



## Spinal Surgery Guide for Destination Center of Excellence Patients

# 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 – New Orleans:**

- Main: 504-842-4000
- Nurse Navigator: 504-703-9373
- Patient Concierge: 504-703-0616
- Fax: 504-429-2506

## **Ochsner Elmwood – S. Clearview Pkwy:**

- Main: 504-703-2620

**See page 16 for a list of additional Ochsner phone numbers that may be useful to you.**

# Surgery Summary and Patient Reminders

Name \_\_\_\_\_

Date of Surgery \_\_\_\_\_

Date of Travel to/from Ochsner \_\_\_\_\_

**The Patient Concierge will contact you the day before surgery to confirm details for your surgery day. This will include the time of your surgery. You will be given a meeting place so the Patient Concierge can escort you to your surgery location.**

## 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** **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.
- 4** **Stop taking weight loss drugs prior to your surgery.** See list and instructions on page 4.



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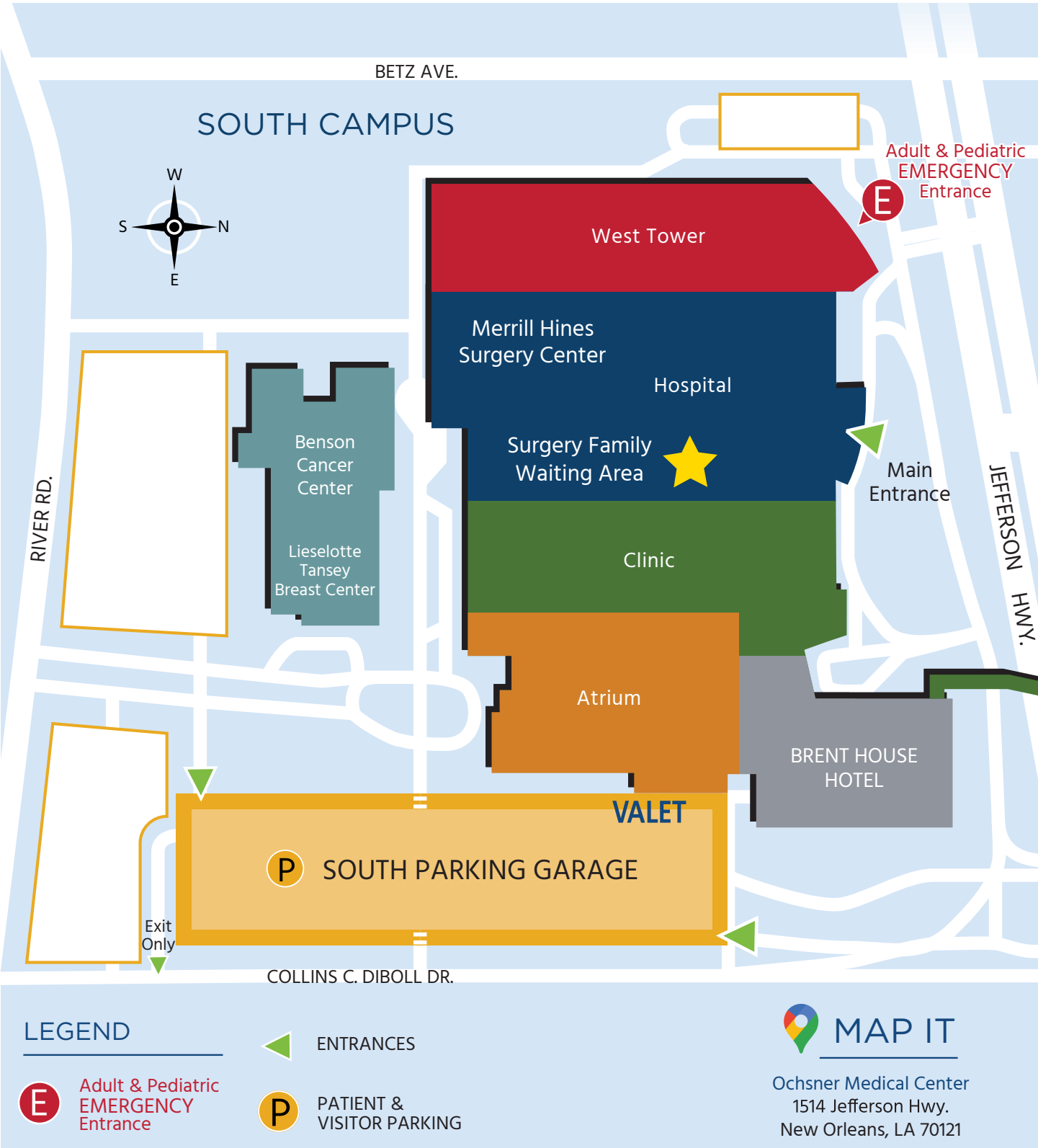
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# Ochsner Medical Center - New Orleans

1514 Jefferson Highway, New Orleans, LA 70121



1221 South Clearview Parkway, New Orleans, LA 70121





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## 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 Nurse Navigator 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 smoking at least 6 weeks before your 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 Nurse Navigator, 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®
- Weight loss medications (see blue box, right)
- 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. The Travel Program requires that a caregiver be with you during your stay at Ochsner (both in the hospital and in Brent House Hotel). Arrange for someone to help you while you are in New Orleans for surgery and afterward.

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.

**Patients taking weight loss medications** (GLP-1 agonists) such as those listed below should follow these instructions:

- If you take this medication DAILY, do not take it the day of surgery.
- If you take this medication WEEKLY, stop taking it one week prior to surgery.

### **Weight loss drugs include**

- Byetta® (exenatide)
- Adlyxin® (lixisenatide)
- Vitoza®, Saxenda® (liraglutide)
- Trulicity® (dulaglutide)
- Wegovy®, Ozempic® (semaglutide)
- Mounjaro® (tirzepatide)
- Tanzeum® (albiglutide)



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## 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.
  - Bring a 2-week supply of all home medications with you. You will need them during your stay at Brent House Hotel before and after surgery.
- 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

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## 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 6 weeks prior to surgery. To ensure proper bone healing and success of spinal fusion surgery, avoid nicotine for three months after your surgery.** Your home provider can help you find a smoking cessation program close to home. You can also discuss this with your Nurse Navigator.

If you are a smoker, you will be required to complete a nicotine test prior to surgery.

## 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.

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## 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 rides to therapy and follow up appointments once you have returned home.
- **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 or Nurse Navigator 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.

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## The Day and Night Before Surgery

- The day before surgery, your spine team will let you know what time your surgery will take place. You will receive either a phone call or text message with this information.
- 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. You will receive Hibiclens the day before your surgery, at your Pre-Op appointment.
- Wash your hair with your normal shampoo.



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## The Morning of Surgery

- **NO FOOD BEFORE COMING TO THE HOSPITAL.**
- **STAY HYDRATED. DRINK PLENTY OF CLEAR FLUIDS UNTIL 2 HOURS BEFORE YOUR ARRIVAL TIME.**
  - Clear fluids include Gatorade®, water, soda, black coffee or tea (no milk or creamer of any kind), and clear juices.
  - DO NOT drink juices with pulp or anything with any kind of particles, such as broth or orange juice with pulp.
- Take another shower with Hibiclens or Dial Antibacterial Soap.
- Take medications as advised by your Pre-Op team or Nurse Navigator 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.
- Avoid wearing makeup, especially mascara, eye shadow and false eyelashes. These can interfere with your eye protection during surgery.
- Wear comfortable clothing like a button front shirt, loose-fitting pants and flat, non-slip, closed toe/tennis shoes.



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

Your caregiver 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.

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## Following Surgery

Once your surgical procedure is complete, your surgeon will report to your caregiver. 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 to the Brent House Hotel the same day, a member of the care team will give you and your caregiver 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. Your Nurse Navigator will work with case managers to 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.

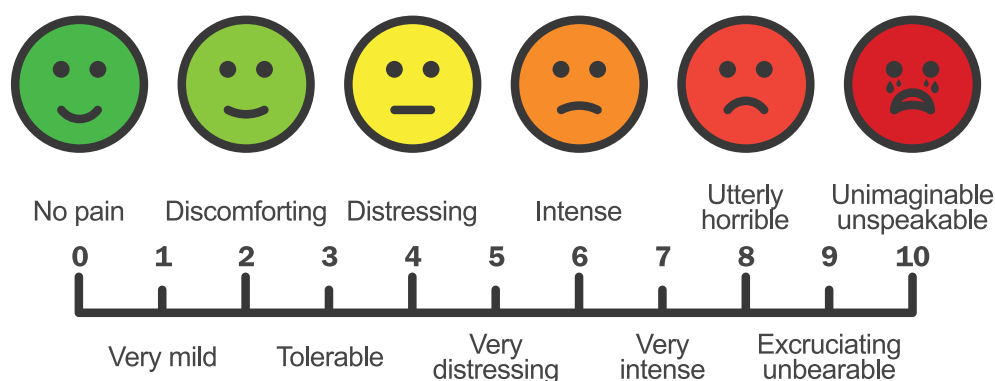
All patients are discharged in a wheelchair.

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# Pain Management and Drug Safety After Surgery

## Managing Your Pain

After surgery, it is normal to feel some pain or discomfort. Because pain tolerance is different for each person, you can help determine the best way to control your pain. When your providers ask about your pain, they often use pictures of faces to help you communicate your pain level.



## Medical Treatment

At Ochsner, our goal is to help you manage pain after surgery safely. By controlling your pain, we can help you sleep better, be more active and recover faster. To do this, your physician may prescribe a combination of methods to help control your pain.

- Acetaminophen (Tylenol®) to relieve mild to moderate pain.
- Non-Steroidal Anti-Inflammatory Drugs (NSAIDs). This includes ibuprophen (Advil), naproxen (Aleve), meloxicam (Mobic) and others. **If your surgery was a spinal fusion, you will need 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.**
- Intramuscular injections
- Suppositories
- Short course of prescription pain medication (also called opioids or narcotics)

Ochsner's pharmacy can delivery your prescriptions to you before you leave the hospital. If you choose not to use Bedside Delivery before you are discharged, we will provide a paper prescription. Be sure you have one or the other before you leave the hospital.

At home, you may have both pain medication and muscle relaxers to treat muscle spasms. If you need both, alternate between them instead of taking the two together. For example, if both say "take every 4 hours as needed" take one (pain medication), then take the other (muscle relaxer) 2 hours later. This provides the best relief and minimizes side 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.

## How to use opioids safely

When taken correctly, opioids are very good medicines for post-surgery pain. But they can be misused. This guide will help you understand how to take your prescription pain medication safely and keep others safe.

- **Take as directed.** Your physician and pharmacist will give you specific instructions for taking this prescription. Follow these instructions.
- **Keep it to yourself.** Don't share - this prescription is only for you. Sharing prescriptions is illegal and can put other people in danger.
- **Ask about your other prescriptions.** Some medications should not be taken at the same time as opioids because they can slow or stop your breathing. Talk to your pharmacist if you are taking benzodiazepines (such as Ativan®, Xanax®, Valium®), seizure medications, muscle relaxers, or psychiatric drugs.
- **Talk to your provider about other health conditions.** Tell us if you're pregnant, have a history of sleep apnea, mental health conditions, or substance use disorder.
- **Stay sober.** It can be very dangerous to use alcohol and other substances while you're taking an opioid pain medicine. Skip the alcohol, sleeping pills, or illegal drugs until you've stopped this medication.
- **Be cautious.** Don't drive or operate heavy machinery until you know how this medication affects you.

## How to store opioids safely

- **Keep it in the original container.** Don't transfer the prescription to another bottle or package. This way you will always know exactly what is in the container and who it is for.
- **Keep it where children can't see or reach it.** The safest place to store prescription pain medication is in a locked cabinet or on a high shelf.

## How to dispose of opioids safely

- **Discard properly when done.** Immediately after your pain is gone, dispose of any unused prescription pain medication.
  - Contact your local law enforcement agency or pharmacist to find a drug "take back" or disposal location near you. You can also find a location at this website: [www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-drug-take-back-locations](http://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-drug-take-back-locations).
  - If there is no take back or disposal location near you, check the FDA's Flush List. This is a list of drugs that CAN be flushed down the toilet [www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-fdas-flush-list-certain-medicines#FlushList](http://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-fdas-flush-list-certain-medicines#FlushList)
  - If your medication is not on the FDA Flush List, you can put it in the trash. To do so, remove the medication from its container and combine it with something unpleasant such as used coffee grounds or kitty litter. Place this mixture in a sealable bag in the garbage so it cannot leak or break out. Scratch out all personal information on the original container and throw it away or recycle it.

## Know the risks

- **If not used correctly**, prescription pain medications can be just as dangerous as illegal drugs.
- **Misuse can have serious consequences** including dependence, addiction, overdose, even death.
- **Get medical attention immediately** if
  - You have taken your medication incorrectly and you have
    - Overall low energy
    - Physical weakness
    - Nausea and/or vomiting
    - Trouble breathing
  - You have taken more medication than your prescription instructs

## Reducing pain medicine over time

The more time passes after surgery, the less pain medicine you should need. By the time most patients go to their post-op appointment two weeks after surgery, they have decreased the amount of pain medicine needed over time. We never want a patient to suffer, but tapering pain medicine is the best way to help you get back to your life.



Some ways to safely taper your pain medicine

- Increase the length of time between doses
- Take one Tylenol in place of a dose
- Cut the prescription pill in half and add one Tylenol
- Use non-medical forms of pain release (ask your provider which are safe for you)

## Ochsner Opioid Prescriptions & 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 opioid prescriptions and refills. **We have strict policies to ensure your safety and the safety of those around you.**

1. Your prescription pain medication must be refilled by your home provider. You may be asked to schedule an in-person appointment to have this medication refilled.
2. Ochsner providers only use prescription pain medications for patients undergoing surgery or other procedures. If you have pain for other reasons, there are many other resources to help you. Ask your Nurse Navigator or your home provider if you need help controlling other kinds of pain.
3. Ochsner does not mail or ship prescription pain medication. Opioids are considered “controlled substances” by law, and must be picked up in person.
4. Ochsner will not refill medications prescribed by other providers.

Ochsner does not prescribe medical marijuana, CBD or THC products at this time.



To learn more, visit one of these sites or talk to your Ochsner provider

- [www.drugabuse.gov](http://www.drugabuse.gov) - National Institute for Drug Abuse
  - [www.samhsa.gov](http://www.samhsa.gov) - SAMHSA (Substance Abuse and Mental Health Services Administration) or call the SAMHSA National Helpline at 1-800-662-HELP (4357) for treatment referrals
  - [www.fda.gov/drugs/resources-you-drugs](http://www.fda.gov/drugs/resources-you-drugs) - Find resources to answer regulatory and drug-related questions
- 

## Braces

If you are undergoing surgery where a fusion is being done, you may need to wear a brace afterward. Your surgeon will determine if you need a brace. The brace is necessary to give your spine the support it needs while it heals. This will be provided after your surgery.

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.

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## 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.

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## 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 bed 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.

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## Disability and FMLA Forms

All forms must be submitted to Ochsner's Disability Desk, located in the Health Information Management Office on the first floor of the main hospital at Ochsner's New Orleans campus. **Please be sure your NAME, DATE OF BIRTH, and SURGEON'S NAME are on your form.**

You may submit your form:

- In person during normal business hours, Monday – Friday, 8 a.m. – 5 p.m.
- Via Fax to 504-842-2014, or
- Via email to [disabilitydesk@ochsner.org](mailto:disabilitydesk@ochsner.org)

**All forms require 7 -10 business days for processing.**

Please contact the Disability Desk directly with any questions (not clinic staff or your physician/physician's staff): 504-842-0534.

Ochsner Neurosurgery and Orthopedics departments do not perform Functional Capacity Evaluations (FCE) and cannot complete FCE forms.

For copies of your medical records, please call 504-842-2832.

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## 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.

If you have any concerns or questions related to information in this booklet, please contact your Nurse Navigator at 504-703-9373

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# 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.



Useful Ochsner Phone Numbers

Blood Donor Center .....	504-842-3375
Brent House Hotel .....	504-835-5411
Disability Desk	
Phone .....	504-842-0534
Fax .....	504-842-2014
Gift Shop .....	504-842-4438
Ochsner Main Operator .....	504-842-3000
Ochsner Medical Equipment/Braces .....	504-842-5531
Parking/Security .....	504-842-3770
Pastoral Care .....	504-842-3286
Patient Relations .....	504-842-3971
Release of Information/Medical Records .....	504-842-2832
Surgery Hostess/Family Waiting Room .....	504-842-3549

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]







1-866-OCHSNER | [ochsner.org](https://ochsner.org)