Spine Surgery
What to Expect

PATIENT GUIDE

UCSF Health

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+ In case of emergency 911

What to Expect

1 We'll do everything we can to make your surgery a success.

It may be a long journey to recovery, but our goal is to improve the quality of your life as much as possible. We know it can be overwhelming, but we'll be there to support you every step of the way.

2 Expect to have soreness and discomfort after surgery.

At times, you may have significant pain on and around your surgical site. Our goal is for your pain to be managed to a tolerable level so that you can participate in activities and maximize your recovery process.

3 You play the most important role in your own recovery.

Your care team will do everything they can to ensure that your procedure and recovery are successful, but there's also a lot you can do for yourself. This book includes instructions for keeping you safe and healthy after your surgery. Stay informed, ask questions, and try to maintain a positive attitude. If you're feeling overwhelmed, ask us for help!

What do you want to be able to do after surgery?

My goal is...

Your roadmap

Before Surgery
1 - 2 months

Follow steps to get medically cleared for surgery.

During Your Hospital Stay

Work with your care team to get moving again and manage your pain.

After Discharge
1 - 2 years

Care for your surgical site, manage your pain at home, and restore your ability to do daily activities.

Before Surgery

To obtain medical clearance for surgery, you must:

1-2 months before surgery

- [ ] Stop smoking
- [ ] Schedule a physical exam with your primary care physician and complete ordered tests and bloodwork
- [ ] If you have a chronic condition such as diabetes, work with your primary care physician to make sure it is well controlled
- [ ] Schedule appointments with any other specialists that care for you. Ask your clinical care team if other clearances are required prior to surgery.
- [ ] If you are on chronic opioid medication, work with your outpatient pain provider to taper down your opioid usage prior to surgery and create a pain management plan for after surgery. Let us know if your pain specialist has preferences for post-op prescriptions (i.e. time frame of refills, who refills them).
- [ ] Watch any educational videos assigned by your care team
- [ ] Identify/find support to help at home

1 week before surgery

- [ ] Stop all blood thinners, anti-inflammatory pain medications, vitamins, and supplements
- [ ] If you are on prescription blood thinners, make sure your prescribing physician has cleared you to stop taking them
- [ ] Attend PREPARE appointment by telephone, during which lab results and your current medications will be reviewed. PREPARE appointment can occur one to two weeks before your surgery.
- [ ] PREPARE Clinic: Questions? Please call (415) 353-1480
- [ ] Please be prepared to discuss any patches (i.e estrogen, pain) at your PREPARE appointment
- [ ] Designate someone to drive you home from the hospital
- [ ] Pack for your hospital stay

2 nights before surgery, 1 night before surgery, and morning of surgery

- [ ] Shower with Hibiclens® (Chlorhexidine Soap)

Midnight before surgery

- [ ] Stop eating and drinking

Did everything here? You're ready for surgery!

Ask your surgeon

Why do I need lab tests before my surgery?

We want to be sure that you are medically safe for surgery. To do so, we will ask you to get some lab tests and diagnostic tests based on your medical history prior to your operation. Please help us by coordinating with your primary care physician to complete all requested testing. The lab results will be reviewed at your PREPARE appointment.

Why do I need to stop smoking?

Cigarettes cause poor wound healing. By causing blood vessels to constrict, nicotine decreases the oxygen supply to the wound and bone graft, which starves the bone graft of nutrients and prevents growth. In other words, nicotine will stop your bone from fusing! You will need to be nicotine-free (this includes chewing tobacco, vaporizers, patches and gum) at least 6 to 8 weeks prior to surgery. We will request a nicotine urine test to schedule your surgery date and again 2-3 weeks before surgery. It is also very important that you not return to smoking for at least one year following surgery.

Why do I need to stop eating and drinking at midnight before surgery?

It is important that you have an empty stomach at the time of your operation to reduce your risk of choking while under anesthesia. You may take routine medications with sips of water before surgery, if needed.

More questions?
Give us a call at 415-353-2739.

Should I keep taking my current medications?

Your medications will be reviewed at your PREPARE appointment. You will be told which ones need to be stopped before surgery. The UCSF PREPARE clinic is an anesthesia and surgical evaluation program that ensures you are medically clear for surgery. It is important that you be aware of guidelines:

STOP taking these medications 7 days prior to surgery *(unless otherwise directed by your clinical team)*

Medications that may increase bleeding

- Aspirin (or any aspirin-containing drugs) such as Excedrin®, Bayer, and Percodan
- NSAIDs (non-steroidal anti-inflammatory drugs) such as ibuprofen (Advil®, Motrin®), naproxen (Aleve®), and celecoxib (Celebrex®)
- Herbal supplements that can increase risk of bleeding, such as Garlic, Ginger, Turmeric, Gingko Biloba, Ginseng, Vitamin E, and Fish Oil
- Glucosamine and chondroitin
- Monoamine oxidase inhibitors
- If you take blood thinners such as Coumadin or Plavix, check with your prescribing doctor on how to safely taper off of these medications in advance of surgery

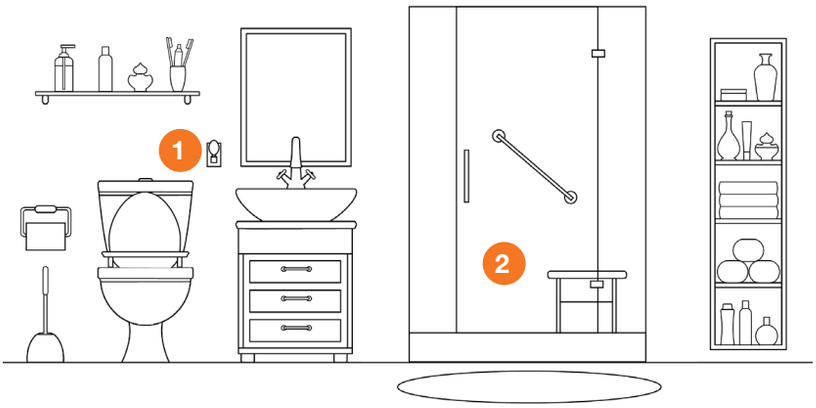
Medications that increase your chance of infection

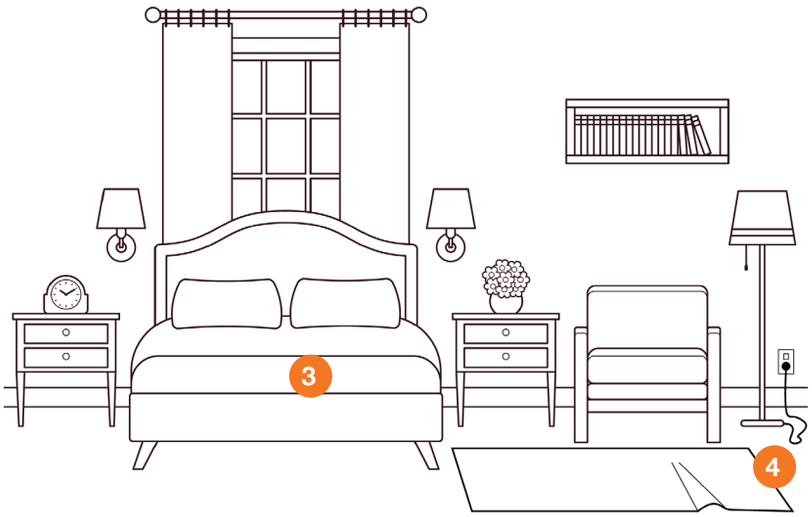
- Anti-rheumatic drugs such as methotrexate, hydroxychloroquine, leflunomide, etanercept, and adalimumab
- Immune suppression agents

For FUSION patients, medications that interfere with bone healing

- Bisphosphonate medications for osteoporosis such as alendronate (Fosamax)

Prepare your home





1. Well-lit path to the bathroom

Ensure you have a well-lit path for trips to the bathroom at night. Consider installing a nightlight.

2. Balance and support aids

Evaluate your bathroom setup for safety. Consider placing grab bars, purchasing a shower chair, nonslip bath mat, and commode. Assess the height of your toilet to determine if you may need a raised seat after surgery.

3. Accessible place to sleep

Set up sleeping accommodations on the first floor if needed, especially if there are stairs to your bedroom.

4. Tripping hazards

Rearrange furniture to clear pathways of clutter.

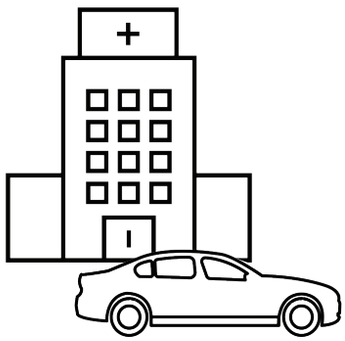
5. Items within reach

Place anything you'll need in easy to reach areas. Keep everything between hip and shoulder height, so no bending is necessary.

6. Stock your fridge & pantry

Buy or prepare food that can be readily available (i.e. microwavable food or cold foods).

Plan ahead for discharge



You'll need a caregiver to receive care instructions from hospital staff, drive you home, and help you with recovery.

Assign a relative, neighbor or friend to help you with your transition home (i.e. change your dressing, drive you to and from appointments, run errands, and help prepare meals).

Know who will help you get home from the hospital before your surgery. Planning this in advance will help ensure there are no delays to you getting home – which is the best place for you to recover after surgery.

We typically discharge patients between 11 am and 12 pm, so please plan accordingly for your ride. Your caregiver will need time to review discharge instructions from hospital staff, so have them arrive a few hours early. We will do our best to tell you your discharge time as soon as we can.

If you own a walker or cane, have your caregiver bring it for your ride home from the hospital.

You can also consider hiring help through care giving agencies.

Gather necessary supplies

We recommend the following supplies for when you get home from surgery:

- [ ] Laxatives and stool softeners, e.g. Docusate/Colace®, Senokot®, MiraLAX®
- [ ] Prepared meals for your recovery
- [ ] Nightlights
- [ ] Icepacks and heatwraps
- [ ] Plastic wrap and tape, for covering your incision in the shower
- [ ] Pill box

Pack for your hospital stay

Medication list

A written list of your medications, including how much you take and how often you take them. We will do our best to provide your home medication or equivalents.

You will receive the medications you normally take at home during your hospital stay.

Medical equipment

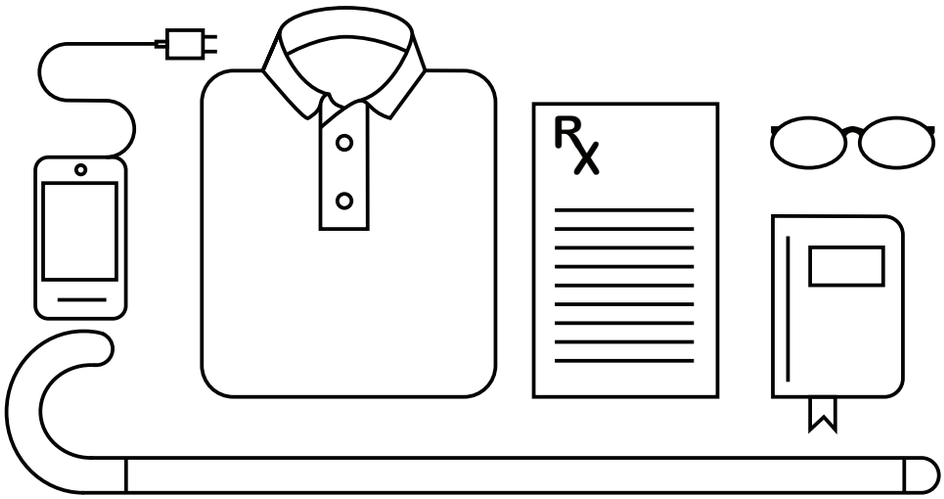
Any Durable Medical Equipment (DME) you use routinely, e.g. prescription glasses, hearing aids, custom wheelchair, or CPAP.

Entertainment

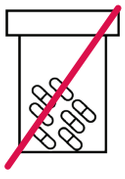
Books, cell phones and other electronics for entertainment.

Clothes

A set of comfortable clothes and shoes to wear home when you leave the hospital.



Do not bring your own medications*



As a safety measure, we are not allowed to use your home medications. The hospital will provide you with the medications you normally take at home.

* Exceptions apply for certain medications that are rare or difficult to obtain. Check with the surgeon's office if you are unsure whether to bring your own medications.

Do not bring valuables†

Do not bring large amounts of cash, multiple credit cards, jewelry, or any other expensive valuables. UCSF is not responsible for property that is damaged or lost during your hospital stay.

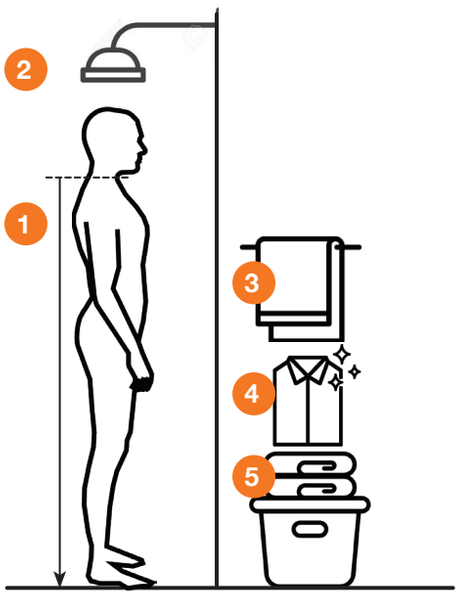
† You may need to purchase items during your hospital stay, so be sure to bring at least one credit card or a limited amount of cash.

Clean your surgical site

With every surgery there is always a risk of infection. We will do everything we can to prevent an infection, but you can help by following these bathing instructions before surgery.

Reducing the amount of germs on your skin prior to surgery is an important step you can take to protect yourself from developing an infection at your surgical site. The most effective way to do this is bathing with a special soap called chlorhexidine gluconate (CHG), commonly found in stores as **Hibiclens®**. The soap comes in a liquid form and can be purchased at most stores and pharmacies.

Shower with Hibiclens® two nights before surgery, one night before surgery, and the morning of surgery.



1. Turn water off. Apply CHG soap to your entire body from the jaw down.
Use a clean washcloth or your hands. Avoid getting CHG near your eyes, ears, nose or mouth. If you are having neck surgery, use CHG soap instead of your shampoo to wash your hair.

2. After applying CHG soap to your whole body, wash thoroughly for five minutes.
Pay special attention to the area where your surgery will be performed. Do not scrub your skin too hard.

3. Pat yourself dry with a fresh, clean, soft towel after each shower.
Do not wash with your regular soap after using the CHG.

4. Put on clean clothes or pajamas.

5. Use freshly laundered bed linens for the first night.

Do not shave the area of your surgery

Any new cut, abrasion or rash on your surgical area will need to be evaluated and may cause a delay in your procedure.

Do not use other hygiene products

Do not apply any lotions, hair conditioner, perfumes, deodorant or powders after using CHG soap.

During Your Hospital Stay

When you arrive on the nursing unit:

- ☐ Your nurse will assess you and develop a plan of care with you
- ☐ Work with your care team to get up and moving again, as soon as the first evening after surgery

You'll be ready to leave the hospital when:

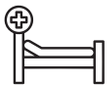
- ☐ Your pain is managed on oral pain pills (not through an IV)
- ☐ You are getting out of bed with assistance safely
- ☐ You are meeting your daily activity goals as discussed in collaboration with your physical therapist and occupational therapist
- ☐ Your team has determined that you are medically ready for discharge
- ☐ You can put on and take off your brace (with help, if needed)
- ☐ You have had your discharge X-ray (if needed)
- ☐ You have received education and information about after discharge care and follow up (appointments, medications, contact numbers for questions and wound care)

Congratulations on this huge milestone.
You're ready for recovery.

Ask your hospital care team

What activities can I perform after my surgery?

Mobility is one of the most important parts of your recovery. Your care team will work together to help you get up and moving. You will be assisted by your mobility team to get up and walk throughout the day. Your team will also assist you to a chair for your meals. After ordering your meal, let your care team know so that they can help you to get up to the chair to eat.



If I have visitors, can I get out of bed to visit with them?

We encourage you to invite visitors during your recovery at the hospital. However, they cannot assist you in moving around until they've received training from physical therapy or nursing staff. When your visitors arrive, call the unit staff to assist you to get out of bed. Ask your care team about our current visitor policy.

I'm feeling numbness or tingling. Is that normal?

Do not be alarmed if you experience mild numbness or tingling in certain areas after your procedure. Your nerves can be irritated and inflamed following your surgery and will heal over time. If you notice changes in your sensation, keep note of it and please inform us if the numbness or tingling is getting progressively worse. If you notice new weakness, please let your nurse know right away.

I have new symptoms I didn't have before surgery. Should I tell someone?

Yes! Be sure to let your care team know, and they will assess the situation.

More questions? Give us a call at 415-353-2739.

What to expect when you wake up

IV tube

An intravenous (IV) tube will be in place when you wake up after surgery. We use this IV to administer antibiotics, medications, and fluids to keep you hydrated. You may experience nausea and vomiting after your surgery related to anesthesia. Be sure to tell your nurse who can assist you in alleviating this.

Urinary catheter

You may have a urinary catheter placed during your operation to drain your bladder. This catheter will be removed promptly to reduce your risk of developing a urinary tract infection (UTI), on either the day of your surgery or the next morning.

Oxygen tube

You will have an oxygen tube placed over your nose when you awake from surgery. It will be removed when you are awake and your oxygen levels are stable.

Incentive Spirometry

For a period of time, it may be uncomfortable to take deep breaths after your surgery. However, taking deep breaths after surgery is an important part of your recovery. Deep breathing can reduce your risk of respiratory complications after surgery, strengthen your breathing, and help combat pain and soreness after surgery. A device called an incentive spirometer can help with deep breathing and strengthen your respiratory muscles after surgery. Your team in the hospital will provide you with an incentive spirometer to use after surgery. You should take 10 deep breaths with the incentive spirometer every hour while you're awake after surgery.

Drain

You may have a small drain coming from your incision. The purpose of this drain is to prevent fluid (blood or other) from building-up in a closed space. Your nurse will monitor the drainage and output. It is usually removed prior to discharge.

Sequential compression devices

Sequential compression devices (SCDs) will be placed on your legs while you are lying in bed, to help to reduce risk of blood clots. The SCDs will massage your legs and ensure proper circulation.

Brace

If your surgeon orders a brace, the orthotist will deliver it to you. The physical therapist and occupational therapist will teach you how to put it on and remove it. A brace is not needed for everyone. Your surgeon will decide if you need one.

Meet your care team

While you're at the hospital, many people will be taking care of you. Each of them has unique responsibilities, but they'll work together as a team.

Attending Surgeon	Your surgeon will do your surgery and will oversee your care before, during and after your hospital stay. You may not see your surgeon every day in the hospital, but your surgeon is constantly in close communication with your entire care team.
Residents & Fellows	Residents and fellows are physicians who support your attending surgeon. Residents will typically examine you early in the morning to ensure you are safe.
Nurse Practitioners & Physician Assistants (NPs, PAs)	NPs and PAs are licensed medical providers who work closely with physicians. They will typically see you and discuss your care plan in the late morning and/or early afternoon.
Nurse (RN)	Your nurse will take care of your everyday needs. They will be your main point of contact for questions during your hospital stay.
Patient Care Assistants (PCAs)	PCAs will support your nurse in taking care of your needs.
Physical & Occupational Therapists (PTs, OTs)	They are dedicated to assess/improve your mobility and your ability to perform your daily activities.
Mobility Techs	Mobility techs will help you to get up to the chair for meals and practice walking.
Case Managers	Case Managers are dedicated to ensure your transition from hospital to Skilled Nursing Facility, Rehab facility, or home.
Pharmacists	Pharmacists will manage your medications during your hospital stay and provide your post-discharge medication schedule and instructions.
Orthotists	Orthotists measure and fit you for any brace that you might need.

Monitor and communicate your pain

Your body has been through a lot. Expect to have soreness and discomfort after surgery. At times, you may have significant pain on and around your surgical site.

Your care team cares about your pain management experience in the hospital. We aim to give the right amount of medicine, at the right time, to promote comfort and healing. Pain medicine may be scheduled (given at specific timeframes) or “as needed” (also referred to as PRN). Our holistic pain assessments guide nurses toward providing the lowest effective dose of medicine to provide comfort and reduce unpleasant or dangerous side effects.

Pain control is a key part of the healing process. Our team will continuously reassess your pain and pain medication regimen to ensure that you are getting the adequate pain management for your needs. You should not expect to be pain free.

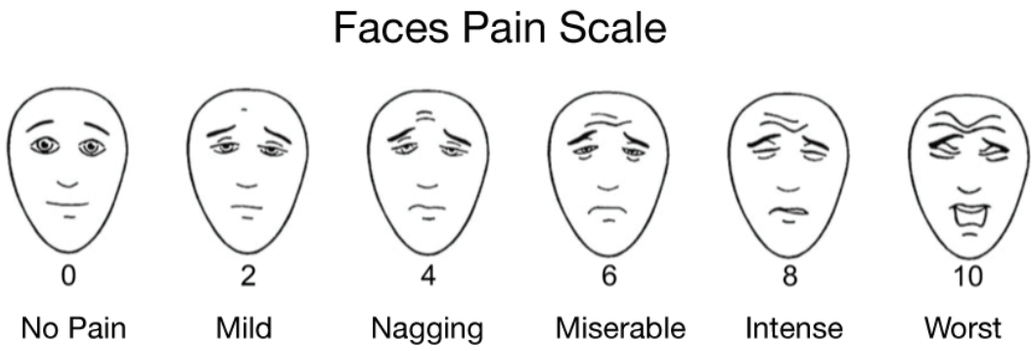
Pain Assessments

- Your healthcare team will ask where your pain is, how it feels, if it comes and goes, and how it limits your activity.

- If you are unable to report your pain experience, the healthcare team has several non-verbal pain assessment scales to use.

- You will be asked to choose one pain intensity scale to rate your pain:

  - ☐ Verbal Pain Scale: Options range from, “mild,” “moderate,” "severe”
  - ☐ Number Pain Scale: 0 means “no pain” and 10 means the “worst possible pain”
  - ☐ Faces Pain Scale: Patients choose an expression showing their physical pain.



Pain Management Options

There are many ways to treat pain. We will recommend using both medicine and non-medicine methods to improve your comfort.

Together the healthcare team will assist you with your pain, minimize side effects, and improve your level of activity, such as sitting on a chair or walking in the hallway.

Non-Medicine Methods

- There are a number of non-medicine methods of pain management available; including, positioning, mobilizing, heat, ice, music and meditation. Your care team will work with you to identify what has helped you before and what you would like to try.

Medicines

- Combinations of medicines may be used to help you feel more comfortable. Taking a variety of pain medicines usually works better than using one drug alone.

- Pain medicines can be given in a variety of ways: through skin (topical), oral (by mouth), or in a vein (IV).

- Examples of pain medicines may include:
  - Non-opioids: Acetaminophen (Tylenol) or Non-Steroidal Anti-Inflammatory (NSAIDs) like Ibuprofen (Advil), Naproxen (Aleve), or Ketorolac (Toradol)
  - Adjuvants (or ‘co-analgesics’): Gabapentin (Neurontin) or pregabalin (Lyrica)
  - Opioids: Morphine, hydromorphone, or oxycodone
  - Muscle relaxers: baclofen, tizanidine, or cyclobenzaprine
  - Topical analgesic: Lidocaine patch

- Short-acting (IV) opioids have rapid onset and shorter duration of pain relief.
- Long-acting (oral) opioids have longer onset and duration of pain relief.

Safety

- All medicines have possible side effects. Tell your healthcare team how the pain medicine makes you feel.
- Opioid medicines may cause breathing problems. A intranasal medicine called Naloxone (Narcan) is available to reverse this known side effect.
- Talk with your healthcare team if you have concerns about opioid tolerance, dependence, or addiction.

Key Points

- We all feel pain differently. The healthcare team will ask you to describe your pain.
- Pain, stress, and anxiety can impact mood, sleep, appetite, and activity. Ask the healthcare team if you are concerned about how this impacts your overall well-being.
- **It may not be possible, or safe, to have total pain relief. We will work to help you identify, and reach, a realistic pain goal.**
- Your healthcare team will work with you to adjust your pain management plan so you can feel better and gradually increase daily activities.
- It is important that you follow the pain management plan that you and your healthcare team agreed upon.

Patients' Rights and Responsibilities. You have the right to:

- Be treated with dignity and respect and have your pain checked on regularly.
- Receive information about pain, pain relief, and treatment options.
- Understand what medicines you are taking, and any potential side effects.

Get moving again safely

Early mobilization is the single most influential thing you can do to help your recovery. Usually, you will be out of bed within 8 hours of your surgery.

The first time you get out of bed, you may feel dizzy or light headed. It's important to stay safe so ALWAYS call for help before getting out of bed. Try your best! Don't get discouraged if you can't stand up right away. We'll be there to help.

Your care team will make sure you maintain proper spine precautions while getting up, and will talk with you every day about ways to prevent falls. We may need to use special equipment to help you get up and walk, and devices such as a bed alarm for safety.

Once you tolerate getting out of bed, plan on being out of bed for all your meals.

Your nurse and mobility tech may be the first ones to get you up. You may be seen by the rehabilitation therapist for detailed assessments and education about your mobility.

Your care team will teach you how to:

1. Move from the bed to sitting or standing.

2. March in place near the bed.

3. Sit out of bed for 15-30 minutes.

4. Walk 15-30 feet, if you are able to do so within your pain limit.

Safety considerations:

5. Be careful of various tubing such as IV lines, drains and oxygen cannula.

6. Use the bathroom before it becomes an emergency.

7. Sit up as much as possible when in bed so the change from lying to sitting to standing is less likely to make you dizzy.

Length of stay

The length of your hospital stay will depend on your medical history and the type of spine surgery that was done. Length of stay can vary, but preparing for discharge prior to surgery is very important. Our goal is to get you home as soon as possible to promote a successful and speedy recovery.

Type of procedure	Average length of hospital stay	
1 - 2 level cervical fusion	**1 day**	If surgery is on Monday, expect to go home on Tuesday
3 - 5 level cervical fusion	**3 days**	If surgery is on Monday, expect to go home on Thursday
1-2 level thoracic fusion	**2 days**	If surgery is on Monday, expect to go home on Wednesday
1-2 level lumbar fusion	**1 day**	If surgery is on Monday, expect to go home on Tuesday
6 - 11 level fusion	**4 days**	If surgery is on Monday, expect to go home as early as Friday
12+ level fusion	**5 days**	If surgery is on Monday, expect to go home as early as Saturday
Disc replacement	**1 day**	If surgery is on Monday, expect to go home on Tuesday
Cervical laminoplasty	**2 days**	If surgery is on Monday, expect to go home on Wednesday

Your care team will determine where you'll go after discharge, based on what's best for your recovery.

Home recovery

Most patients are able to recover at home, with help from family or friends.

Home health services

Home health services can assist with wound care, medications, and mobility.

Skilled nursing facility

If your recovery is potentially complex, a skilled nursing facility may be best.

Acute rehab facility

Acute rehab may be required for intensive physical and occupational therapy.

To learn more about case management and discharge, please visit
https://www.ucsfhealth.org/services/case-management-and-social-work

After Discharge

Day of discharge:

- ☐ Your expected discharge time will be 11 am
- ☐ Have your caregiver present for discharge instructions. They should be at the hospital by 10 am
- ☐ Please make sure you have all your belongings with you when you leave, including all necessary equipment
- ☐ If your ride home is more than an hour long, take frequent breaks to stand up and walk around

In your first weeks at home:

- ☐ Get moving to promote circulation and prevent blood clots.
- ☐ Follow your discharge instructions to reduce your pain medication. Stop taking opioids as quickly as possible
- ☐ Refer to your disharge instructions for wound care
- ☐ Watch for wound changes, fever, chills, and worsening pain at the surgical site
- ☐ You will receive a survey asking about your hospital experience. We value your feedback and so that we can continue to improve the care we provide.

2-3 weeks after surgery:

- ☐ If you have sutures or staples, schedule a visit with your primary care physician, home health nurse, or our spine clinic to have them removed

In the following months:

- ☐ Generally, plan for a follow-up appointment in 2-6 weeks
- ☐ Gradually increase your mobility, working towards your longer term activity goals
- ☐ Follow precautions for protecting your spine

If it is medically indicated, a bone stimulator device may be ordered for you by your surgeon after you are discharged. This will be a device you will be using at home during your recovery. You will be contacted by a representative on how to correctly use it.

The bone stimulator is a wearable device that does not inhibit movement. This device is used intermittently during the day to promote bone healing.

Your recovery process may feel gradual, but try to stay focused on your initial goals.

Ask your care team

I'm still experiencing pain. Is that normal?

It is normal to have some discomfort or pain at the surgical site for a few weeks after your surgery. Using an ice pack for 10-15 minutes may relieve pain at the surgical site. Hot packs are helpful for muscle tightness. Be sure not to put the hot pack or ice pack too near your incision site.

Which medication should I take to treat my pain?

It is important to identify the type of pain you are having in order to know which pain medication will help:

Muscle spasms
Muscle relaxants such as Baclofen will help with abnormal muscle tightness, soreness, or stiffness.

Neuropathic pain (tingling, burning)
Gabapentin (Neurontin) will help with burning, tingling, or nerve pain.

Generalized pain
Can be treated with opioid pain medications (oxycodone) or acetaminophen (Tylenol).

Opioids can be habit forming. You should only take these medications when pain is severe. Always take the lowest dose that works for you.

For FUSION patients, it may be as long as 3-6 months before you can take non-steroidal anti-inflammatory medications such as ibuprofen. They can impair bone healing. Please check with your surgeon before taking NSAIDs.

Take your pain medications as instructed. The opioid pain medications should be weaned over time. We recommend using a pill box to help you manage doses and frequency.

More questions?
Give us a call at 415-353-2739.

I'm experiencing constipation. What should I do?

Pain medicine and anesthesia cause constipation. We will provide you with medicine to help you stay regular while you are in the hospital. We recommend you purchase some over-the-counter medications to have at home after you are discharged:

- Docusate/Colace (stool softener)
- Senokot (laxative)
- Miralax (laxative)
- Eat plenty of fruits and vegetables
- Drink plenty of fluids

Don't wait too many days before taking action!

How do I refill my medication? How long will it last?

For neurosurgical patients
At least one week of opiod pain medication prescriptions will be provided to you at the time of your discharge from the hospital. For refills, contact the Spine Center at least 3 business days before you run out of your current medication supply. You can refill your medications through the Spine Center for up to six weeks after discharge from the hospital.

For orthopedic surgical patients
Your pain medications can be managed by the Spine Center for up to 3 months post-operatively. For refills, contact the Spine Center at least 3 business days before you run out of your current medication supply. After 3 months, if you require pain medications, your pain care must be transferred to your primary care physician or a pain management specialist. After six weeks, if you require pain medications, your pain care requests must be transferred to your primary care physician or a pain management specialist.

Please note that our office is closed on weekends and holidays. Medication refill requests are handled Monday to Friday.

Prevent infection

With every surgery there is always a risk of infection.

We prefer that you NOT have any elective dental procedures for 3 months after surgery.
FUSION patients only: If dental work is needed in the 2 years after your surgery, we recommend you take prophylactic antibiotics prior to any dental procedures.

Please consult with your surgeon prior to having any invasive procedures.

Monitor your incision daily for signs of infection and call our clinic with any concerns. Signs of infection include:

- Redness
- Drainage
- Swelling and warmth at the incision site
- Fever or chills

If you have pets:

- Do not allow pets to sleep with you until your wound is completely healed and the sutures/staples are removed.
- Do not allow pets to lick you or your wounds.
- Cover sofas and chairs with a clean sheet before sitting or lying on them.
- Wash your hands with soap immediately after touching your pet.

Care for your surgical site

If you have staples or sutures in your incision:

1. Staples or sutures may be removed between 14-21 days after surgery depending on your physician's recommendation.
They can be removed at the Spine Clinic, rehab center, your local primary care provider, or a home health nurse.

2. Keep the incision DRY while the staples/sutures are in place and 24 hours after they are taken out.
Use plastic wrap and tape to cover your dressing when you take a shower to ensure the dressing does not get wet. If you notice the dressing is slightly wet following your shower, remove the dressing, pat your incision dry with gauze, and apply a new dressing.

If you have dissolvable sutures and/or surgical glue:

Keep the incision DRY for 7-10 days after surgery.
Use plastic wrap and tape to cover your dressing when you take a shower to ensure the dressing does not get wet. If you notice the dressing is slightly wet following your shower, remove the dressing, pat your incision dry with gauze, and apply a new dressing.

Please always follow the discharge instructions provided by your surgeon.

Do NOT take baths or soak in water

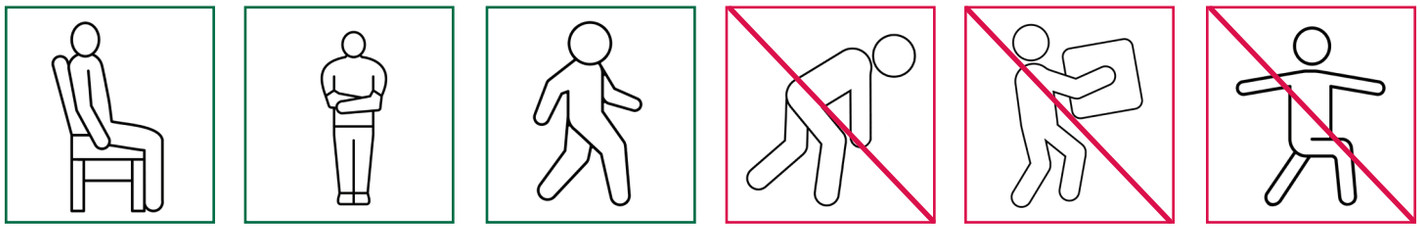
Do not soak in a bath, hot tub or pool for at least 4 to 6 weeks after surgery.

Do NOT apply any creams, lotions, or ointments on your incision

Do not apply these for 6 weeks after surgery. Do not clean the incision with anything unless your doctor instructed you to do so.

Move safely at home

These precautions apply to all patients for 6 weeks after surgery and will be evaluated at each follow-up appointment.



Reposition every 30-40 mins; sitting to standing to walking throughout the day.

Walking is the best exercise after back surgery. It strengthens your back and leg muscles and increases your endurance. It also relieves stress, which can cause the muscles in your back to tighten. You should take several (6 to 8) walks a day that are at least 5 minutes long. Brace your abdominal muscles and take medium strides. Walking also helps prevent blood clots from forming. No athletic activities until you have discussed your limitations at your 6-week checkup.

Patient may sleep on their backs or on their sides. Sleeping on your front side is not recommended.

Walk as much as possible, increasing distance and time slowly but surely.

Be careful of potential tripping hazards such as throw rugs, furniture, or pets.

No BLT! Bending / Lifting / Twisting.

Do not bend more than 90 degrees for surgery that extends to the low back and pelvis.

Avoid sitting upright longer than 40 minutes without standing and moving in place for 1-2 minutes.

Refer to your discharge instructions for other precautions and lifting limits.

Outpatient Physical Therapy

At your first followup appointment with your surgeon, your surgeon will determine if you are ready for outpatient physical therapy. If you are, your surgeon will write you a prescription. You may schedule your care at any physical therapy location that you prefer.

For patients who are required to wear a brace

If a brace is prescribed by your surgeon, please follow your brace instructions for 6 weeks. Check your Discharge After Visit Summary for your specific brace instructions.

UCSF Health Spine Center
Bed Transfer: Log Roll Method

These instructions will tell you how to safely get in and out of bed.

Getting into bed

1. Sit on your bed, closer to the head than the foot. Scoot back onto the bed as far as possible.
2. Lower yourself onto your side, using your arms to guide and control your movement.
3. Bend your knees and bring your legs onto the bed.
4. Keep your knees bent and roll onto your back. Keep your shoulders and hips aligned as one unit as you roll. Think of yourself as a rolling log—your shoulders and knees should always point in the same direction.

Getting out of bed

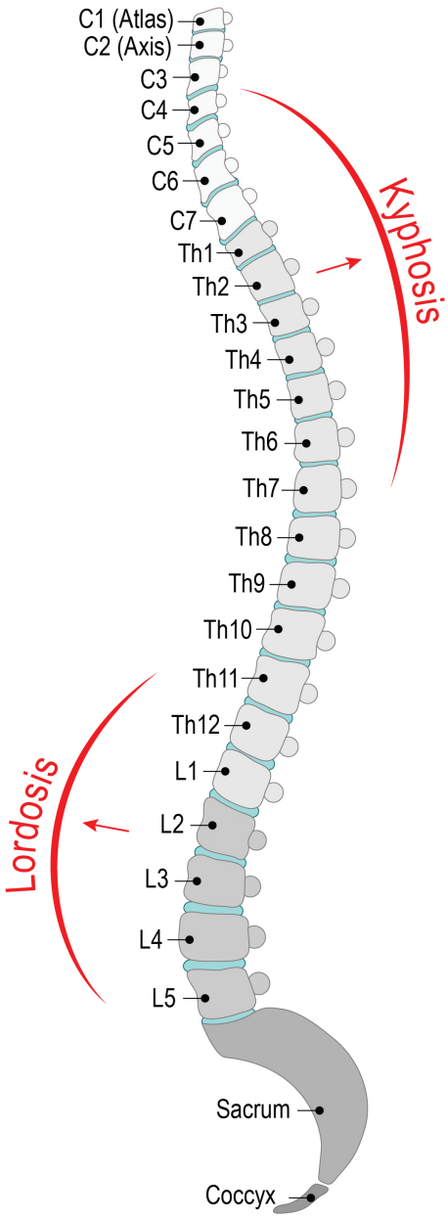
1. While lying on your back, bend your knees.
2. Roll onto your side, keeping your shoulders and hips aligned as one unit.
3. Place your bottom hand under your shoulder and your top hand in front of your chest. Slowly raise your upper body as you lower your legs toward the floor.
4. Scoot forward to the edge of the bed.

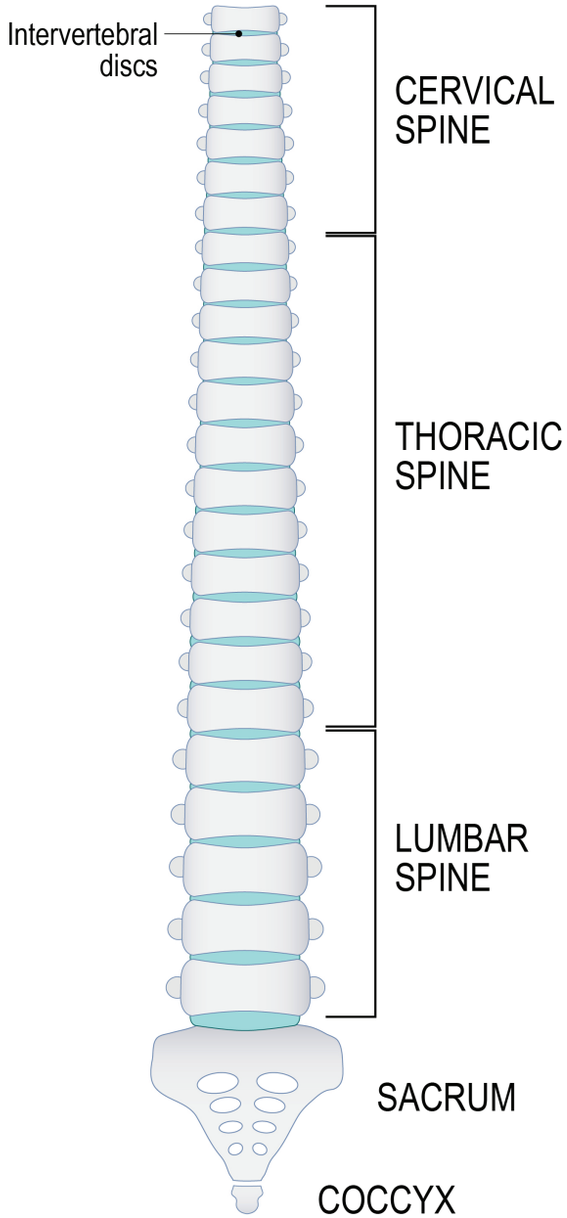
If you have trouble getting in and out of bed

- Try using the other side of the bed.
- Try switching the head and foot of your bed (switch your pillows to the other end of the bed).
- Place a pillow between your knees when rolling.
- Once you sit up, wait a few seconds before standing.

Note: Your therapist may show you different ways to get in and out of bed depending on your situation. Follow the instructions you are given.

Additional Resources





Medical glossary

Spinal Fusions

Interbody Lumbar Fusion

In this procedure, your surgeon will remove an intervertebral disc and pack bone graft, or a fusion cage and bone graft, into the space between the two vertebral bodies immediately above and below the disc. As your spine heals, the bone graft stimulates your body to make new bone and, with time, joins (or fuses) the bones together. This surgical procedure is used to treat recurrent herniated discs, instabilities of the spine, chronic back problems related to disc rupture, or other disc related pain.

Depending on your specific needs, your surgeon will choose to access your spine in one of the following ways. These are different surgical approaches for the same procedure.

OLIF

(oblique lateral interbody fusion)
From the obliques/side

XLIF

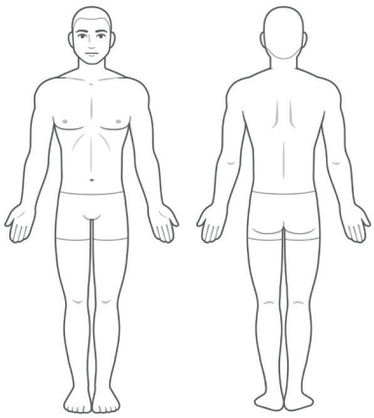
(extreme lateral inberbody fusion)
Your surgeon may also choose to do an XLIF and approach your spine from the side, making an incision in the side of your abdomen.

PLIF

(posterior lumbar interbody fusion)
Posteriorly or from the back

TLIF

(transforaminal lumbar interbody fusion)
In a TLIF, your incision will be in your back and the spine will be approached in a lateral (or transverse) angle.



ALIF

(anterior lumbar interbody fusion)
Anteriorly or from the front

Posterior Spinal Fusion (PSF) – Cervical, Thoracic, Lumbar

PSF is a spinal fusion where bone graft is used to stimulate bone to heal together and fuse solid. Metal screws and rods are placed to lock everything in place.

Anterior Cervical Discectomy and Fusion (ACDF)

In this surgery, your doctor will remove a herniated or degenerative disc in the neck (cervical spine) . The incision is made in the front of the neck – an anterior approach. After the disc is removed, a bone graft is inserted to fuse together the bones above and below the disc space.

Medical glossary, cont.

Other spinal procedures

Osteotomy

An osteotomy is a controlled breaking or cutting of a bone and is typically done as part of a surgery to correct spinal deformity. When a significant rigid deformity is present, the bone may need to be cut, the spine realigned, and then instrumentation placed to maintain the corrected position of the spine.

Kyphoplasty

This surgical technique involves reinforcing a vertebra with bone surgical cement. It can be applied in the setting of bone collapse (i.e., fracture) due to osteoporosis or other bone destructive process, such as a tumor or tissue death.

Laminectomy

A laminectomy creates space in the spinal canal by removing all or a portion of the lamina, thereby enlarging the space available for the spinal cord and nerves. A laminectomy is typically performed to prevent worsening neurologic deficit from spinal stenosis, the narrowing of the spinal canal that can cause the spinal cord to be compressed.

Cervical Laminoplasty

A laminoplasty involves creating a hinge on one side of the vertebra's lamina and a notch on the other side allowing the lamina to swing open like a door. This provides more space within the spinal canal for the spinal cord and nerves. After cutting the hinge and notch, the surgeon will place small metal plates between the edge of the lamina and the side of the vertebra to keep the door open. This treatment option does not involve a fusion.

Foraminotomy

The foramen is a nerve root's natural passageway or exit from the spine to another part of your body. When the foramen becomes narrowed, the nerve can become irritated or dysfunctional. In a foraminotomy, your surgeon removes bone and soft tissue around the foramen to enlarge the passage for the nerve. A foraminotomy is often performed in addition to decompression of the spinal canal itself, such as a laminectomy.

Discectomy

A discectomy involves removing all or part of an intervertebral disc. Most commonly this is done when a disc is herniated (slipped disc) and is causing symptoms of pain and nerve irritation or injury.

Disc replacement

Disc replacement involves removing a damaged, degenerated disc and replacing it with a prosthetic disc. Disc replacement surgery is an alternative to a spinal fusion for a very select group of patients.

Corpectomy

A corpectomy involves removing all or part of the vertebral body, usually as a way to decompress the spinal cord and nerves. A corpectomy is often performed in association with some form of discectomy.

Contact information

How to reach your surgeon:

DEPARTMENT OF NEUROSURGERY

Dr. Praveen Mummaneni	415-353-2547
Dr. Christopher Ames	415-353-9360
Dr. Lee Tan	415-353- 4915
Dr. Aaron Clark	415-353-3191
Dr. Nima Alan	415-353-2365
Dr. Jang Yoon	415-353-8595

DEPARTMENT OF ORTHOPEDICS

Dr. Rajiv Sethi	415-353-2739
Dr. Sigurd Berven	415-353-2218
Dr. Shane Burch	415-353-4487
Dr. Vedat Deviren	415-353-2949
Dr. Alekos Theologis	415-353-8203
Dr. Lionel Metz	415-353-4482
Dr. Ash El Naga	415-353-2218
Dr. Bobby Tay	415- 353-2840

Contact the clinic immediately if any of the following happens:

- Increased redness, swelling, pain, drainage or warmth around the incision
- Incision dehiscence (opening in the incision)
- Temperature higher that 101° F (38.3° C)
- Shaking, chills
- Severe or increasing pain that is not getting better with rest
- New or increased numbness in arms, legs, or torso
- Difficulty emptying your bladder, or bowel incontinence
- Burning or pain with urination
- Pain, redness or swelling of the calf
- Increasing uncontrolled pain

For urgent medical issues after business hours, call 415-353-2739.

(After hours you will be routed to the hospital operator, who will then page the on-call physician.)

For appointments or non-urgent calls, use MyChart, or call 415-353-2739.

(e.g. test results, medication renewals)

- Phone calls typically have a 24-hour turnaround time. MyChart messages typically have a 72-hour turnaround time.

For Urgent Care, please contact UCSF Bayfront at (415) 353-9188

UCSF Bayfront is located at 520 Illinois St., 1st Floor, San Francisco, CA 94158
Website: ucsfhealth.org/bayfront-urgent-care

Call 911 if you are experiencing:

Signs and symptoms of a heart attack (chest pain or shortness of breath)

Acute neurologic changes

- New and sudden onset of limb weakness and or numbness
- Total loss of bowel/bladder function

Signs and symptoms of a stroke (BE FAST):

Balance: Sudden loss of balance.

Eyes: Sudden loss of vision in one or both eyes.

Face: Noticeable unevenness or droopiness in the face.

Arm: Weakness or numbness in one arm. One arm may drift downwards.

Speech: Slurred speech.

Time: Every second counts.

Notes

Notes

UCSF Spine Center
Departments of Orthopedics and Neurosurgery
400 Parnassus Avenue, 2nd Floor, Suite A 2300
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(866) 817-7463