



Spinal Surgery Guide

Dear Patient,

Welcome to Ochsner. This guide contains important information about your upcoming surgery. Please read it carefully. These instructions will help you move smoothly through each phase of your care.

Before, during and after your surgery, you will be cared for by some of the most skilled and experienced medical professionals. All the members of your care team will work with you and your family to ensure a safe, smooth and comfortable surgery and recovery.

Your physician is the main source of information and advice before and after your procedure. This guide should not be used as a substitute for your physician and healthcare team.

Many departments within Ochsner will be calling you prior to your procedure. When you check in for your next appointment, please be sure your doctor's office has the best number for us to reach you.

If you have any questions or concerns not addressed in this guide, contact your surgeon's office or one of the applicable departments below:

Ochsner Medical Center - Baton Rouge (O'Neal Lane):

- Main (Operator): 225-752-2470
- Admission/Prior Authorization: 225-236-1120
- Surgery Center: 225-755-4820

Ochsner Medical Complex – The Grove:

- Main: 225-762-5200
- Admission/Prior Authorization: 225-726-2412
- Surgery Center: 225-726-2412

Surgery Summary and Patient Reminders

Name _____

Date of Surgery _____

Time of Surgery _____

Time to Arrive at Hospital _____

Prior to the day of surgery, we will contact you with the time you are to be at the hospital.
Please report to:

Ochsner Medical Center - Baton Rouge (O'Neal Lane)
17000 Medical Center Drive, 70816

Ochsner Medical Complex - The Grove
10310 The Grove Boulevard, 70836

Remember

- 1** **If you take aspirin, products containing aspirin, herbal medications or blood thinners** such as Coumadin (warfarin) or Plavix (clopidogrel), tell your doctor or nurse prior to surgery.
- 2** **If you are a diabetic**, notify your doctor or nurse about the medications you take prior to surgery.
- 3** **Arrange for someone to drive you home following surgery.** Sedation and anesthesia make it dangerous for you to drive. You will not be allowed to leave the hospital alone or drive yourself home.
- 4** **Bring a list of all your medications the day of your surgery.** You can also give the list to your doctor or nurse during your final clinic appointment before surgery.

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9/12/24

LEGEND

-  **EMERGENCY**
Entrance
-  **PATIENT & VISITOR**
PARKING
-  **BUS STOP**
-  **ENTRANCES**
-  **WHEELCHAIR**
ACCESS








Ochsner Medical Complex - The Grove
10310 The Grove Blvd.

3/3/22



Ochsner Medical Complex – The Grove

LEGEND

-  ENTRANCES
-  PATIENT & VISITOR PARKING
-  WHEELCHAIR ACCESS
-  PHYSICIAN & EMPLOYEE PARKING
-  BUS STOP

Preparing for Surgery

Your physicians will explain your procedure and any pre-testing that must be completed prior to your surgery. Pre-testing may include blood work, urinalysis, x-rays or electrocardiogram (EKG). Depending on your age, general health and other recent tests, a consultation with your primary care physician, an internist or other specialist may be necessary to ensure that all aspects of your health have been evaluated. They may be asked to provide medical clearance for you to proceed with surgery and/or anesthesia.

Depending on the type of surgery, your medical condition and previous anesthetic history, we may schedule an anesthesia consultation at the Pre-Op Center. If you do have an anesthesia consultation, a member of the anesthesia team will review your surgical and anesthesia history. They will also explain anesthetic procedures and risks. You will be asked to sign an anesthesia consent form on the day of your surgery.

Prior to surgery, you'll also speak to a Pre-Op Center Nurse by phone or in person to review your medical history. This nurse will also give you pre-surgery instructions and ensure you understand what to expect. Please come prepared to ask questions and discuss your concerns.

Prior to your surgery, you will receive instructions to:

- Stop taking all herbal medications for 14 days before surgery
- Refrain from drinking alcohol for 24 hours before and after surgery
- Stop or limit smoking before surgery
- Arrange for someone to drive you home

Based on your medical history, you may be advised to stop taking certain medications for a specific timeframe. This information will come from the Pre-Op Center, your surgeon's office and/or your cardiologist (as appropriate). You will also be advised when to resume these medications:

- Aspirin, products containing aspirin
- Blood thinners
- Non-steroidal anti-inflammatory drugs (NSAIDs), including ibuprofen, naprosyn, Aleve, Advil, Indocin, Mobic, or Celebrex
- Other medications as advised

Your surgeon and team will determine how long you should stay in the hospital after surgery. Regardless of how long you are in the hospital, you will probably need help once you return home. Make arrangements to have someone help you for at least a few days after your surgery.

If you need it, your care team will arrange for a skilled nurse and/or therapists to visit you at home to evaluate your needs. Due to changes in how insurance companies handle surgical procedures, very few patients now qualify for a skilled nursing or rehabilitation facility.

What to Bring, What to Leave at Home

When packing for your surgery and hospital stay, **be sure to include:**

- Your ID and health insurance cards
- Advance directives: copies of your Living Will and Durable Power of Attorney for Healthcare, if you have them
- Accurate home medication list – include all supplements and over-the-counter medications you take plus dosages and how often you take them.
- If you use an inhaler for asthma or COPD, bring them with you.
- Glasses / contacts: wear glasses, if possible and bring a case. If contacts must be worn, bring a case and solution.
- Hearing aids and their case
- You will be asked to remove all non-permanent dental work before surgery. Bring a case for these as well.
- If you use a CPAP machine at home, bring it with you.
- Your phone chargers
- Pacemaker or AICD information card
- Contact information for the person you would like notified if your condition changes significantly

Before surgery, you will be asked to remove all wigs, hairpieces, weaves, hair pins and head scarves. A head covering will be provided.

Remove and **leave at home:**

- All jewelry, including body jewelry
- Large sums of cash
- Fingernail and toenail polish
- Makeup, especially mascara and false eyelashes

Minimize Potential Complications

Smoking

Using nicotine (cigarettes, cigars, vaping, nicotine gum, patches) has been proven to increase the risk of complications after surgery. Smoking slows wound and bone healing by decreasing blood flow to the surgical site. It can also increase the risk of infection, blood clots and other complications. In fact, some surgeons require blood tests for nicotine before surgery.

You should stop smoking at least 3 weeks prior to surgery. To ensure proper bone healing and success of spinal fusion surgery, avoid nicotine for three months after your surgery. Your doctor or nurse can help connect you to Ochsner's free Smoking Cessation Program.

Ochsner's Smoking Cessation Clinic - 225-761-5200

Alcohol

We want to help you prepare for and recover from surgery as quickly and safely as possible. Recovery from anesthesia and surgery may not proceed as planned if your healthcare team is not aware of your alcohol use. Be open and honest with your provider about how many drinks you have per day.

Preparing for Home Recovery

You will not be allowed to lift anything weighing more than 10 lbs. after surgery. Keep that in mind as you ready your home. The more you can prepare for your return home after surgery, the more you can help your family with your care.

Patients find it helpful to take care of the following before their surgery:

- **Help at home:** Most patients need to restrict their movement or activity after surgery. Ideally, someone should stay home with you for the first few days or longer, depending on your needs.
- **Transportation:** After surgery it may be weeks before your doctor gives you permission to drive again. Before surgery:
 - Arrange for transportation to and from the hospital.
 - Arrange for rides to therapy and follow up appointments.
- **Meals:** Stock up on easy-to-prepare foods. Freeze some meals ahead of time. Nutritional supplement drinks such as Ensure or Boost can help fill gaps when prepared meals are not ready.

Fall-proof your home

- Remove throw rugs
- Check for cords, foot stools or other small objects you may trip over, including small animals.
- When seated, keep things you need close by, such as the remote control and your cell phone.

Equipment

While you are in the hospital, our care team will work with you and your family to ensure you have any equipment you need for use at home. This may include a walker, shower chair, bedside commode, etc.

If you already have a walker at home, bring it with you to the hospital. Our physical therapists will check it for safety and make sure it is adjusted properly.

Watch for Infection

Tell your doctor if you come down with a fever, cold or any other illness in the week before surgery.

Dental Work

If you are planning dental work such as extractions or periodontal treatments, schedule them well in advance of your surgery. Do not schedule non-emergency dental work, including routine cleanings, for at least three months after your surgery.

The Night Before Surgery

- Eat a light supper.
 - Do not eat or drink anything after the time given to you by your surgeon's office. This includes gum, hard candy, mints and chewing tobacco.
 - Shower completely from the neck down with Hibiclens (chlorhexidine gluconate) or Dial Antibacterial Soap. This helps reduce the chance of infection.
 - Wash your hair with your normal shampoo.
-

The Morning of Surgery

- Take another shower with Hibiclens or Dial Antibacterial Soap.
- Take medications as advised by your Pre-Op team with a small sip of water. Do not take diuretics (fluid pills).
- If you are diabetic, DO NOT take your insulin or diabetes medication the morning of surgery. When you arrive for surgery, tell the nurse you are diabetic.
- You may brush your teeth and rinse your mouth but do not swallow any water.
- Do not apply perfume, powder, deodorant, or body lotion.
- Please avoid wearing makeup, especially mascara, eye shadow and false eyelashes. These can interfere with your eye protection during surgery.
- Wear comfortable clothing such as a button front shirt, loose-fitting pants and flat, non-slip, closed toe/tennis shoes.
- Bring any devices you will need after surgery such as your walker, crutches, etc.
- If you have been fitted for a collar or brace, bring it with you to the hospital.



It is very important that you check in at the time and place you were given in your pre-op instructions.

A family member will be allowed to accompany you during your admission and preparation for your procedure. Once you are taken to the Operating Room, they will be directed to the Waiting Room. They will be given instructions on how to stay updated on your progress.

Following Surgery

Once your surgical procedure is complete, your surgeon will report to your family. This may be done in a private conference room. We do this to ensure privacy and to comply with HIPAA laws. It does not indicate there is a problem.

Your anesthesia provider will remain with you as you are transferred to the Post Anesthesia Care Unit (PACU) or the Surgery Center.

If you are going home the same day, a member of the care team will give you and your family member verbal and written instructions before you leave. These instructions will include medication, diet, activity, etc. Please make sure we have answered any questions before you leave the hospital.

Sedation and anesthesia make it dangerous for you to drive. To ensure your safety, you will not be allowed to leave the hospital alone or to drive yourself home. Please make sure you have someone available to take you home.

For patients expected to stay in the hospital, you will be transferred to your hospital room once you are adequately recovered from anesthesia. A member of your care team will review visiting policies with you and your family prior to surgery.

During your hospital stay, a Physical Therapist and an Occupational Therapist may visit you. They will assess your mobility and your needs, then make recommendations for your care after you return home. A Case Manager can help schedule appointments or arrange delivery of any recommended equipment and services. Post-discharge planning may include outpatient therapy, home health care, inpatient rehabilitation or inpatient skilled nursing.

All patients are discharged in a wheelchair.



Overnight Visiting Policy

If your surgeon wants you to stay overnight, you may receive visitors once you are out of recovery and have been transferred to your hospital room.

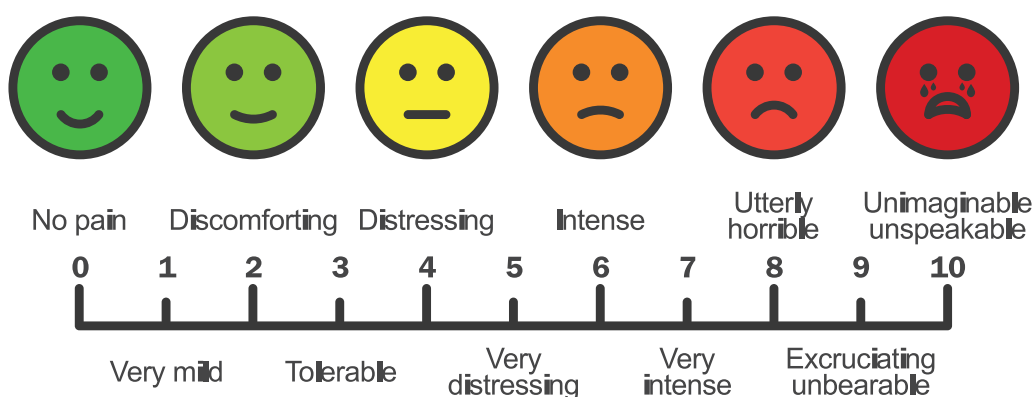
- You may receive a total of 2 visitors, one at a time. Each will be allowed only one visit with you (they can only change places once).
- After surgery, your prearranged main caregiver should be your second visitor. That way they can learn your home care instructions when it is time for you to leave the hospital (discharge).
- All visitors must be escorted in and out by a member of the Ochsner care team.

Pain Management

Pain after surgery is normal but controlling your pain offers a level of comfort while you heal. With less pain, you can start moving sooner, improve your breathing and get your strength back more quickly. Less pain can also help prevent complications and may decrease the length of your hospital stay.

Pain is discomfort that tells you something may be wrong in your body. When you have some kind of injury, such as a surgical incision, nerve cells in and under your skin send messages to your brain. Pain medicine blocks these messages and reduces their effect on your brain, making you less aware of the pain.

Because pain tolerance is different for each person, you can help determine the best way to control your pain. When your doctors and nurses ask about your pain, they often use pictures of faces to help you communicate your pain level.



Your healthcare team will determine the right timeframe for you to take pain medication. As long as you follow their guidance and the prescription instructions, pain medication is safe to use.

Both medical and non-medical treatments can help prevent and control pain. Be sure to tell your Ochsner healthcare team when you have pain and how the treatments are affecting it. They will work with you to customize pain control for you. Combining medical and non-medical methods can often provide greater relief.

Pain control before, during and after surgery may include one or more of the following:

Medical Treatment

- Acetaminophen (Tylenol) to relieve mild to moderate pain.
- Non-Steroidal Anti-Inflammatory Drugs (NSAIDs). This group includes ibuprophen (Advil), naproxen (Aleve), meloxicam (Mobic) and others. **If your surgery was a spinal fusion, you will be instructed to AVOID NSAIDs for a period of time. NSAIDs interfere with the bone fusion process. Your surgeon will decide how long you should avoid them.**
- Opioids. Morphine, codeine, hydrocodone, oxycodone and other opioids are most often used for acute pain. This includes short-term pain after surgery.
- Intramuscular injections
- Suppositories

Non-medical Treatment

- Deep breathing, relaxation exercises, and positive thinking
- Massage
- Hot or cold packs
- Music or other distractions
- Nerve stimulation (also called TENS)

Anesthetic Treatment

- General anesthesia, spinal anesthesia, or nerve blocks
- Pain medicine delivered either by a small tube in your back (an epidural catheter) or by an IV line in your arm

Ochsner's pharmacy can deliver your first pain medicine prescription to you before you leave the hospital. We strongly encourage you to use this service called Bedside Delivery. If you choose not to have your prescription filled before you are discharged, we will provide a paper prescription to take to another pharmacy. Be sure you have one or the other before you leave the hospital.

At home, you will have pain medication and, if indicated, muscle relaxers to treat muscle spasms. If you need both, we recommend you alternate the two instead of taking them together.

For example, if both prescriptions say, "take every 4 hours as needed," take one (pain medication), then take the other (muscle relaxer) 2 hours later. This will provide the best symptom relief and minimize the negative effects.



Remember, pain medicine is prescribed every 4 or every 6 hours **AS NEEDED**. It is **not** meant to be taken around the clock unless you actually need it.

The more time has passed since your surgery date, the less pain medicine you should need. By the time most patients return for the post-op appointment two weeks after surgery, they have decreased the amount of pain medicine over time.

We never want a patient to suffer, but tapering off pain medicine is the best way to help you get back to your life. Tapering methods include:

- Increasing the length of time between doses
- Taking one Tylenol in place of a dose
- Cutting the prescription pill in half and adding one Tylenol
- Using non-medical forms of pain relief

If you live outside of the metro area you may want to arrange for your local primary care physician or pain management specialist to manage your medications.

Pain Medication Refill Policy

We are committed to helping end opioid misuse and its serious consequences. To ensure we play our part, Ochsner providers are very careful about pain medication prescriptions and refills. **We have strict policies to ensure your safety and the safety of those around you.**

- 1 Some opioid prescriptions cannot be refilled through your pharmacy. We may ask you to make a clinic appointment before your prescription pain medication is refilled. That way we can help manage your pain the best way possible and avoid overuse of opioids.
- 2 We will only consider refills three days (or less) before the end of your medication regimen. Be sure to take your medication as your provider directs.
- 3 Refills on medication can only be authorized on medications prescribed by providers in our office. We will not refill medications prescribed by other providers.
- 4 We do not mail or ship prescription pain medication. Opioids are considered “controlled substances” by law and must be picked up in person.
- 5 We only prescribe pain medications for spine surgery-related pain in patients who have undergone surgery with one of our surgeons. If you have pain for other reasons, we recommend you work with your primary care physician or the specialist you see for that problem.
- 6 If your pain lasts longer than two months after your surgery, or if your symptoms are not well-controlled with this medication, make an appointment to see your provider. We will be happy to help find other ways to resolve your pain. Ochsner has many other resources to help you, including Pain Management specialists, physical therapists and others.

Braces

Typically, if you are undergoing surgery where a fusion is being done, you will need to wear a brace after surgery. (For cervical [neck] fusions, your surgeon will determine whether this will be necessary.) The brace is necessary to give your spine the support it needs while it heals.

If you are not contacted and fitted for your neck or back brace prior to surgery, you will receive it while in the hospital. If you DO get your brace prior to surgery, remember to bring it with you to the hospital.

You will need to wear the brace at all times whenever sitting up or walking around. You can remove it to shower, sleep and eat. Be mindful when removing your brace – try to maintain your posture as it is when the brace is on. The more you wear your brace, the safer your spine will be as it fuses.

If the fusion is in your lower back, you will not be allowed to bend at the waist more than 45 degrees. You should not twist, pull or reach. The straighter you maintain your spine, the better for the fusion process.

If the fusion is in your neck, you will not be able to turn your neck or nod up and down. When worn properly, the brace not only supports the surgical area, it prevents you from doing these movements. If you are still able to make these movements, the brace needs to be tightened or adjusted.

For detailed instructions on wearing your back brace properly, see the Appendix at the end of this booklet.

Bone Growth Stimulators

If you are having a spinal fusion, your surgeon may also order a Bone Growth Stimulator. This device helps the bones in your spine fuse by stimulating the growth of new bone.

Pulsed electromagnetic fields activate the body's internal repair mechanism which, in turn, stimulates bone healing. If your surgeon orders this device for you (and typically, this is insurance-related), you will need to wear it a few hours every day.

The general rule is 2 hours per day for lumbar fusion, 4 hours per day for cervical fusion (unless instructed otherwise). The duration of time you will need to use the stimulator will depend on your surgeon and how your fusion is progressing. If ordered, you will receive the device about a month after your surgery. It will be delivered to you at home by someone who will show you how to use it.

Using the Bone Growth Stimulator is painless; it causes no sensation when worn.

Guidelines for Patients at Risk for Falls

If your nurse determines that you may have an increased risk of falling, we will implement a plan to help ensure your safety. This plan includes parts for you and parts for your care team.

You care team may:

- Write parts of the care plan on the white board in your hospital room
- Place a special band on your wrist to identify your needs to all staff members
- Post a small alert near your door to encourage staff members to check your room frequently
- Ensure a well-lit area of traffic

To keep yourself from falling, you should:

- Use your call light to ask for help in getting out of bed. It is important to remain lying or sitting while you are waiting. Someone will assist you as soon as possible.
-

- Use the call light to ask for help getting up for at least 24 hours after anesthesia and as long as you are taking pain medication.
- Sit on the edge of the bed for a while before standing. Then, rise carefully and walk slowly.
- Wear footwear that is non-slip, has closed toes and fits securely.
- Keep your siderails or other protective devices as your care team sets them. They are for your safety and protection.
- Keep the pathways in your room clear and keep personal items within reach. Ask family members to help with this request.

Identifying the factors that put you at risk of falling is the first step in prevention while you are hospitalized or at home. A nurse will evaluate your specific risk factors upon admission and each day you are in the hospital.

You and your family members can give us valuable information. The more we know about you, the better we can anticipate times and circumstances when you may be more likely to fall.

Financial and Insurance Information

We realize the financial aspects of medical care can be complicated and hard to understand. Once your surgery is scheduled, Ochsner staff will contact your insurance company for the details of your coverage.

We want to make sure we meet your insurance company's billing requirements. We may also need to ask them to authorize your procedure in advance. Your insurance company will tell us what your out-of-pocket payment will be according to your policy. The cost to you may include co-payments, deductibles, co-insurance, non-covered services or other insurance limitations.

Ochsner Admit/Pre-Authorization staff will contact your insurance company to:

- Obtain insurance coverage and benefit information
- Ask for authorization requirements
- Take the necessary steps to obtain authorization
- Determine your out-of-pocket payment

If you have questions about insurance coverage and what costs you may be responsible for, please call the Ochsner Admission/Prior Authorization Department at **225-236-1120 (O'Neal)** or **225-726-2412 (The Grove)**. Please allow some time for them to start the authorization process.



Please understand that your surgeon's clinical staff has little to no involvement in this process. They can only direct you to the Pre-Service Department.

Ochsner Financial Counselors can assist you whether you have insurance or not.

Contact your insurance company if you have additional questions about your specific coverage. They can help you:

- Better understand your insurance coverage for expected hospital services
 - Make sure the Ochsner facilities and physicians caring for you are approved by your insurance company (this is also referred to as “In Network”)
 - Identify any out-of-pocket payments you will have to make
 - Know and be able to pay your out-of-pocket payment before services are provided
-

Additional Information

We hope the information in this guide has helped you prepare for your upcoming surgery. Our goal is to ensure you understand your at-home instructions and have scheduled your follow-up care. If you have any concerns or questions, contact your provider’s office or speak to anyone on your care team.

More information about spinal surgery is also available through the MyOchsner patient portal. Look for the Resources section and click on the Medical Library.

Appendix

Back Bracing for Spinal Fusion

After most spine fusion surgery, the fused area must be completely immobilized. This is to ensure your surgery heals properly and you get the best benefit from the surgery. Any movement of the bones involved in the surgery can impact the healing. It also may mean the need for more surgery.

For some patients, a brace is the best way to keep the surgery site from moving. Your surgeon will determine if you need a brace.

Why is spinal fusion needed?

Spinal fusion is necessary when an area of the spine is no longer in proper position or alignment. This may cause the spinal nerve tissue to become compressed. This loss of proper spacing and cushioning between the bones of the spine (vertebrae) can lead to pain, numbness and/or weakness. The compression can be caused by arthritis, injury, or a degenerative condition such as a herniated disc.

What does spinal fusion surgery do?

Spinal fusion surgery restores the spacing between the vertebrae and fuses the bones in place. Typically, this is done by inserting rods and screws to hold the bones in place as they heal. Bone grafts that harden over time permanently prevent the vertebrae from moving. This protects the nerve tissue and helps resolve symptoms.

Why do I need to wear a brace?

While the surgical fusion heals and becomes stronger, the bones involved must be prevented from moving. A back brace is used for fusions in the middle and low back. A collar (also called a hard brace) is used for fusions of the neck.

For these braces to work correctly, they must fit properly and be worn tightly to prevent any motion. They also must be worn consistently when you are active, sitting or standing.

Your brace will be fitted for you, either before or directly after your surgery. At that time, we will teach you how to wear and adjust it. If you are unsure about how to use your brace properly, be sure to ask for instructions or explanations before you leave the hospital.

If you have any questions about your brace, ask the person fitting you or your hospital staff.

Middle or Low Back (Lumbar) Bracing

A back brace keeps the bones in the fusion site from moving. It also distributes the weight of your upper body to your hips. This relieves pressure on the fusion site to help it heal properly.

Neck (Cervical) Bracing

A neck brace keeps you from moving your head up and down, tilting it left or right, or facing left or right. When you are wearing your brace correctly, you should need to move your upper body to look left and right. The brace should be tight enough to secure your neck in position.

If the chin rest is adjustable (see the yellow dot in the image), adjust it to support the chin without forcing it up. The neck should not extend backward. The brace should also not allow the chin to drop toward the chest, causing the neck to flex forward.

Padding can be adjusted to keep the brace's hard plastic edges away from direct contact with your skin.

Proper brace fitting should be done by a healthcare professional.





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