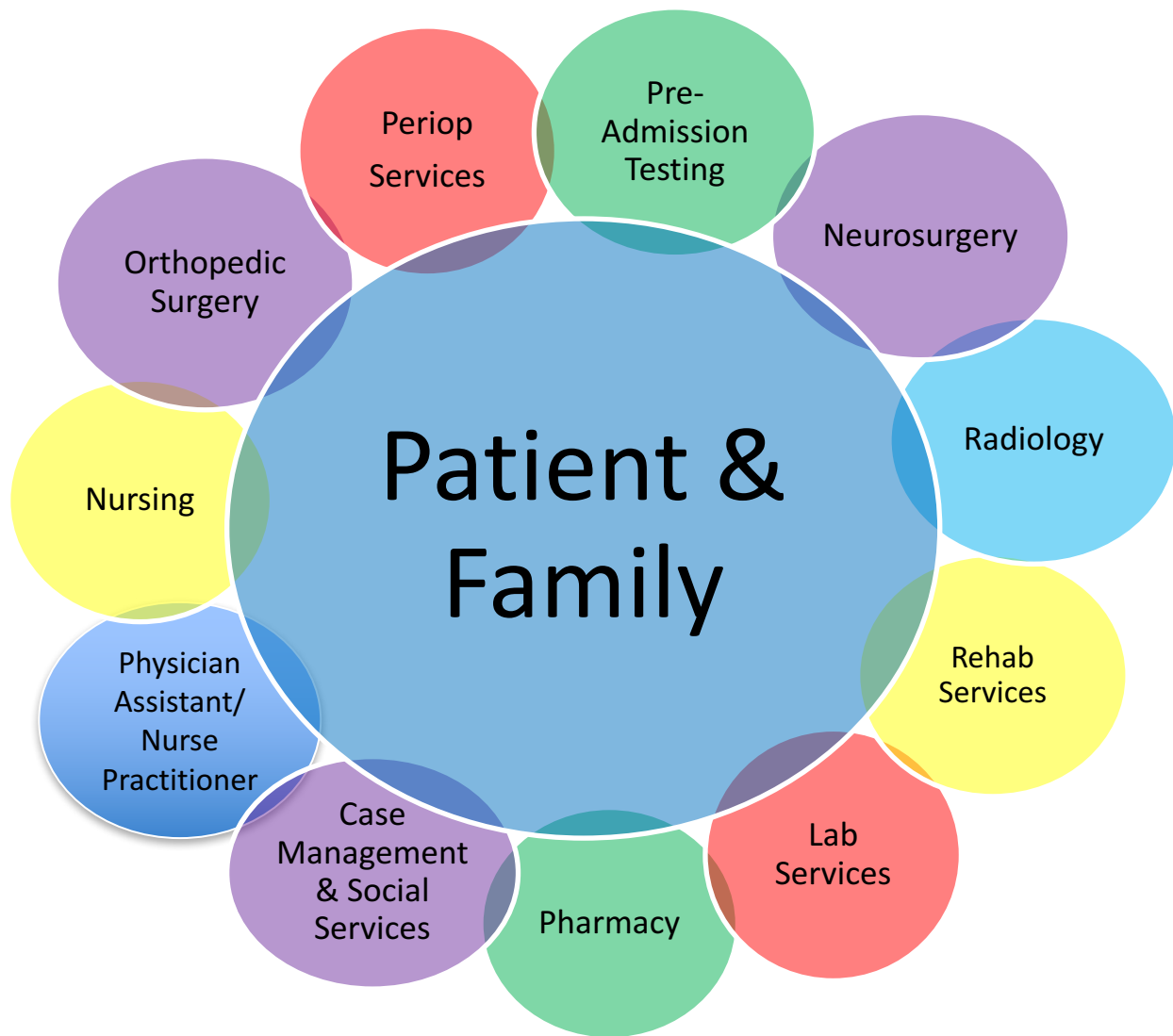
Atlantic Health System's Spine Center of Excellence is here to support you every step of the way.

Our spine team is committed to providing you with exceptional care.

We encourage you to keep this booklet with you throughout your entire experience — starting in the doctor's office, through your discharge from the hospital.



Multidisciplinary Care Coordination



The Spine Center of Excellence cares for adult patients with neck and spine disorders that result in pain and loss of mobility. Patients receive appropriate diagnostic tests, treatment, rehabilitation and education based on established best practice standards of care. A multidisciplinary team will provide you with individualized care. Family involvement in the care process is encouraged.

Patient-Centered Care Team

There are numerous medical professionals who will be taking care of you during your hospital stay. Together they will work to help you attain your optimal level of health and activity. Care givers are listed below alphabetically after Spine Surgeon.

Spine Surgeon – The Team Leader: The spine surgeon addresses problems with the spine and works in partnership with all team members responsible for your care.

Anesthesiologist: The anesthesiologist's job is to keep you safe and comfortable during your surgery and recovery from anesthesia. The anesthesiologist monitors your heart, blood pressure, oxygen in your blood, temperature and level of consciousness during your surgery.

Care/Case Manager: The care/case manager is a registered nurse who works closely with you and the medical team to design a discharge plan specific to your needs. Care/case managers are available to answer your questions about insurance and related issues. Should home care services be needed, the care/case manager will make those arrangements.

Hospitalist: They are physicians who specialize in the practice of general medicine. The hospital-based medical doctors may be consulted to help coordinate your medical care. When you are discharged, a summary of your stay can be sent to your doctor.

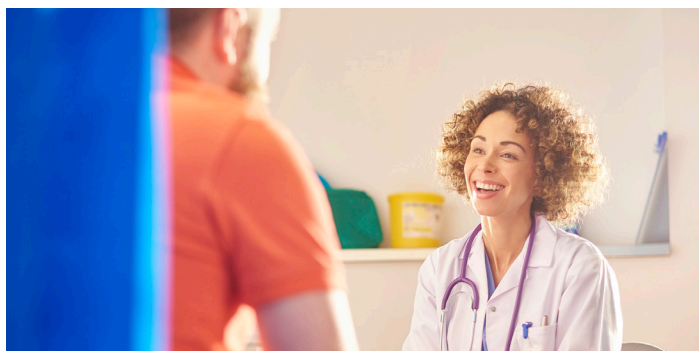
Integrative Medicine: These practitioners can visit your room to offer complementary services, such as guided imagery, reiki and other energy modalities. These visits can provide pain relief, improve mental attitude and facilitate healing. Speak with your nurse to schedule a visit. Services are available Monday through Friday. To request a visit, please speak with your nurse.

Nurse Practitioner (NP): A registered nurse who has advanced skills and education works with the surgeon to manage your care. NPs work in partnership with the spine surgeon providing day-to-day assessment and treatment.

Nursing Assistant (NA)/Patient Care Tech (PCT): The NA/PCT will assist you with bathing and toileting needs, take your blood pressure, pulse and temperature, may check your blood sugar as ordered, and empty your drains.

Occupational Therapist (OT): The OT works with you to plan safe ways to perform routine daily activities such as bathing and dressing. The OT offers safety ideas for your home, including equipment to simplify tasks and protect the spine.

Patient Liaison: The patient liaison is a non-medical member of the team who works with you and your family related to special needs or concerns.



Pharmacist: Pharmacists ensure that medications are used safely and appropriately and work closely with your physician. Pharmacists are available to discuss specific medication questions.

For Morristown Medical Center only - dial MEDS extension 6337 for the Medication Education line.

Physiatrist: A physiatrist is a physician who specializes in rehabilitation following surgery and manages conditions such as gait disorders, contractures, bowel and bladder dysfunction and skin breakdown.

Physical Therapist (PT): A physical therapist will assess your movement skills and functional abilities. Their primary emphasis is on mobility, including position changes, walking and stair climbing. They will assess the need for assistive devices.

Physician Assistant (PA): A PA works in partnership with the spine surgeon providing day-to-day assessment and treatment. A PA practices and prescribes under the license of a physician.

Registered Dietitian (RD): RDs assess your nutritional needs and adapt diets according to your needs and preferences. They also can educate you on special prescribed diets.

Registered Nurse (RN): The RN will provide most of your day-to-day care and will coordinate your daily routine on the unit. They will provide education, give you your medications and work with you on your daily goals. They will also provide instructions related to wound care, medications and their side effects and activity guidelines throughout your stay. A nursing coordinator is available to handle nursing-related issues and concerns.

Respiratory Therapist (RT): The RT will encourage you to cough and deep breathe and will give you breathing treatments if ordered.

Social Worker: The social worker works with the team, especially the care/case manager, on your discharge plan if you need to go to a rehabilitation/subacute facility before going home.

Your Role in Preparing for Surgery

It is important that you enter the hospital in good health. In the days to weeks before your surgery, consider the following ways you can take control of your overall health:

- › **Stop smoking:** You can reduce the complications of surgery and anesthesia by stopping smoking at least two weeks before surgery.
- › **Nutrition and diet:** Eating a balanced diet is important to achieve optimal nutritional status before, during and after your hospital stay.
- › **Skin care:** Be sure to avoid, as much as possible, scratches, scrapes, rashes and sunburn. Be sure to report any of these conditions to your surgeon.
- › **Activity:** Stay as active as possible prior to your surgery to stay strong and healthy.
- › **Prepare your home for your discharge:**
 - Shop for groceries, prepare and store meals.
 - Move regularly used items to counter height.
 - Remove throw rugs that may cause you to trip.
 - Make sure hallways and rooms are clutter free.
 - Put night lights in dark hallways.
 - Put non-skid mat in shower or bathtub.
 - Have a comfortable chair with high back rest and good armrests.
- › **Make arrangements for the care of your pets** if unable to care for them.
- › **Assistance:** After surgery if your plan is to go home, arrange for family or friends to be available to drive you home and stay with you as necessary.
- › **Medications:** Generic, prescribed and over-the-counter meds should be reviewed with your physician. Take only those meds as directed by your physician prior to surgery.
- › **Showering:** Use antibacterial liquid soap showers as directed.



Together with Your Surgeon's Office....

Pre-Admission Testing (PAT)

Your surgeon will determine the need for pre-admission testing. If you have any laboratory test or radiology studies at home, bring them to your PAT appointment.

The following tests may be ordered by the surgeon or anesthesiologist for pre-operative evaluation:

- › **Chest X-ray**
- › **Blood and urine tests**
- › **EKG (electrocardiogram)**

Informed Consent

You will be asked to sign a document called informed consent. This provides confirmation that you and your surgeon have discussed the operation and alternative treatments, that you understand the potential risks and complications associated with the surgery.



What to Bring to the Hospital

BRING

- ❑ Your insurance cards, driver's license and photo ID, your insurance co-payment or deductible (if applicable)
- ❑ A copy of your current medication list, both prescription and over-the-counter, including name of medication, dose and frequency
- ❑ AICD/pacemaker ID cards or copy
- ❑ Advanced Health Care Directive (Living Will) or copy. This appoints a trusted person to make health care decisions for you if you are unable to do so. You can obtain this form at any admitting registration area of the hospital.
- ❑ Eyeglasses, contact lenses with storage container
- ❑ Hearing aids and batteries
- ❑ Non-skid footwear
- ❑ Loose fitting, comfortable clothes
- ❑ A brace if you were prescribed one by your surgeon and fitted before surgery
- ❑ Personal toiletries, socks, underwear
- ❑ Cell phone, electronic tablet, chargers - wifi is accessible
- ❑ Label all personal belongings (cane, brace, walker, CPAP, etc.)
- ❑ If you use a CPAP machine for sleep apnea, bring it with you and include the tubing and settings. Your machine will need to be checked by our clinical engineering department.

DO NOT BRING

- › Jewelry (If unable to remove rings, please consult jeweler for removal prior to arriving at hospital)
- › Cash, credit card/checkbook
- › Personal valuables

The Night Before Your Surgery

Be sure to follow carefully:

- › Shower with liquid antibacterial soap.
 - › Do not eat or drink anything after midnight. This includes: water, food, candy, chewing gum.
 - › Take all your usual medication up until midnight unless your surgeon has instructed you otherwise.
 - › If you have been instructed by your physician to take any medication the morning of surgery, you may take it with a very small sip of water.
 - › If you have diabetes, please check with your physician about your insulin or oral diabetic medication to be taken on day of surgery.
 - › Do not shave near the surgery site.
 - Shaving with your personal razor can irritate your skin and increase your risk for developing infection.
 - If required, clipping of the operative field will be done by the staff in the pre-operative holding area.
- Exception:**
Patients having neck/cervical spine surgery, who have facial hair/beard, your surgeon requires that you clean shave the day before surgery
- › **If you develop a cold or fever before the day of surgery, please contact your surgeon.**



What to Expect the Day of Your Surgery

Registration

- › **You will be asked many of the same questions several times to ensure your safety.**
- › An identification band will be placed on your wrist and you will be escorted to the “holding area,” where you will change into a hospital gown. One family member may accompany you.

Holding Area

- › You will be asked to remove dentures, hearing aids, eyeglasses, and contacts.
- › A pre-operative nurse will review your medical history and complete an assessment.
- › An intravenous (IV) line will be started.
- › You will meet with your anesthesiologist.
- › You may receive medications that will make you drowsy.
- › You will be taken into the operating room (OR) on a stretcher.

Operating Room (OR)

- › Before and during your surgery, you will be given medications to keep you comfortable.
- › General anesthesia is used for spine surgery.
- › General anesthesia puts you into a deep sleep. These include both intravenous drugs and anesthetic gases that you breathe during surgery.
- › The lights may be bright.
- › You will be placed on an operating room table with a special protective strap to prevent you from falling.
- › You and your OR team will be wearing gowns, masks, head and foot coverings.
- › Monitoring devices will be placed as follows
 - a clip placed on your finger to measure oxygen level in your blood.
 - a cuff placed on your arm to monitor your blood pressure.
- › A breathing tube will be placed to support your breathing while you are under anesthesia.
- › A catheter (tube) may be placed in your bladder to monitor your urine output.
- › An oxygen mask will be placed over your mouth.
- › Your surgeon will speak to your family after the surgery has been completed.



- › In some instances, residents and/or medical students will be in the operating room as well. Residents are licensed physicians in postgraduate training.

The length of your surgery is dependent on the type of surgery you are having. Your surgeon will discuss the details of your surgical procedure with you.

What Your Family Should Expect While You Are in Surgery

Family should immediately check in to the waiting room after you have been taken to the holding area. The length of surgery time can vary and is dependent on the type of surgery.

The surgeon will call or come out to see a member of the family when the surgery is complete. Family should check in with the waiting room desk staff when leaving or returning to the area.

Our Patient Tracking Board

Your family will be able to track your progress on the **Patient Tracking System** located in the waiting room. Because we know that privacy is important, we have created a special code to identify your friend/family member.

Color Coded ICONS will track your location from the Pre-op to Intra OP, indicating the procedure has started, to your arrival to PACU (Recovery Room).

What to Expect After Surgery

PACU

When your surgery is over, you will be taken to the Post-Anesthesia Care Unit (PACU), sometimes called “the recovery room.”

- › The nurses will closely monitor your heartbeat, blood pressure and breathing with the same equipment used in the operating room.
- › Oxygen will be administered through a mask or nasal cannula (small prongs resting at the edge of your nostrils).
- › Our staff will check the dressing over your incision frequently.
- › You may have special drainage tubes that collect either urine or blood; these will be removed at a later time.
- › If you needed a special breathing tube while under anesthesia, you may wake with a mild sore throat; that will be subsided quickly.
- › You will remain in the PACU until you are awake and vital signs are normal. This can take from one to a few hours.
- › You will be asked frequently to move your arms, legs and feet and if you have any numbness or tingling.
- › The nurse will also work with you on your pain management, asking about your level of pain. You will receive pain medication until you are comfortable.

Inpatient Unit

- › The nurse will complete an assessment, monitor your vital signs, discuss your mutually agreed upon pain goal, and educate you on your individual plan of care.
- › Your surgical site and drain, if present, will be checked frequently.
- › You will receive pain medication as ordered by your surgeon through a patient-controlled analgesia pump (PCA) and/or oral medication.
- › Early ambulation will be encouraged.
- › For your safety, you will be woken up during the night for monitoring vital signs; neurovascular checks, which is your extremity strength, sensation, pulses and pain; and checking your incision dressing.



- › You will be encouraged to do deep breathing exercises using an incentive spirometer.
- › You will receive IV antibiotics to help prevent infection.
- › With a physician order, your diet will advance as tolerated.
- › The nursing staff will assist you with getting out of bed to chair for meals.
- › Your IV fluids will be stopped once you are tolerating fluids by mouth.
- › You may have a urinary catheter; this will be removed as soon as possible.
- › Your doctor will also order some or all of the following evaluations:
 - **Physical Therapy Evaluation**
 - **Occupational Therapy Evaluation**
 - **Rehabilitation Evaluation**
- › A nurse case manager will also meet with you to discuss discharge planning.
- › **We ask only one family member act as the point person to get updates on your condition. Your family will be able to call directly to your hospital room or cell phone.**

Fall Prevention



**Safety —
Please Call,
Don't Fall**

YOUR SAFETY IS VERY IMPORTANT TO US.

The surgery and the medications often cause patients to feel dizzy, weak and unsteady on their feet. This can result in falls. If you need to get out of bed or out of the chair, for any reason, you must call for nursing staff assistance. As a precaution, all patients, immediately after surgery, are placed on “Falls Precautions.” The yellow wristband is a reminder to call for help before trying to get out of bed or out of the chair.

The physical therapy and the nursing staff must clear you before you are able to get in and out of bed and/or walking in the hallway unattended.

Taking Care of the Whole You – Preventing Complications

Incentive Spirometer (IS) Deep breathing and coughing after surgery will help keep your lungs healthy.



This is one of the most important things you can do after surgery.

The IS is an instrument that encourages you to take deep breaths. Use it 10 times over the course of each hour for several days after your surgery.

Preventing Blood Clots

Sequential compression sleeves will be placed on your legs to support circulation while you are in bed. Depending on your surgeon and your medical history, you may receive an injection into your stomach once or twice a day to prevent blood clots.



Nutrition Protein and a well-balanced diet help the body to heal. You will be able to select your meals and the **registered dietitian is available for questions and a nutritional consult.**

Constipation Anesthesia, change in diet, opioids and change in activity after surgery affect your ability to move your bowels. Stool softeners and laxatives will be given to help reduce constipation. Your activity and balanced diet will prevent constipation.

Opioid pain medication is a major cause of constipation.

Good fiber choices and adequate fluid intake will also help offset the side effect of constipation from the pain medication.

Urinary Catheter

The sooner the better to have the catheter removed.

- › This helps reduce potential for urinary tract infection.
- › We will assist you in walking to the bathroom or using a bedside commode.



Drain You may have a drain inserted during surgery into your wound.

This drain removes any blood or other fluids that might build up in this area.



The drain content is monitored and recorded.

The canister is emptied every eight hours. Your surgeon will determine when the drain is ready to be removed.

How to Protect Yourself and Others from Infection

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection.

1 way to prevent infection is to practice good hand hygiene. Handwashing is key for everyone!



During your stay

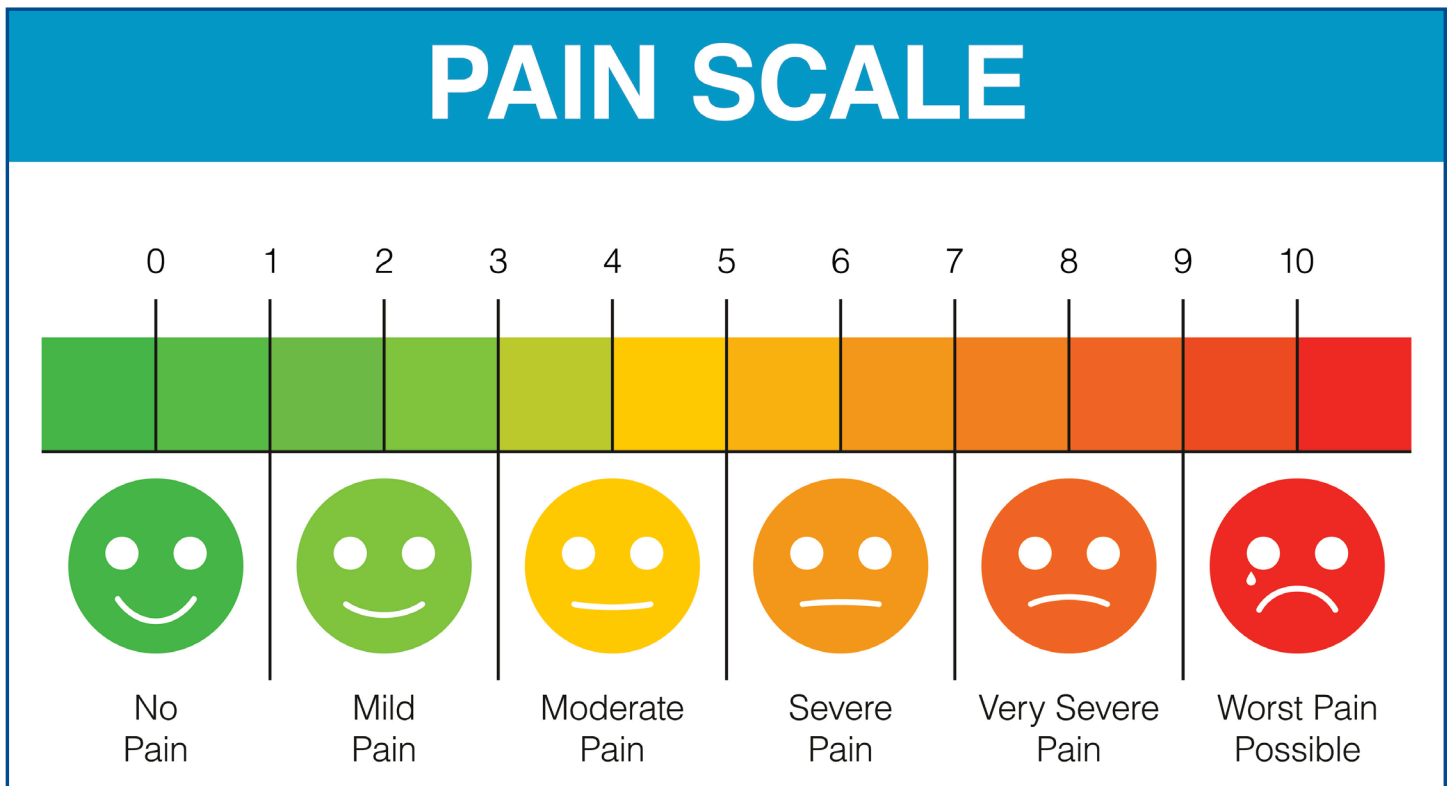
- › Family and friends who visit you should not touch the surgical wound or dressings.
- › Always clean your hands before and after caring for your wound.

Pain Management

The nurse will discuss pain control with you and together you will establish a mutually agreed upon pain goal for you. Pain control is a key part of your care after surgery, and setting realistic goals for pain control is essential.

Pain Facts:

1. You should expect to have some degree of pain after surgery.
2. The goal is to work with you to reduce your pain.
3. YOU are a vital part of your pain management.



How We Assess Your Pain

- *Tell Us When It Hurts*
- *Tell Us Where It Hurts*
- *Tell Us How Much It Hurts*

Managing Your Pain

Our goal is managing your pain to a reasonable level and control any unpleasant side effects from the medication. We expect pain but we don't want it to prevent function.

Pain medication may be given intravenously (by IV). This is given by the nurse or through a patient-controlled analgesia (PCA) pump. The PCA allows the patient to receive a set amount of pain medicine at a preset time interval at the touch of a button.

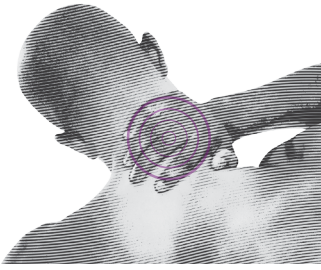
Our goal is to have you receiving pain medication in pill form as soon as possible because pills provide LONGER LASTING pain control than the IV pain medication.

REMEMBER: you should always let your nurse know about your pain BEFORE it becomes severe (8-10).

Additional Pain Management Therapies

We also offer integrative medicine therapies such as Guided Imagery and Therapeutic Touch. Talk to your nurse about scheduling an appointment with our integrative medicine practitioners.

Your medical team is your partner in your pain treatment plan. It's important to talk about any and all side effects and concerns to make sure you are getting the safest and most effective care.



Prescription Opioids: What You Need to Know

Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

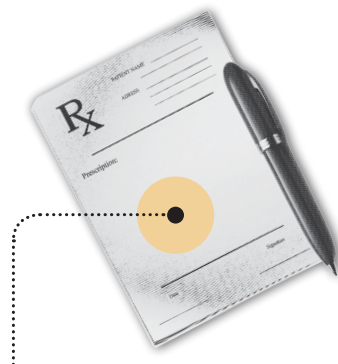
What Are the Risks and Side Effects of Opioid Use?

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- › Tolerance - meaning you might need to take more of a medication for the same pain relief
- › Physical dependence - meaning you have symptoms of withdrawal when a medication is stopped
- › Increased sensitivity to pain
- › Constipation
- › Nausea, vomiting, and dry mouth
- › Sleepiness and dizziness
- › Confusion
- › Depression
- › Low levels of testosterone that can result in lower sex drive, energy, and strength
- › Itching and sweating

If You Are Prescribed Opioids for Pain:

- › Never take opioids in greater amounts or more often than prescribed.
- › Follow up with your primary health care provider within seven days.
 - Work together to create a plan on how to manage your pain.
 - Talk about ways to help manage your pain that don't involve prescription opioids.
 - Talk about any and all concerns and side effects.
- › Help prevent misuse and abuse.
 - Never sell or share prescription opioids.
 - Never use another person's prescription opioids.
- › Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- › Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration (fda.gov/Drugs/ResourcesForYou).
- › Visit cdc.gov/drugoverdose to learn about the risks of opioid abuse and overdose.
- › If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call the Substance Abuse and Mental Health Services Administration's National Helpline at 1-800-662-HELP.



Be Informed! Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.

LEARN MORE cdc.gov/drugoverdose/prescribing/guideline.html

Discharge Planning

Day of Discharge: The goal is to have you discharged by late morning.

A care manager or social worker will meet with you to plan your care for when you leave the hospital.

- › Most patients will be able to go home.
- › Some may need the help of a licensed home care agency.
- › For others, the best plan of care may include a specialized inpatient rehabilitation hospital or nursing facility with rehabilitation services.

You will receive your surgeon's written home care instructions and prescriptions including for pain medication. Review your medications carefully since they may be different from the medications you were on before surgery.

The nurse will review the discharge plan with you and your family. This includes review of medications, activity allowed, wound care and follow-up care.

Your successful recovery is very important to us. In general, as each day passes you should be feeling better, your incision should be looking better and you should be regaining more movement.

Physical and/or occupational therapists will work with you while you are here in the hospital. If the therapy team determines that you are not safe to return home and would benefit from additional inpatient rehab, our social worker (SW) will meet with you to discuss rehab facility options.

Discharge Planning

Your care/case manager and/or social worker will work with you and your family on any recommended services after discharge:

- › Visiting Nurse
- › Subacute
- › Inpatient Rehabilitation

The physical and/or occupational therapist will assess and recommend post acute services.

Here are some general guidelines to follow at home:

- › Take all medications prescribed to you according to the scheduled times.
- › Take your pain medication as directed.
- › You may shower as per your surgeon's instructions. Remember, when showering use liquid soap only. If you use a washcloth, use a clean one with each shower. Also use a clean towel after each shower patting the incision first then drying the rest of your body.
- › You may ride in a car, but may not drive until approved or permitted by your medical team. This will be discussed at your first post-operative appointment.

Always remember follow your surgeon's specific discharge instructions.

Important reasons to call your surgeon:

- › Unable to maintain your pain goal or increasing pain
- › Fever greater than 101°F (low grade temperature is not uncommon the first few days after surgery)
- › Persistent or worsening drainage or redness around your incision
- › Increased numbness and or tingling
- › New onset or worsening muscle weakness
- › If you are unable to control your bowel or bladder
- › For patients who have had cervical spine surgery: difficulty with swallowing



Getting “BACK” in Action After Surgery: No Bending, Lifting or Twisting (BLT)

When you return home following your surgery, there are some things to remember. These are general guidelines that most people find helpful. However, always follow your surgeon’s specific post-operative instructions.

Lumbar/thoracic surgery body mechanics: No BLT for four to six weeks as directed by your surgeon

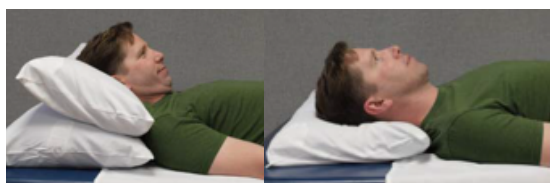
- › **NO BENDING FORWARD and NO TWISTING from the trunk.** Maintain good posture in all activities. Avoid bending forward at the sink, washer/dryer, dishwasher, garbage can, pet food trays, or anything on the floor.
- › Items below waist height (low cabinets or drawers) should be placed on the counter by family/friends; a reacher can be used to pick up lower items.
- › **NO HEAVY LIFTING** more than 10 lbs. (ex., a gallon of milk).

Cervical surgery body mechanics: No BLT for six to 10 weeks as directed by your surgeon

- › If you were prescribed a collar, wear it at all times, unless otherwise directed by your physician. Collar should fit snugly. If there is excess movement, the collar should be tightened.
- › **NO TWISTING, or BENDING** neck forwards, backwards, or to either side.
- › **NO LIFTING** more than 5 lbs. (for example, half a gallon of milk), especially no overhead lifting.
- › Have your family/friends move items located above shoulder height to the counter.

Sleeping

- › Avoid a sagging mattress. A firm mattress that supports the natural curves of the spine is best.
- › Sleeping may be uncomfortable/difficult for the first few weeks.
- › Lumbar surgery: If sleeping on your back, place a pillow under your knees for support. If sleeping on your side, place a pillow between your knees for support and behind your back for comfort.
- › Cervical surgery: maintain a neutral neck position with adequate support from pillows.

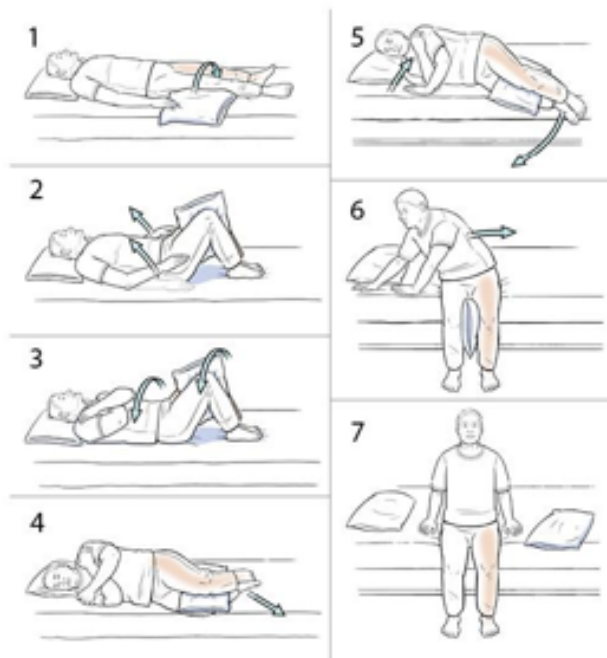


Incorrect

Correct

Bed Mobility

Use a logroll technique when getting out of bed to reduce the risk of twisting or bending your spine.



Sitting

- › Sit in higher chairs (use pillow to raise height if needed) with armrests, back slightly reclined for comfort, pillow behind your back for comfort
- › Avoid seats that promote slouching (such as your favorite couch or recliner).
- › Change your position often (sitting, standing, lying, walking). Avoid sitting for more than 20-30 minutes at a time - you may stand up to relieve pressure, take a brief walk, then sit back down.
- › Keep items frequently needed (such as telephone/cell phone) within reach.

Walking

- › Exercise: Avoid strenuous exercise for roughly six to 12 weeks after surgery. Walking is usually the best exercise within the first few weeks/months. Specific exercise routines may be discussed during your first outpatient visit.
- › Walking indoors (mall, grocery store, or treadmill) is a good alternative to walking outdoors during inclement weather, however caution must be taken to avoid tripping (hold onto rails, lift up your toes/feet, do not shuffle, use safety stop switch if available) and keep cart light if shopping.
- › Use a cane in public places. This helps other people be more aware of your current disability.
- › Be patient! Pace yourself even when you feel good. It may take up to two to six months to recover.

Bathing/Showering/Dressing

- › Bathing/Showering after lumbar surgery
 - As directed by your surgeon, use caution while getting in and out of the tub or shower. The following equipment is available to increase safety and independence within the shower:



- Tub transfer bench: increases safety and ease of getting into and out of the bathtub.
- Shower Chair: increases safety for showering, promotes energy conservation.

- › Toileting
 - The following equipment is available to increase safety and independence while using the toilet:
 - Commode/raised toilet seat: raises the height of the toilet and provides arm rails to assist with standing/sitting from the toilet.
 - Avoid excessive straining during bowel movements and avoid excessive coughing (You may hold a pillow across your abdomen for comfort to help distribute pressure as you cough).
- › Dressing
 - After cervical surgery: Use front zipper/button-up clothing instead of pulling a shirt over your head.
 - Use the following equipment (pictured top right) to avoid bending and twisting while bathing and dressing:



- Reacher/grabber: to put on and take off pants/underwear, or to pick up objects from the floor.
- Sock aid: assists with putting socks on without having to bend.
- Long-handled shoe horn: Increases ease of slipping shoes on without bending.
- Long-handled bath sponge: assists with cleaning lower body without bending or twisting.
- Elastic shoelaces: allows you to more easily slip your feet into your sneakers without bending.



Back Brace and Cervical Collar

If ordered by your surgeon, follow your surgeon's directions of when to wear your cervical (neck) collar or back brace.

Driving

- › Resume only as directed by your surgeon (usually discussed after first office visit). Limit initial driving/car rides to short, local distances only (less than 30 to 45 minutes).
- › Getting into/out of the car: Move the seat back and avoid twisting/bending. As a passenger, ride with the backrest slightly reclined to avoid shock through spine from bumps (use cushion or seat wedge if necessary).
- › Use mirrors to avoid twisting and looking behind you.
- › Avoid slouching – use lumbar roll as needed.

Sexual Activity

Check with your surgeon for any restrictions; usually as tolerated while maintaining spine precautions.

If it starts to hurt – STOP!

Physical Therapy

May be indicated by your surgeon at home, or as an outpatient one to two months after surgery. To schedule an appointment for outpatient therapy services, please call 1-855-862-APPT (2778).

Return to Work

As directed by your surgeon; return to work is dependent upon your specific type of job and surgery. Sometimes a change in job description may be indicated (for example, light duty).

**Atlantic Neuroscience Institute at
Overlook Medical Center**

99 Beauvoir Avenue
Summit, NJ 07901
908-522-4983

Morristown Medical Center

100 Madison Avenue
Morristown, NJ 07960

For a referral to an Atlantic Health System physician
call 800-247-9580 or visit atlantichealth.org

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**Atlantic
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