Patient Information & Appointment Sheet
Lumbar Spine

PATIENT NAME

______________________________

SURGEON’S NAME_________________SURGERY DATE ________________________

Your preadmission appointment at FMC is:

Date                          Time

Attend pre-op education class on:

Date                          Time

Return to see your surgeon for a pre-op check on:

Date                          Time

The Spine & Joint Surgery Center at Flagstaff Medical Center
phone number is (928)214-2812

Bring this Guidebook with you to:
• Every office visit before surgery
• Your hospital preadmission appointment
• Your pre-op education class
• All office visits after surgery
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Instructions for Patients

This guidebook acts as a guide during your surgical experience. It explains every step of the process. Remember, it is important to listen to the recommendations of your surgeon, nurses and therapists. This book is only a guide and your healthcare provider may need to modify the contents specifically for you and your recovery.

Instructions for Providers

This guidebook is designed to improve communication between all of the professionals who will care for your patient. Your patient should bring this guidebook to the hospital.
Welcome and Program Overview

Thank you for choosing to have your spine surgery at the Spine & Joint Surgery Center at FMC. The Center has put together a planned course of treatment to assist you in your recovery. This guidebook will help you keep track of your progress and answer any questions you may have along the way.

Most patients having spine surgery recover quickly. Patients may be able to walk or even go home the day of surgery. Patients typically are able to return to driving in two to three weeks, to sedentary jobs and activities in three to four weeks and to vigorous physical activities in six to twelve weeks. Patients undergoing more complicated operations such as spinal fusion generally have a hospital stay of one to three days and may require six to twelve months to return to full activities. Patients having lesser surgical procedures of the spine are often discharged after a one day stay in the hospital.

During your hospitalization, you will stay on a special unit within the hospital. You will be able to participate in daily activities that will be communicated in your newsletter. Your friends and family will be asked to serve as “Coaches” and participate in your recovery process. You will also be invited to attend a Reunion Tea and Body Mechanics Refresher Class.

The team of professionals who will care for you have adopted a wellness model. We want to assist you in achieving your best outcome in a timely manner. We strongly believe that you play an important role in your recovery after surgery. We will give you the necessary tools to help you recover in a specialized, safe and friendly environment. Your questions and concerns will be addressed with courtesy and respect. If at any time you feel your needs aren’t being met, just tell us. We want to know.

The team who will care for you includes physicians, physician’s assistants, nurse practitioners, patient care technicians, nurses, orthopedic technicians, and physical and occupational therapists specializing in spine care. The team takes your recovery very seriously. Our goal is to provide You with “Excellent Patient Care..” You are why we are here. Patients are our purpose.
The Purpose of the Guidebook

Preparation, education, continuity of care and a pre-planned discharge are essential for optimum results in spine surgery. Communication is essential to this process. It is designed to educate you so that you know:

- What to expect every step of the way
- What you need to do
- How to care for your back for life

This is just a guide. Your physician, physician’s assistant, nurse or therapist may add to or change many of the recommendations. Always use their recommendations first and ask questions if you are unsure of any information. Keep your Guidebook as a guide for at least the first year after your surgery.

Using the Guidebook

Instructions for Patients:

- Read Sections I and II for general information
- Use Section III as a checklist
- Read Sections IV and V for surgical and post-op information
- Read Sections VI and VII for recommended body mechanics techniques
- Carry your Guidebook with you to hospital, sub-acute rehab, outpatient therapy, and all physician visits
Section II: General Information

Normal Lumbar Anatomy

Your lower back is made of vertebrae, disks, spinal cord and nerves including:

- Five bones called lumbar vertebrae- stacked one upon the other, connecting the upper spine and the pelvis
- Six shock absorbers called disks- acting both as cushion and support to the lumbar vertebrae
- Spinal cord and nerves- the “electric” cables which travel through a central canal in the lumbar vertebrae, connecting your brain to the muscles of your legs and sending sensation information
- Small joints- allowing functional movement and providing stability
- Muscles and ligaments- providing strength, power and support.
Section II: General Information

Typical Spine Surgeries:

**Anterior Cervical Discectomy and Fusion:** A procedure that reaches the cervical spine (neck) through a small incision in the front of the neck. The intervertebral disc is removed and replaced with a small plug of bone or other graft substitute, and in time, that will fuse the vertebrae.

**Cervical Corpectomy:** A procedure that removes a portion of the vertebra and adjacent intervertebral discs to allow for decompression of the cervical spinal cord and spinal nerves. A bone graft, and in some cases a metal plate and screws, is used to stabilize the spine.

**Facetectomy:** A procedure that removes a part of the facet (a bony structure in the spinal canal) to increase the space.

**Foraminotomy:** A procedure that removes the foramina (the area where the nerve roots exit the spinal canal) to increase the size of the nerve pathway. This surgery can be done alone or with a laminotomy.

**Laminoplasty:** A procedure that reaches the cervical spine (neck) from the back of the neck, which is then reconstructed to make more room for the spinal canal.

**Laminotomy:** A procedure that involves the formation of a hole in the lamina without disruption of the continuity of the entire lamina to approach the intervertebral disc. This is the most common approach to the herniated disc.

**Micro-discectomy:** A procedure that removes a disc through a very small incision using a microscope.

**Spinal Laminectomy:** A procedure that removes the entire lamina on both sides of and including the spinous process that treats spinal stenosis. It relieves pressure on the spinal cord and creates more space for the spinal nerves. This procedure may be performed at more than one level to approach the spinal cord and nerves for conditions including tumors and herniated discs.

**Spinal Fusion:** A procedure for fusing two or more spinal segments with or without removal of an intervertebral disc. The indications are commonly nerve root irritation in the cervical and lumbar spines, and spinal instability, or arthritis at any level. It is often the case that disc surgery (such as discectomy or laminectomy), and spinal fusions are performed concurrently for a variety of reasons. Fusions are sometimes performed to provide stability when mechanics have been disturbed by old fractures or by infection. The lumbosacral region is the most common area for back fusions.

**Total Disc Replacement:** A procedure that removes a diseased disc and replaces it with an artificial one

Frequently Asked Questions
About Spine Surgery

What is wrong with my back?
Most people have back pain at some time in their life. The most common causes of back pain are muscle injury and arthritis of the spine. Muscle injury can be a result of a specific event or simply from weakening of the muscles that support the trunk. Arthritis is a result of aging, genetics, and wear and tear on the joints and discs of the spine. Wear and tear alone can cause back pain or may also cause leg pain if nerves are affected. There are many less common causes of back pain, including disc herniation, certain deformities, fractures, infections, tumors, and systemic disorders.

How do you fix it?
Most patients will recover without surgery. Symptoms can be controlled with medication, injections, and physical therapy. If symptoms are not adequately controlled with these treatments, loss of bladder/bowel control occurs, or if recovery is inadequate after 2-3 months of conservative treatment, then surgery can be considered.

What is a Laminectomy?
Laminectomy is a surgical procedure designed to remove the lamina. The lamina is the portion of bone in the back of the spine which covers the spinal cord. A laminectomy is done either to remove the bone itself, such as to treat stenosis, or to get the bone out of the way to do other work, such as removal of a disc herniation or to make room for nerve decompression.

When is it necessary to have surgery?
Surgery is only necessary in a small percentage of patients with spinal problems. Factors which may result in surgery include response to prior treatment, severity of pain, severity of loss of function, severity of neurological problem, degree of spinal damage, degree of neurological threat and prognosis without surgery. Ultimately, the decision to proceed with surgery is a careful and thoughtful decision made between the patient and his or her physician after fully weighing the potential risks and benefits.
Section II: General Information

Frequently Asked Questions About Spine Surgery (cont’d)

Why was I told I must quit smoking before my spine surgery?

Smoking reduces the chance of a successful fusion. Published studies report a 6 - 8 times higher nonunion rate in smokers. Many surgeons agree that for best results patients should not smoke. The surgery can still work in spite of smoking but the probability of failure is higher. The risk of infection is also higher among smokers as is the risk of perioperative lung problems. There was a recent article in Orthopaedics Today entitled “Confirmed: Smoking delays bone union” which you might want to read. A Medline search which can be done at your local library or on AOL will provide you with many articles on the subject.

What are the risks of spine surgery?

Many of the risks of spine surgery are the same as with any type of surgery. There is the risk of bleeding, infection, damage to nerves or vessels, scarring, pain, and the risk of the anesthesia itself; however, these are all extremely low and uncommon. However, any type of surgery, including spine surgery, should be approached with caution.

How long will I be in the hospital?

Laminectomy patients are usually out of bed within an hour or two of the operation. Some people can go home the same day as surgery and most go home the next day. If you had a spinal fusion you will probably be in the hospital 2-3 days.

Will I need a blood transfusion?

Blood transfusions are very rare after this surgery.

What should I do after surgery?

You should resume low-impact activities as soon as possible, starting with walking. Try to build up the distance you walk slowly over time. By two to three weeks after surgery, you may try more vigorous activities such as an exercise bike. Talk to your surgeon before resuming aerobics or jogging.

What should I avoid after surgery?

You should avoid lifting over 10 pounds, bending, twisting and high impact activities. Always clear heavy activities with your surgeon prior to doing.
Will I need pain medication after surgery?

Pain medicine is often needed after surgery. The strength of these medicine and the length of time used depends on the nature of the surgery itself. It is not uncommon for an individual to take narcotic pain medication for four to six weeks after the spinal surgery and possibly longer. All medications have potential side effects, which should be discussed at length with the surgeon prior to their use.

If You Are Having a Spinal Fusion, Here are Additional FAQ’s.

Why do I need a spine fusion?

Fusion surgery is the attempt to prevent instability by joining two or more vertebrae together. When properly performed, fusions can help patients who have back pain from instability or from degenerative disc disease. There are different types of fusions that can be performed. Fusions can be done from the anterior approach (through the abdomen), posterior approach (from the back of the patient), or a combination of these two approaches. A properly trained spinal surgeon can recommend the best option with the least risk.

Will fusing my spine cause damage to the adjacent areas?

Fusing the spine causes increased work loads on the nearby segments of the spine. This can lead to increased wear and tear and early degeneration. This may or may not become symptomatic in the future. Observing proper body mechanics while performing activities helps to preserve the adjacent areas for longer.

What are some of the complications associated with spinal fusion?

The complications depend on the surgical approach. Fusion through the abdomen can result in problems with the muscles of the abdominal wall (hernia), injury to the bowel, urinary tract, major blood vessels, nerves to the legs, and the nerves to the bladder/bowel. Fusion through the back can result in spinal fluid leaks, blood collections, scarring of nerves, injury to nerves, fracture of some of the bones, and problems with the metal implants. Fusion from either approach can be complicated by wound or bone infection and nonunion (failure of the bone to heal).
How quickly can I expect to recover from surgery?

Most people who have laminectomy or discectomy-type surgeries can expect to return to work within about two weeks’ time. An exercise program is usually started within about six weeks, and full recovery is expected by three months.

Spinal fusion surgery requires longer recovery times. More comprehensive physical therapy may be in place by approximately six months. While an individual may return to most activities by about six months, a full recovery may take up to a year.

Will I need to wear a brace after surgery?

The wearing of a brace is a personal decision made by the surgeon. Factors contributing to the need for a brace include, number of levels fused, procedure performed, age of the patient, quality of the patients bone. Other factors include health problems such as diabetes, smoking, and obesity.

*A common complication may be related to the bone graft donor site, usually on the pelvis, which may have chronic pain, infection, fracture, bleeding, and nerve injury. In addition to the complications specifically related to the fusion, there are always the risks of general anesthesia which include blood clots, heart attacks, strokes, and if extremely unlucky, even death. Despite all these potential complications, most patients should expect to go through fusion surgery with a relatively low risk of any long term or permanent complications.

Most responses from www.back.com*
Section III: Preoperative Preparation

Role of the Spine Care Coordinator

The Spine Care Coordinator will:

- Oversee the Spine Team and the care that is delivered from registration to the Spine Reunion Tea and Body Mechanics Refresher Class
- Ensure that the program components are delivered to you and your coach
- Act as a liaison between your surgeon and the hospital
- Coordinate the education classes

Preadmission Appointment at FMC

When your surgeon’s office schedules you for your spine surgery, an appointment will be made for you to meet with a nurse in the preadmission department at FMC. The purpose of this appointment is to obtain health information and plan your care. This appointment is typically scheduled on the same day as your check up with your surgeon. During this appointment your nurse and case manager will:

- Obtain important health information about you
- Assess your needs at home including who will help you
- Assist you in getting answers to your insurance questions
- Verify that you have obtained the necessary medical and anesthesia clearance

* Please bring a current list of all medications, herbals and over-the-counter medications you are currently taking
* Bring your medicines in the original bottles

The preadmission nurse and case manager will communicate the information obtained with the Spine Care Coordinator. You may contact the Spine Care Coordinator at any time to ask questions or raise concerns about your upcoming surgery.

Spine Care Coordinator
Telephone: (928)214-2711
Fax: (928)214-2813
Email: FMCFJointSurgeryCenter@nahealth.com
Section III: Preoperative Preparation

What to Do 2 to 6 Weeks Prior to Surgery

Contact your Insurance Company

Before surgery, you will need to contact your insurance company to find out if preauthorization, pre-certification, a second opinion or a referral form is required. It is very important to call your insurance company because failure to get these questions answered may result in a reduction of benefits or delay of your surgery.

If you are a member of a Health Maintenance Organization (HMO), you will go through the same registration procedure. However, you will need to call your HMO once your procedure has been scheduled to arrange for pre-admission lab studies that must be completed.

If you do not have insurance, please notify the registration staff when you have your preadmission appointment and they will help you make payment arrangements.

Pre-Registration at the Hospital

After your surgery has been scheduled, you will be scheduled for a preadmission appointment at FMC. You will be asked to have the following information ready when you arrive for this appointment:

• Patient’s full legal name and address
• Home phone number
• Marital status/Religion
• Social Security Number
• Name of insurance holder and phone number
• Name of insurance company along with group and policy numbers
• Patient’s employer, address, phone number and occupation
• Name, address and phone number of nearest relative
• Name, address and phone number of someone to notify in case of emergency
• Bring your insurance card, driver’s license or photo ID and any co-payment required by your insurance company
• Please bring a current list of all medications, herbals and over-the-counter medications you are currently taking. If unsure of your medications name, strength, dosage – bring in the original bottle so that we may check the label, Please note, you must have someone who will take these meds home for you as we cannot store them at the hospital.

Obtain Medical and Anesthesia Clearance

When you were scheduled for your surgery, you should have been informed whether or not you need to see your primary care provider and/or specialist before surgery. If you need to see your primary care provider, it will be for preoperative medical clearance. The preadmission department at the hospital may order additional physician consults after discussing your medical history with the anesthesiologist. Call the preadmission department at (928)773-2048 if you have any questions.
Section III: Preoperative Preparation

Obtain Laboratory Tests
During your preadmission appointment at the hospital, you will be sent for the laboratory testing ordered by your surgeon. Call the preadmission department at (928)773-2048 if you have any questions.

Billing for Services
After your surgery, you will receive separate bills from the anesthesiologist, the hospital, radiology and pathology departments, physical therapy/occupational therapy and the surgical assistant.

Quit Smoking
If you are a smoker, you should quit. In fact, some surgeons may require that you quit prior to your surgery. The reason is that smoking affects the probability of a successful fusion and is not healthy for you. The tar and nicotine found in tobacco products has an adverse effect on your blood vessels which can impair your ability to heal wounds and bone grafts.

Published studies report a 6 - 8 times higher nonunion rate in smokers. The surgery can still work in spite of smoking but the probability of failure is higher. The risk of infection is also higher among smokers as is the risk of perioperative lung problems.

There are lots of resources available to help you quit smoking. You can start at the Coconino County Health Department. Here is the contact information for the health educator:

Carol Ann Sullivan, Health Educator
Tobacco Use Prevention Program
Coconino County Health Department
2625 N. King Street
Flagstaff, AZ 86004
(928)522-7800

Review “Exercise your Right”
The law requires that everyone being admitted to a hospital have the opportunity to complete advance directives for future decisions regarding your medical care (see Appendix).
If you already have these documents, please bring a copy with you to the hospital on the day of surgery.

Start Preoperative Exercises
It is very important that you begin an exercise program prior to surgery. This will help you build up strength and endurance for your recovery. The muscles exercised help stabilize the spine and promote the use of good body mechanics. All exercises should be pain-free. If any exercise causes you pain, stop doing them and consult your surgeon before continuing.
Section III: Preoperative Preparation

Preoperative Exercises for Lumbar Spine Surgery

(1) Ankle Pumps

Move ankle up, hold for 5 sec. and then down. Repeat 20 times, twice a day.

(IF ANY OF THESE EXERCISES CAUSE PAIN, PLEASE DO NOT DO THEM)

(2) Quad Sets — (Knee Push-Downs)

Lie on back, press knee into mat, tightening muscles on front of thigh, hold for 5 seconds. Do NOT hold breath. Repeat 20 times, twice a day.
Section III: Preoperative Preparation

(3) Gluteal Sets — (Bottom Squeezes)

*Squeeze bottom together, hold for 5 seconds. Do NOT hold breath. Repeat 20 times, twice a day.*

(5) Heel Slides — (Slide Heels Up and Down)

*Lie on couch or bed. Slide heel toward your bottom. Repeat 50 times.*
Section III: Preoperative Preparation

(6) Armchair Push-Ups

This exercise will help strengthen your arms for walking with crutches or a walker. Sit in an armchair. Place hands on armrests. Straighten arms, raising bottom up off chair seat if possible.

Feet should be flat on floor. Repeat 20 times, twice a day.

(6) Abdominal Bracing/Isometric Abdominals

• Lie on back with knees bent
• Tighten stomach muscles and hold for five seconds. Breathe normally.
• Incorporate abdominal tightening into activities to stabilize trunk.
• Perform one set of ten twice a day.
Section III: Preoperative Preparation

2 to 4 Weeks Prior to Surgery

Attend Pre-Op Class
A pre-op class is offered every Monday afternoon from 11:30 - 1:30 p.m. for patients and their loved ones having spine surgery. **There is no charge for this class.** Loved ones and “Coaches” are encouraged to attend. To register, call (928)214-2812 and leave your information. **You will be registered if you leave a message.** The class is open to anyone and it is strongly encouraged that you attend. You will be given valuable information to help you recover in a safe and timely manner. Please have a “Coach” come with you to class. The role of the “Coach” will be explained during the class. The topics covered in class include:

- The various lumbar surgical procedures
- Understanding pain management
- What to expect during your hospital stay
- Role of your “Coach”
- Introduction of the spine care team
- Review the pre-op exercises
- Learn about assistive devices and spine protection
- Discharge planning

Start Iron and Vitamins
Prior to your surgery, your surgeon will instruct you on whether to begin taking iron. Taking a multi vitamin is a good idea for patients having a surgical procedure.

Read “Anesthesia and You” (Appendix)
Spine surgery usually requires the use of general anesthesia. Please review “Anesthesia and You” in the Appendix section. This has been provided by the anesthesia department.

Role of your Coach
- A Coach is an adult family or friend who will be able to assist you with your needs prior to, during and after your spine surgery.
- They can assist with preparing your home before your surgery.
- They can assist with your needs during your hospital stay. They can also help communicate your needs while you are in the hospital.
- They can assist you when you return home with activities and tasks that you may need help with. Such as dressing, showering, driving and other activities of daily living.
- They can help with dressing changes and check your incision to ensure that it is healing properly.
- They can assist you with any needs you still have for mobility.
- They are an extra set of eyes, ears and hands throughout the whole process.
Section III: Preoperative Preparation

10 Days Prior to Surgery

Visit Your Surgeon for a Pre-Op Appointment

You will have an appointment with your surgeon’s office 7-10 days prior to surgery. This will serve as a final check up and offer you time to ask questions. Your history and physical examination for surgery will most likely occur during this visit.

Stop Medications That May Cause Bleeding

Ten days before your surgery, stop all anti-inflammatory medications such as aspirin, Motrin®, Naproxen®, Vitamin E, etc. Since some herbal supplements also cause increased bleeding or may interfere with anesthesia, it is recommended that all herbal supplements be stopped 10 days before surgery. If you are on a blood thinner like Coumadin® or Plavix®, you will need special instructions from your surgeon for stopping the medication. The preadmission nurse will instruct you about what to do with your other medication. Failure to follow these instructions about your medications may result in cancellation of your surgery.

Prepare Your Home for Your Return

From the Hospital

Have your house ready for your arrival back home. Clean, do the laundry and put it away. Put clean linens on the bed. Prepare meals and freeze them in single serving containers. Cut the grass, tend to the garden and finish any other yard work. Pick up throw rugs and tack down loose carpeting. Remove electrical cords and other obstructions from walkways. Install night lights in bathrooms, bedrooms and hallways. Arrange to have someone collect your mail and take care of pets or loved-ones, if necessary. If preparing your own meals, bring cooking utensils, pots, and pans etc. to counter level so you can avoid reaching too high or stooping too low in order to protect your surgical sight and maintain your precautions. Move food items to convenient shelf height in the refrigerator to help you avoid stooping to lower shelves.
Section III: Preoperative Preparation

2 Days Before Surgery

You will need to shower with a special soap once a day for 2 days before surgery. You will receive the soap from the preadmission nurse. See below for instructions about shower prep prior to surgery.

Shower Prep Prior to Surgery

Take a shower using the special soap once a day for 2 days prior to surgery.
Example: If your surgery is on Monday, take a shower with the special soap on Saturday and Sunday.

Directions:

1. Wash all areas of your body, except face (women - do not need to wash vaginal area), with the special soap.
2. Wash the area where you are going to have surgery thoroughly for 2-3 minutes. Do not wash the bottom of your feet as it can be very slippery and unsafe.
3. Rinse as usual. Dress as usual.

(Your surgeon recommends this special soap to reduce the amount of germs on your skin prior to surgery.)

Day Before Surgery

Review Your Arrival Time

During your preadmission appointments at FMC, you were given an arrival time for your surgery. Review that time today. You have been asked to come to the hospital two hours before the scheduled surgery to give the nursing staff time to start IV’s, prep and answer questions. It is important that you arrive on time to the hospital because sometimes the surgical time is moved up at the last minute and your surgery could start earlier. If you are late, it may create a problem with starting your surgery on time. In some cases, lateness could result in moving your surgery to a later time or day.
Pack Your Overnight Bag

You should pack the following items to use in the hospital:

- Toothbrush and toothpaste
- Deodorant
- Loose fitting shorts or sweats, tops, and secure, flat shoes suitable for walking
- Battery operated items only. No plug in items
- This guidebook
- Insurance cards and drivers license
- Advance Directives

Medication Safety in the Hospital

You play a vital role in your healthcare. It is in your best interest to know about your medications. You should know the effects and possible side effects of your medications. You should learn how and when your medications should be taken. You can help to prevent errors by being involved and informed about your own healthcare and safety.

Many medication safety measures are in place in the hospital. When you are in the hospital a pharmacist reviews all of the medications that your doctors order. The pharmacist checks each medication order for drug interactions, dose and frequency. Your medications are carefully timed, documented and monitored while you are in the hospital. The nurse completes additional safety checks before giving you medication.

**It is very important that you do not take any medications from home** while you are in the hospital. While you are in the hospital, all medications must be given by your nurse. Safety checks are not put into action if medications from home are taken.

When you are in the hospital, alternative medications and supplements are restricted. This includes dietary supplements, large dose vitamins, herbals, homeopathic and natural remedies. Alternative medications and dietary supplements **still** can interact with other medications. While you are in the hospital, the potential risks of alternative medications and supplements outweigh the potential benefits. Standard dietary supplements and vitamins are stocked by the hospital and can be ordered by your doctor.

Medications from home that are brought into the hospital (including prescription medications, alternative medications and supplements) should be sent home. For your safety, medications from home should not be kept in your hospital room. If no one is available to take your medications home, we will place them in our hospital safe. They will be returned to you the day you leave the hospital.
Section IV: Hospital Care

Night Before Surgery

**DO NOT eat or drink anything after midnight.** This includes water and chewing gum.

**Special Instructions**

You should have been instructed by your preadmission nurse which of your daily medications to omit the morning of surgery. If you have not received this information, please call (928)773-2048.

**DO NOT take medication for diabetes on the day of surgery.**

You must bring the following to the hospital:

- Bring your patient GuideBook to the hospital
- Bring a copy of your Advance Directives
- Bring your insurance card, driver’s license or photo I.D. and any co-payment required by your insurance company
- Please leave jewelry, valuables and large amounts of money at home
- Makeup must be removed before your procedure
- Nail polish should be removed

Day of Surgery

Please refer to the FMC site map in the Appendix section of this book to help with directions and parking. In the pre-op unit, you will be prepared for surgery. This includes starting an IV and scrubbing your operative site. You will meet with your surgeon, anesthesiologist and operating room nurse. Family and Coaches please stay in the surgical waiting until you speak with the surgeon. The Patient Tracking Board gives real-time information about patient’s progress. A volunteer may be available in the waiting room to assist you. A phone is available outside of the OR doors for inquiries. IF you can’t wait, please leave a contact number for us to reach you.

Following surgery, you will be taken to the recovery room where you will remain for 1-2 hours. During this time, your pain will be controlled, your vital signs will be closely monitored and an X-ray of your spine MAY be taken depending on your surgical procedure. After you have recovered, you will be moved to the Spine & Joint Surgery Center on 3N where a spine team nurse will care for you. Only one or two close family members or friends should visit you on this day. Most of the discomfort occurs the first 12 hours following surgery, so during this time, you will be receiving pain medication through your IV Patient-Controlled Analgesia or PCA.
Section IV: Hospital Care

You will remain in bed for several hours and you may sit on the edge of your bed. It is very important that you begin ankle pumps this day. This will help prevent blood clots from forming in your legs. You should also begin using your Incentive Spirometer and doing the deep breathing exercises that you learned in class. You will receive a newsletter outlining the day’s activities.

Evening of Surgery

Your nurse will assist you in sitting on the edge of the bed. If you are able, you will have dinner in a bedside chair. Your vital signs will be monitored closely. You will spend time resting in bed this evening. Your nurse will work closely with you to control your pain and possible nausea. You will be reminded to do your ankle pumps and deep breathing exercises.

Day After Surgery (Post-Op Day 1)

You get blood work done with your vital signs early in the morning. If an X-ray is needed, this will also be done in the morning. Patients may perform their own morning care and have breakfast. On the first post-op morning, IV fluids and urinary catheters may be discontinued. Patients will be offered oral pain medication with meals and will be encouraged to be up in a chair or walking throughout the day. Ankle pumps and breathing exercises should be done hourly while awake. *Coaches; remind your loved one to do these important activities. TED hose stockings and foot pumps will be worn to help prevent blood clots. These need to be taken off twice a day to allow the skin to breathe. Once you are up and walking more consistently, the stockings and foot pumps may be removed.

If your surgery was a minor one, you will probably go home today. If it was a more involved surgery, you may stay up to 2 or 4 days. Every day we will review your back precautions so that you are comfortable when you go home.

Do’s and Don’ts to be Followed After Discharge (for MINOR Lumbar Surgery)

- **May** shower on the first day following surgery
- Remove dressing to shower and replace daily if necessary
- No lifting more than 10 pounds, no twisting and no bending at the back
- Slowly wean off pain medication and shift to Tylenol®
- Begin to drive short distances as your surgeon allows it
- Keep follow up visits with your surgeon
Section IV: Hospital Care

You May Require Therapy Services During Your Stay.

- Either an Occupational or Physical therapist from therapy services may work with you and your coach on improving your activities of daily living, mobility, and walking.
- If you received a back brace before your surgery, please let the nurse know so we can teach you how to use it.
- The therapist will determine which equipment you will need at home and care coordination will help get your equipment prior to discharge.
- Your therapist and surgeon will make recommendations for continuing therapy services as needed which may include a home exercise program.

Post-Op Day 2 to 4 (if necessary)

The same morning routine will take place. PT or OT may work with you on your bed mobility, self care activities, body mechanics, walking, stairs and car transfers. If you continue to have difficulty in any of your mobility or self care activities an additional consult by PT or OT may be initiated. We will educate you on your back precautions daily. Once you have met your discharge goals, you will be discharged home.

Do’s and Don’ts to be Followed After Discharge (for Lumbar Fusion Surgery)

- May shower on the first day following surgery if your surgeon allows it
- Remove dressing to shower and replace daily as needed
- No bending for at least 3 months
- No lifting more than 10 pounds
- No twisting
- Slowly wean off pain medication and shift to Tylenol®
- Begin to drive only after your surgeon allows it
- Keep follow up visits with your surgeon

The “Reach Humphrey’s Peak” Motivation Board

The hospital hallway is marked with red flowers every 25 feet to help you measure your walking distance. There is a trail map on the wall next to the Peak Performance Room to further assist you with distance measurement. If you reach the Peak, there is a prize and a sign in book. The sign in book is not confidential and is voluntary.
Section IV: Hospital Care

Pain Management During Your Stay

You can expect to have pain after your surgery. The nurses at FMC use a 0-10 pain scale to monitor your pain. 0 = no pain; 10 = the worst pain imaginable. Our goal is to keep your pain below a 5/10. You will need to examine your pain management goals ahead of time to see if these goals are realistic. Having 0 pain on a 10 scale may not be a realistic goal. Please read about understanding pain management in Section VII: Appendices.

Pain medications may have side effects that need to be monitored:

- Respiratory depression
- Hypotension (low blood pressure)
- Nausea
- Constipation
- Itching
- Urinary retention

These side effects can limit the amount of pain medication we are able to give you. Another factor in pain management is called tolerance. This is the body’s tendency to become less responsive to the pain-reducing actions of narcotics after being on them for a long period of time. It is harder to control your pain after surgery if you have been on narcotics for several months or more before surgery. Your surgeon needs to know exactly how much pain medication you take prior to surgery in order to properly manage your pain post operatively.

Ice

You may be instructed in pain control measures using ice. Cold treatments are usually most effective in the first few days after surgery. Ice makes blood vessels get smaller, decreasing the blood flow. This helps with inflammation, muscle spasm and pain. Feel free to request an ice pack from your nurse or therapist at anytime during your stay.

When Can I Leave?

You will be ready to leave once you have reached several goals:

- Walking independently with a walker, if necessary
- Eating and drinking well
- Tolerating oral pain medication
- Urinating without difficulty
- Follow your precautions while dressing, toileting, with bed mobility and walking either independently or with the assistance of your coach
Caring for Yourself at Home

Control Your Discomfort

• Take your pain medication at least 30 minutes prior to activity.
• Gradually wean yourself from prescription medication to Tylenol®. You may take two extra strength Tylenol® in place of your prescription medication up to four times per day.
• Change your position every 45 minutes.
• Use ice for pain control. Applying ice to your surgical area will decrease your discomfort, but do not use for more than 20 minutes at a time each hour. Do not apply the ice directly to your skin. (See following instructions on how to make an ice pack).
• Position yourself in a comfortable position, such as lying on your side with pillow support. Your therapist will educate you on this.

How to make an ice pack for home use

You will need:
• 2 gallon size zip lock freezer bags
• 3 cups of water
• 1 cup rubbing alcohol

Combine water and rubbing alcohol into a gallon size zip lock freezer bag. Remove extra air and seal. Shake well. Place into another one gallon zip lock freezer bag to protect from leakage. Lay flat in the freezer. This will make a slush that will allow the bag to lay flat against your body. Place the bag in a pillowcase and place against your surgery site for 20 minutes.

Remove the ice pack:
• After 20 minutes
• If the site becomes numb
• If you feel any pain or burning

Replace the ice pack back in the freezer after use to prepare the ice pack for your next use. You may use the ice pack multiple times per day. This is recommended if you are experiencing pain or swelling, after increased activity or after exercise. This ice pack can be used over and over and may last for years.

Body Changes

• Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated.
• You may have difficulty sleeping. This is normal. Do not sleep or nap too much during the day.
Body Changes cont’d.

• Your energy level will be decreased for the first month.
• Narcotic pain medication can cause constipation. Use stool softeners, increase the fiber and water in your diet, and use laxatives as needed.

Relaxing
Pain after surgery can be physically and emotionally draining. Relaxation exercises can help control pain and stress. You will be been given breathing exercises that help air reach the lower lobes of your lungs. Combining deep breathing to a slow relaxing count can help muscles relax and will bring oxygen into sore tissues.

Resting
Giving your body a chance to rest can help ease soreness after surgery, giving your spine time to heal.

Caring for Your Incision

• Keep your incision clean and dry for 14 days.
• You may shower 1 day after surgery if there is no drainage from your surgery sight.
• Notify your surgeon if there is increased drainage, redness, pain, odor or heat around the incision
• Take your temperature if you feel sick. Call your surgeon if it exceeds 101° F.
• Avoid a swimming pool, bath, hot tub until directed by your surgeon.

Dressing Change Procedure

• Wash hands
• Prepare all dressing change materials (ABD or 4x4 dressings, tape)
• Remove old dressing. (Continued on next page)
Section V: Postoperative Care

Dressing Change cont’d.

• Inspect incision for the following: (If any are present, notify your surgeon)
• Increased redness
• Increase in clear drainage
• Yellow or green drainage
• Odor
• Surrounding skin is hot to touch
• Pick up 4x4 or ABD by one corner and lay over incision. Be careful not to touch the inside of the dressing that will lay over the incision.
• Place the dressing over the incision and tape it in place.

Potential Complications

Blood Clots in the Legs
Whenever you have surgery, there is a risk for a blood clot in your legs. This is caused by sluggish circulation. If a clot occurs, you may need to be admitted to the hospital for blood thinners. Early walking, hydration and moving around can help reduce the chance of a clot. If you suspect that you have a blood clot, tell your surgeon immediately.

Signs of a Blood Clot in the Leg:

• Swelling in the thigh, calf or ankle that does not go away with elevation
• Pain, heat or tenderness in the calf, back of knee or groin area. NOTE: Blood clots can form in either leg
• Leg is hot to touch

Prevention of a Blood Clot:

• Adequate hydration
• Early walking
• Foot and ankle pumps
• Walking frequently
• Stockings
Potential Complications cont’d.

Pulmonary Embolus
A pulmonary embolus (PE) can be caused when a blood clot in the leg breaks off and goes to the lungs. It is an emergency and 911 should be called if you have any of the following symptoms:

- Sudden chest pain
- Difficult and/or rapid breathing
- Shortness of breath
- Sweating
- Confusion

Prevention of a Pulmonary Embolus:

- Prevent a blood clot in the legs. (see previous page)
- Recognize a blood clot in the leg early and call surgeon

Signs of Infection - Notify physician promptly:

- Increased swelling and redness at incision site
- Change in color, amount or odor of drainage
- Increased pain
- Fever greater than 101°

Hematoma:

- A hematoma is a collection of blood underneath your incision site. It can cause severe incision pain and inability to walk.

*If you notice any of these complications on pages call your surgeon immediately.
Good Bowel Hygiene

Good bowel hygiene reduces the risk of infections. After surgery, bowel care may be difficult while following your precautions of no bending or twisting. Bowel care equipment with long handles extends your reach and allow for good bowel care while following your precautions. The Easy Wipe, pictured below, is an example of bowel care equipment.

Easy Wipe with travel case: Deluxe model

Loosely wrap the toilet paper around and inside on the curved end. To remove the toilet paper, push the button on the end where you are holding the Easy Wipe.

Pictured above is the Toilet Aid: Economy Model

These light weight tongs assist individuals with limited reach and range of motion. Loosely wrap toilet paper between and around tongs. Remove toilet paper by shaking in commode.
Section V: Post-Operative Care

Relaxation Technique

“I Am Relaxed”...Deep Breathing and Relaxation Exercise

1. Sit comfortably and quietly.
2. Tell yourself that you are going to use the next 5, 10, or 20 minutes to heal and relax yourself.
3. Surrender the weight of your body, allowing the chair, bed or floor to support you.
4. Close your eyes and gently close out distractions.
5. As you breathe in, repeat to yourself: “I AM.”
6. As you breathe out, say... “RELAXED.”
7. Continue to breath normally not trying to change it in any way. Keep repeating “I AM” every time you breathe in and “RELAXED” every time you breathe out.
8. As your mind begins to wander, gently bring it back to the awareness of your breath and your statement “I AM RELAXED.” Be compassionate and loving with your “leaping frog” mind which wants to be anywhere but here.
9. Continue doing this for as long as you have decided.
10. To end, stop saying the phrase and slowly stretch your hands and feet, your arms and legs, and then your whole body.
11. Open your eyes a sliver at a time – like the sun coming up in the morning.
12. Continue on your way.
Section VI: Activity

Post-Operative Exercises & Activity Guidelines

Keeping your back healthy will take some effort on your part. A home exercise program is important to obtain the best results from spine surgery. Always check with your surgeon before beginning an exercise program.

Be sure to follow your BACK PRECAUTIONS during all exercises.
No bending
No lifting greater than 10 lbs.
No twisting

If you experience pain during an exercise, STOP. Exercise should be not cause excessive pain, consult your surgeon.

Discharge to 4 Weeks Post-Op

General Activities
• Walking- the most important exercise. Take frequent short walks. Increase your walking distance each day.
• Use logrolling whenever getting in or out of bed.
• Cough, deep breathe and use your Incentive Spirometer several times each hour while awake.
• Limit your sitting time and use a straight back chair.
• You may shower 1 day after your surgery if your incision is dry and if it is ok with your surgeon.
• You may drive short distances as long as you are not taking narcotic pain medication.
• Ask your surgeon about instructions for when you can start driving.

Strengthening Exercises
• Do your pre-op exercises.
• Post-op exercises are necessary to maintain maximal stability of the spinal column and regain strength.
• Therapists will make recommendations for continuing therapy services as needed with the possibility of a home exercise program.
• Whenever comfortable, spine surgery patients may start more vigorous low-impact exercises such as a stationary bicycle and treadmill.
• Outpatient physical therapy services may be appropriate to continue to progress mobility and independence. Your surgeon can discuss continuing therapy services on an outpatient basis at our follow up visit.
• Get plenty of rest at night and take naps during the day.
4 to 12 Weeks Post-Op

- You may begin light work on exercise machines. Avoid free weights and direct overhead lifting on exercise machines.
- You may lift up to 25 pounds if you use good body mechanics.
- You may do light gardening. Avoid vigorous digging, transplanting or prolonged weeding.
- You should continue to avoid ALL bending, twisting and lifting.
- Activities should be pain free

12 Weeks to 6 Months

Simple Discectomy:

- You may generally return to full activities, using good body mechanics.
- Avoid very heavy lifting (over 50 pounds).

Laminectomy Patients:

- Should be surgically healed by this time.
- Need only avoid activities that put extra strain on the back, such as heavy lifting and repetitive bending and twisting.

6 to 12 Months

Fusion Patients:

- Need to continue to avoid ALL bending and twisting of the spine.
- May not have completed your surgical healing yet.
- Ask surgeon for lifting limits.
Section VI: Activity

Spine Precautions

Change positions every 45 minutes

Log Roll

Out of bed
Section VI: Activity

Spine Precautions

No heavy lifting

No Bending
Section VI: Activity

Spine Precautions

No twisting
Body Mechanics Presentation by Rebecca Blodget, RN, BSN

The following pages are examples of how to perform daily activities while being kind to your spine.

Hip Hinges/Forward Lean

Sitting to Standing
Section VI: Activity

Sleeping on your Side/Back

DO NOT SLEEP ON YOUR STOMACH!

Log Roll and Out of Bed

(Perform in Reverse to get back into bed)
Section VI: Activity

Standing Posture

Standing to Sitting
Section VI: Activity

Sitting Posture

Bridging
Section VI: Activity

Toilet Sitting/Rising

Brushing Teeth
Showering

Shaving
Section VI: Activity

Getting In and Out of Car

Wall Squats
Section VI: Activity

The following pages are examples of how to perform daily activities while being kind to your spine.

Lift Object Off Floor

Ask for Help
Section VI: Activity

Digging

Planting

Mowing
Section VI: Activity

Raking

Shoveling
Section VI: Activity

Unloading Car Trunk

Vacuuming

Sweeping
Section VI: Activity

Wiping Low Surfaces

Lifting Laundry

Unload Dryer
Section VI: Activity

Cleaning

Cleaning the Tub

Making the Bed
Section VI: Activity

Push don’t Pull

Ironing

Dusting
Section VI: Activity

Dishwasher

Load Washer

Unload Washer
Section VI: Activity

Reaching Out

Overhead Cabinet
Section VI: Activity

Low Shelf

Sink

Refrigerator
Section VI: Activity

Holding Infant

Lifting Child In and Out of Car
Section VI: Activity

Lifting Child from Floor

Carrying Luggage

Try and use luggage that rolls or has strap across chest
Section VI: Activity

Around the House

Saving Energy and Protecting Your Back

Kitchen:

- Do NOT get down on your knees to scrub floors. Use a mop and long-handled dust pan and broom.
- When cleaning, use both hands on broom or mop. Be sure to use legs and not back to push/pull broom or mop.
- Plan ahead! Gather all your cooking supplies at one time. Then, sit to prepare your meal.
- Place frequently used cooking supplies and utensils where they can be reached without too much bending or stretching.
- To provide a better working height, use a high stool, or put cushions on your chair when preparing meals.
- Change sitting or standing position frequently.

Bathroom:

- Do NOT get down on your knees to scrub bathtub.
- Use a mop or other long-handled brushes.
- Use circular motions when cleaning counter tops.

Safety and Avoiding Falls:

- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or that have non-skid backs.
- Be aware of all floor hazards such as pets, small objects, or uneven surfaces.
- Provide good lighting throughout. Install night lights in the bathrooms, bedrooms, and hallways.
- Keep extension cords and telephone cords out of pathways. Do NOT run wires under rugs, because this is a fire hazard.
- Do NOT wear open-toe slippers or shoes without backs. They do not give enough support and can lead to slips and falls.
- Sit in chairs with arms. It makes it easier to get up.
- Rise slowly from either a sitting or lying position so as not to get light-headed.
- Do not lift heavy objects for the first three months and then only with your surgeon’s permission.
- Stop and think. Use common sense.
Section VI: Activity

What to Do for Exercise

Choose a Low Impact Activity:

- Regular one to three mile walks
- Home treadmill (for walking)
- Stationary bike
- Regular exercise at a fitness center
- Low impact sports such as walking, gardening, etc.

What Not to Do:

- Do not run or engage in high-impact activities
- Do not participate in high-risk sports such as downhill skiing, etc.
- Golf should be cleared by surgeon
Exercise Your Right
Put Your Healthcare Decisions in Writing

It is our policy to place patients’ wishes and individual considerations at the forefront of their care and to respect and uphold those wishes.

What are Advance Medical Directives?
Advance Directives are a way to express to all caregivers the patient’s wishes regarding healthcare. If a patient has a Living Will or has appointed a Health Care Agent and is no longer able to express his or her wishes to the physician, family or hospital staff, Flagstaff Medical Center is committed to honoring the wishes of the patient as they are documented at the time the patient was able to make that decision.

There are Different Types of Advance Directives:

1. LIVING WILLS are written instructions that explain your wishes for healthcare if you have a terminal condition or irreversible coma and are unable to communicate.

2. APPOINTMENT OF A HEALTH CARE AGENT (sometimes called a Medical Power of Attorney) is a document that lets you name a person (your agent) to make medical decisions for you, if you become unable to do so.

3. HEALTH CARE INSTRUCTIONS are your specific choices regarding use of life sustaining equipment, hydration, nutrition, and the use of pain medications.

When you are admitted to the hospital you will be asked if you have an Advance Directive. If you do, please bring copies of the documents to the hospital with you so they can become a part of your Medical Record. Advance Directives are not a requirement for hospital admission.
Section VII: Appendices

Top Ten for Safety

During your stay with us, please become our safety partner by asking the Top Ten safety questions. If you are a family member or guardian, you can help by asking these Top Ten questions on behalf of your loved one.

1. **Hand Washing** – Before your care providers touch you, ask them if they washed their hands. Your care providers include your physician, nurse, radiology technologist, etc.

2. **Medication Safety** – If your nurse did not ask you who you are, check your arm band, tell you what medication you are being given and what the medication is for, please ask to have these questions answered before you take any medication.

3. **Plan of Care** – If you do NOT know why you are in the hospital and what your treatment is, please ask.

4. **Allergies** – If you have allergies to any food or any medicine, including over-the-counter medicine or herbs, please tell us right away.

5. **Drug Reactions** – Please tell us all the medicines, herbs and over-the-counter medicines you are taking. Leave nothing out.

6. **Know the Staff** – You should know who is each person caring for you. If you do not know who they are or what their job is, please ask.

7. **Consent and Right Location for Surgery** – If you are having surgery, please review with our surgery staff what surgery you are scheduled for and where the surgical site is.

8. **Fall Prevention** – If for any reason you feel you might be unstable on your feet, please ask for help.

9. **Pain Management** – If your pain is not controlled, please tell us immediately.

10. **Patient Satisfaction** – If you are unhappy with any of the care or services we have provided to you or your family, please tell us immediately so that we can meet your needs.
Know Your Options

What are the sources of blood? When a transfusion is needed, patients receive either blood they have donated for themselves, blood donated by a directed donor (a donor personally selected by you) or blood donated by the community. Being transfused with your own blood is generally the safest option, but some people are unable to provide their own blood and must rely on other blood sources.

Being Your Own Blood Donor

The blood that offers you the most safety and the best match is the blood you donate for yourself. This is called autologous donation. If you are able to be your own blood donor, the blood collection process will probably begin about three weeks before your surgery. However, the last donation must be made at least three days before surgery. Many patients anticipating surgery donate blood for themselves without problems. Your doctor will make the final decision, depending on your condition.

Benefits

Your own blood is the best match. Transfusion of your own blood eliminates the risk of getting a viral infection, such as hepatitis or AIDS, from the transfusion. By giving blood to meet your own needs, you also help conserve the community blood supply for people who need blood in an emergency or who cannot be their own donors.

Possible Risks

Your blood iron level will decrease after donation. For this reason, your doctor may prescribe iron supplements.

Procedure

The hospital blood bank is ready to help you be your own donor. Your blood will be collected on a schedule that will be convenient and safe while meeting your blood needs. Your blood will be uniquely tagged especially for you and will be ready if you need it during or after your surgery. Appointment times for your blood donations will be made for you by your surgeon’s office. Frequency of donation can be as often as every three days, but preferably one week apart. Eat a light meal 2–3 hours before donation. Be prepared to give the blood bank personnel a general health history and list of medications. An infection may prevent you from being your own blood donor.
Blood Transfusions and You (continued)

Benefits
Directed donations may provide peace of mind for some patients because they personally know the person who donated the blood.

Possible Risks
The safety of any donation depends on the donor providing complete and factual answers to health screening questions. Sometimes friends or family may feel pressured into making a directed donation even though they know that their health history may make their blood unsafe. Even if a patient knows the donor personally, a directed donation may still transmit disease. You can be assured that the hospital’s blood bank will use the same thorough procedures for screening the donors and testing the blood that we normally use for the community blood supply. Donors are screened very carefully using a detailed health questionnaire. After the blood is collected, it is screened very carefully for any reason that would make it unacceptable for use. Any unacceptable units are discarded. There is a fee charged to the patient for the drawing and processing of directed donations. If your surgery date is postponed, you must notify the hospital’s blood bank.
Anesthesia and You

Who are the Anesthesiologists?
The Operating Room, PACU and Intensive Care Units at the hospital are staffed by Board Certified and Board Eligible physician anesthesiologists and Certified Registered Nurse Anesthetists (CRNAs). Each member of the service is an individual practitioner who has earned the right to practice at this hospital.

What Types of Anesthesia are Available?
Decisions regarding your anesthesia are tailored to your personal needs. The types available for you are:

- GENERAL ANESTHESIA provides loss of consciousness.
- REGIONAL ANESTHESIA involves the injection of a local anesthetic to provide numbness, loss of pain or loss of sensation to a large region of the body. Regional anesthetic techniques include spinal blocks, epidural blocks and arm and leg blocks. Medications can be given to make you drowsy and blur your memory.

Will I Have Any Side Effects?
Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options as well as any complications or side effects that can occur with each type of anesthetic. Nausea or vomiting may be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medications to treat nausea and vomiting will be given if needed. The amount of discomfort you experience will depend on several factors, especially the type of surgery. Your doctors and nurses can relieve pain with medications. Your discomfort should be minimal, but do not expect to be totally pain-free. The staff will teach you the pain scale (0–10) to find out your pain level.

What Will Happen Before my Surgery?
You will meet your anesthesiologist immediately before your surgery. Your anesthesiologist will review all information needed to evaluate your general health. This will include your medical history, laboratory test results, allergies and current medications. With this information, the anesthesiologist will determine the type of anesthesia best suited for you. He or she will also answer any further questions you may have.
Anesthesia and You (continued)

You will also meet your surgical nurses. Intravenous (IV) fluids will be started and preoperative medications may be given, if needed. Once in the operating room, monitoring devices will be attached such as a blood pressure cuff, EKG and other devices for your safety. At this point, you will be ready for anesthesia. If you would like to speak to your anesthesiologist before you are admitted to the hospital, this can be arranged through the preadmission department.

During Surgery, What Does My Anesthesiologist Do?

Your anesthesiologist is responsible for your comfort and well-being before, during and immediately after your surgical procedure. In the operating room, the anesthesiologist will manage vital functions, including heart rate and rhythm, blood pressure, body temperature and breathing. The anesthesiologist is also responsible for fluid and blood replacement when necessary.

What Can I Expect After the Operation?

After surgery, you will be taken to the Post Anesthesia Care Unit (PACU) where specially trained nurses will watch you closely. During this period, you may be given extra oxygen and your breathing and heart functions will be observed closely. An anesthesiologist is available to provide care as needed for your safe recovery.

May I Choose an Anesthesiologist?

Although most patients are assigned an anesthesiologist, you may choose one based on personal preference or insurance considerations. If you have questions about your insurance coverage or medical plan participation by the anesthesiologist, please contact your insurance company for guidance. Requests for specific anesthesiologists should be submitted in advance through your surgeon’s office for coordination with the surgeon’s availability.
Patient Information Guide to
Patient-Controlled Analgesia (PCA)

You Can Now Help Control Your Pain Relief

Your doctor has prescribed Patient-Controlled Analgesia or PCA therapy to help control your pain during your hospital stay. A PCA device will be used to allow you to give yourself small doses of medicine when you need it. Your healthcare team will review the use of the PCA device with you. The following information will also help you understand these instructions. If you have questions regarding the PCA be sure to ask your healthcare team.

How PCA Works:

• The PCA device is programmed to deliver the medication in the correct dose for you as prescribed by your doctor.
• When you have pain, you can press the button on the dose request handset at your bedside to give yourself a small dose of pain medication.
• The pain medication is delivered through your intravenous (IV) line and may be in addition to any other medications you are receiving.
• After each dose, you must wait a prescribed amount of time (lock-out) before you can give yourself another dose. If you press the button before the time has elapsed, the PCA device DOES NOT deliver medication. This ensures that you receive only the amount of medication prescribed to you.
• Once therapy starts, your healthcare team will closely monitor your response to the medication, which may include your pain level and other vital signs.

When to Alert Your Nurse or Doctor

Some pain medications may cause side effects, so be sure to tell your healthcare team if you experience any symptoms or discomfort during your PCA therapy.

! REMEMBER: You are the only one who should push the button to give yourself medicine. Do not allow others to push the button for you unless your healthcare team instructs you otherwise. Always carefully follow your healthcare team instructions.

CAUTION: Carefully locate the patient request cord to reduce the possibility of entanglement or strangulation.

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Section VII: Appendices

Flagstaff Medical Center Directory and Maps

Where to Enter

East Main Entrance
- Visitors
- Information Desk
- Pre-surgical Services
- Cardiac Cath Lab/Rehab
- Endoscopy
- Medical Records
- Patient Discharge Lounge
- Cafeteria

Outpatient Services Entrance
- Laboratory
- Imaging
- Cardiology
- Respiratory Therapy

Women & Infants’ Center Entrance
- Obstetrical Services
- Special Care Nursery
- Family Education Center
- Breastfeeding Center
- Labor and Delivery
- McGee Auditorium

West Main Entrance
- Visitors
- Bariatrician Program
- Therapy Services
- Human Resources
- Administration
- Meeting Rooms
- Children's Health Center
  - CRS Patients, Safe Child, Audiology
  - Behavioral Health Services
  - Physician Offices

West Campus Building
- Medical/Radiation Oncology
- Breast Cancer Resource Center

Emergency Department Entrance
- Emergency Patients/Visitors
- 24-hour access

FMC Directory

<table>
<thead>
<tr>
<th>East Campus Building</th>
<th>Women and Infants’ Center</th>
</tr>
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<td>• Cardiovascular ICU</td>
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<td>• Step Down Unit – Rm # 2001–2010</td>
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<td>• 2 East – Rm # 2026–2031</td>
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<td>• Pediatrics/Pediatric Intensive Care Unit – Rm # 2041–2054</td>
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<td>• 3 North – Rm # 3012 – 3021</td>
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<td>• Behavioral Health Services</td>
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<td>• Physician Offices</td>
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Section VII: Appendices

FMC East Campus Internal Map

Please visit FlagstaffMedicalCenter.com or call 928 779-3366 for more information about FMC.
## Spine & Joint Surgery Center Keep-In-Touch List

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Guest Lodging Services

When someone you care for is scheduled for surgery, you want to be close by.

Flagstaff Medical Center operates a hospital hospitality house that offers affordable guest rooms within walking distance of the hospital.

The Taylor House is a self-serve facility offering:
- Comfortable rooms with private bathroom
- A clean friendly environment
- Four fully equipped kitchen areas
- All linens are provided
- Laundry room
- Family great room with fireplace
- Two outside patios
- Wireless internet
- Medical information available at the Flagstaff Medical Center Library
- Three blocks from a grocery store
- One mile from downtown Flagstaff
- Near city bus routes

Reservations

Due to limited availability, please call the office at 928 226-0300 between 8 a.m. and 5 p.m., Monday through Friday. Plan to make your reservation as soon as you are given a scheduled surgery date.

Single or double occupancy rooms are $50 per night.

Check out

The Taylor House does not provide respite care. When the patient is discharged from FMC the family checks out of The Taylor House, as the need for lodging in our area is great.

Check out time is 11 a.m.

Directions

(To The Taylor House from the main hospital entrance)
- Turn right onto Beaver Street.
- Turn right at the first stop light which is Forest Avenue.
- Turn left on San Francisco Street.
- Turn left into the first driveway.

The Taylor House
1431 N. San Francisco St.
Flagstaff, AZ 86001
Phone/Fax: 928 226-0300
taylorhospitalityhouse.com
Diet after Surgery
- The day of your surgery and the morning after, you will have liquids to eat and drink (broth, jello, juice, tea).
- Once you are able to tolerate liquids, your doctor will order a regular or soft diet.
- A well-balanced diet and adequate fluids will help you heal and recover more quickly.

What is a well-balanced diet?
- A well-balanced diet includes a variety of nutrient-dense foods and beverages:
  - **Breads and grains** (Make half your grains whole): Bread, pasta, oatmeal, breakfast cereals, tortillas, and grits; choose whole grains often
  - **Fruits and vegetables** (5-9 servings each day): all fresh, canned, or frozen fruits and vegetables; choose fresh whenever possible
  - **Milk and dairy products** (2-3 servings each day): skim or 1% milk; low fat or nonfat yogurt, cheese, or cottage cheese
  - **Meat, poultry, fish, eggs, beans/legumes** (2-3 servings each day): lean meat and poultry; all fresh and frozen fish; all dried beans and legumes; eggs
  - **Fats and oils** (5-6 teaspoons each day): canola oil, olive oil, nuts and seeds, avocado, olives

Eating a well-balanced diet will provide you with adequate calories, protein, vitamins, and minerals for a fast recovery from surgery.
Your healthcare team works hard to increase medicine safety. Your doctors, nurses and pharmacists want to give you safe care and prevent mistakes. With shared effort, clear communication and knowledge, we work toward a common goal of meeting your healthcare needs. Your healthcare team identifies high alert medicines in order to build safety measures into healthcare processes. We submit “good catch” forms whenever a possible problem occurs to correct issues that may develop into serious problems. You also play a vital role in the healthcare team. It is a good idea for you to know about your medicines, learn how and when to take them, what they do and be aware of any possible side effects.

Identify Yourself

Hospital Medicine Safety Tip
Your patient ID band is important for medicine safety. Look at your ID band to be sure all information is correct and readable. If something is not correct or can not be read, please tell your nurse. Do not let anyone give you medicine without first checking your patient ID band. Hold out your wrist so that your name can be easily read.

Learn About your Medicines

Hospital Medicine Safety Tip
Have your doctor or nurse tell you the name of the medicine that you are being given, and what it is for. You can ask for extra information about a medicine; ask your nurse for written information about the drug. While you are in the hospital you can always ask to talk with a pharmacist about the medicines you are taking.

What to Look for to Prevent Mistakes
Always be aware of clues that could alert you to a mistake with your medicine. Talk about any concerns with your doctor, nurse or pharmacist before taking your medicine if: The medicine looks different than expected (color, shape, size, tablet markings)
• The number of pills in the prescription is more or less than expected
• The directions on the bottle are different from what the doctor told you
• The name of the medicine on the bottle is not what you expected
• The amount of liquid in a syringe or bottle is more or less than you expected
• The reason for taking the medicine is different than why you are taking it. The reason might be listed on the bottle, in a handout or told to you by the pharmacist.

ALLERGIES OR DRUG REACTIONS… Tell all of your healthcare providers about problems you have had with your medicines.
How to Prevent Medication Errors
Ask Questions . . . It’s Very Important

Questions about your medicines
• What are the brand and generic names of my medicines?
• What am I taking this medicine for?
• How much medicine should I take, and how often should I take it?
• What time of day should I take my medicine?
• Should I take my medicine on an empty stomach or with food? Are there foods I should stay away from while on this medicine?
• How long will I need to take this medicine?
• If I start to feel better can I stop or take less of the medicine?
• What are the possible side effects of this medicine and what should I do if they happen?
• What should I do if I miss a dose?
• Does this medicine interact with any other medicines that I am taking (including vitamins and herbal products)?
• Does this medicine replace anything else I am taking?
• What should I do with any leftover medicine?

Speak up
Some patients may worry that questioning a healthcare provider could be rude. Too many people may ignore their concerns because they feel they do not know as much about medicines as healthcare providers.

Be confident and ask questions, especially when there are clues that a mistake may have been made. Do not be happy with an answer that does not make sense to you. Ask for more information and insist that your doctor or nurse look into the issue.

Arrange your medicines
Keep an up-to-date medicine list with the name, dose, frequency and reason for taking it. Your medicine list should include prescription medicines, over the counter products, herbal products, vitamins, dietary supplements and current vaccines. Keep a current medicine list with you at all times. Update this list often.

Make note of when your medicine list was last updated. Also include any medicines you are allergic to or do not tolerate; tell what happens to you when you take that medicine.

This information was created by the NAH Education Department and FMC Pharmacy using the following references:
~ SAFE Medicine Premier Issue from Institute for Safe Medication Practices (ISMP) www.ismp.org
~ Recommendations and Safety Tips: How to Prevent Medication Errors from ISMP
~ Top Ten for Safety: Flagstaff Medical Center www.flagstaffmedicalcenter.com

Medicine Safety Tips
Many medicines have names that look or sound like other medicines. This may add to the risk of mix-ups. Why the mix-ups? Hard to read handwriting is one reason. Many look-alike sound-alike drugs are used to treat different conditions. Have your doctor write your condition on the prescription. This alerts your pharmacist to your condition and acts as a double check to make sure the right medicines are being dispensed. Do not throw away the carton or outer wrapper that held your medicine. If you do throw it away, you may notice that you no longer have information on the strength of the medicine or the directions on how to take it.
Understanding Pain Management

Pinpoint Your Pain Level
A pain scale is a tool used to describe and monitor your pain level.

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<tr>
<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>
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A “0” (zero) means no pain and a 10 measures the worst pain for you. Use the scale every few hours to help make sure your pain is less or at least remains tolerable over time. Remember, you may continue to feel some pain, even with medication, but notify the nurse if the medication does not reduce your pain level or if your pain suddenly increases.

What is Pain?
Pain is an uncomfortable feeling that tells you something may be wrong in your body. Pain is your body’s way of sending a warning signal to your brain. Your spinal cord and nerves provide the pathway for messages to travel to and from your brain and the other parts of your body.

Sometimes pain may be just a nuisance, such as a mild headache. At other times, such as after surgery or injury, pain can be much worse. That is why it is so important for you to tell your healthcare providers when you are in pain.

Your Pain is Real!
Fear and anxiety can make pain seem even worse. That is why you should always ask questions before surgery or a procedure. Fear of the unknown creates anxiety. If you know what to expect, you will feel less afraid and more in control.

Reducing Pain
After surgery or injury, the goal is to get better. Pain relief plays a big part in healing. When pain is reduced, you feel better and are able to move about more easily. You may even be able to sit up and walk within hours after surgery. The ability to move around helps reduce surgical risks such as blood clots and pneumonia.
Understanding Pain Management, continued

Aim For Comfort

People respond to medications differently. That is why pain medications are often provided at the patient’s request. Pain medication takes time to work, so remember to ask for a new dose when the last one begins to wear off.

Pain Relief Medications

The following is information on medications that can be used for pain relief. Check with your doctor to make sure these are correct for you.

Another pain relief medication you may already have used at home is Tylenol®.

There are many different kinds and combinations of narcotic pain medications which are generally used for severe pain. Some of these are: codeine, Lortab® (hydrocodone) and Percocet® (oxycodone) which come in pill or liquid. Morphine® and Demerol® (meperidine) are the most common forms of narcotics that can be given as an injection into a muscle or into the IV.

Local anesthetics are medications given either near the incision or through a small tube in your back, called an “epidural”. These pain relievers block the nerves that transmit pain signals. An epidural provides continuous medication for ongoing pain relief. This works well for people that have chest or abdominal surgery, and even extensive hip or knee surgery.

Relax to Reduce Pain

When you are relaxed, pain medications are able to work better. This is because your muscles aren’t tense and signals of fear and anxiety aren’t flooding your brain.

1. Position yourself for comfort. Place a pillow behind your back when lying on your side for support.
2. Breathe deeply. By focusing on your breathing, you can relax tense muscles and take your mind off your pain.

Managing Pain At Home

The tips you learn in the hospital for pain control will also work when you go home.

1. Use your pain medication only as directed. When your pain is better, start taking your medication less often. If your pain does not decrease, or gets worse, call your doctor.
2. Remember that pain medication takes time to work, so try to time taking your pain medication at least 20 minutes before activity, such as showering or sitting at the dinner table.
3. Make every effort to get plenty of sleep; at least eight hours.
Side Effects of Pain Medication

1. **Constipation is the most common side effect of pain medicines.** Be sure to drink at least 8 glasses of water every day. Eat 2 - 3 servings of fruit a day (small piece of fruit = ½ c. canned = 1/4 c. dried.) Fresh fruit with skin and/or seeds usually has more fiber so try to include fresh apple, pear, mango, apricots or berries in your daily intake. Fresh citrus, such as orange or grapefruit, and dried fruits can also be good choices. Make sure to wash fresh fruits very well before eating.

   Eat 3-5 servings of vegetables a day—1-2 servings should be fresh (1 c. fresh = ½ c. cooked)

   Your diet should include whole grains in the form of breads, cereals, and crackers as well as oats, brown rice and whole wheat pasta.

2. **When you are taking pain medicine, you may only have a bowel movement every second or third day.** You may need a laxative or stool softener. If you are uncomfortable call your doctor.

3. **Sometimes medication is hard on your stomach and nausea and/or vomiting may occur.** Taking your pain medication with solid food may help your stomach. If this continues call your doctor.

4. **Sleepiness or dizziness may also occur.** You may feel sleepy because pain is tiring. Your medication may affect your ability to perform some of your usual activities such as walking, climbing stairs, and driving.

5. **Remember if, you have been lying down, get up slowly by sitting on the edge of the bed to make sure you have your balance, then slowly stand up.** You should not do any other potentially hazardous activity such as climbing a ladder, operating machinery etc.

6. If you are unable to awaken someone who has taken pain medication call 911.
Going Home Instructions: General Bowel Care

Expect one bowel movement a day or similar to your usual pattern. You may go less often if you are eating less or are on pain medication. Eat 2-3 servings of fruit a day. Fresh fruit with skin and/or seeds usually has more fiber, so try to include fresh apple, pear, mango, apricots or berries in your daily intake. Fresh citrus, such as orange or grapefruit, and dried fruits can also be good choices. Make sure to wash fresh fruits very well before eating.

| Serving size is 1 small piece of fresh fruit or 2 cup of canned fruit or 1/4 cup dried fruit. |
| Eat 3-5 servings of vegetables a day. Eat fresh vegetables for at least 1 - 2 servings. |
| Serving size = 1 cup fresh vegetables and 2 cup cooked vegetables |

Include whole grains in the form of breads, cereals and crackers as well as oats, brown rice and whole wheat pasta to provide roughage and promote regular bowel movements. Wheat bran can also be added to foods, using 1 - 3 teaspoons, starting small and slowly adding more. Drink 8, eight ounce glasses of water a day. Drink less water close to bedtime, so you don’t have to go to the bathroom during the night. Get regular exercise, after checking with your doctor. Going for a short walk would be a good start. Give yourself time to have a bowel movement at the same time each day. The urge to move your bowels usually occurs after eating a large meal or drinking a warm drink. You may take Metamucil® (psyllium) or a similar fiber supplement. Metamucil® is a bulk fiber which is safe to take everyday. If you are unable to have a bowel movement for 2 days, Pericolace® (docusate sodium/casanthral) is a good stool softener/mild laxative or any other over the counter laxative. If you become uncomfortable, stop passing gas, or your abdomen becomes bloated for at least 3 days, call your doctor.

Revised 6/01
Prepared February 1996
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