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## PATIENTS GUIDE TO SPINAL SURGERY

The following information is provided by Prof. D'Urso to assist with the planning of your spinal surgery at the Epworth Richmond Private Hospital.

### Preadmission Planning

Our surgical bookings manager will arrange your admission to the Epworth Richmond Private Hospital. You will be contacted by telephone to confirm your appointment for surgery and sent a letter informing you of the date and time of surgery. You will also receive details of the anaesthetist and assistant. You will be sent forms from the Epworth Hospital, which will require your completion prior to surgery.

**Blood thinning medication must be ceased prior to surgery.** It is recommended that Aspirin be stopped one (1) week prior to surgery. Medication such as Clopidogrel (Plavix) or Dipyridamol (Asasantin) must be ceased two (2) weeks prior to surgery. Warfarin should be stopped five (5) days prior to surgery.

**Advise our office if you have a LATEX ALLERGY or you are a DIABETIC**

Blood tests, electrocardiogram (ECG) may be required prior to your admission, Prof. D'Urso will arrange these for you.

### Physician Assessment

If you are elderly, or have significant health concerns arrangements will be made for you to be seen by a Specialist Physician to assess your peri-operative risk and assist in your preoperative management prior to surgery. An automatic referral will be made to a physician; this appointment will need to be arranged prior to any scheduled surgery. Surgery will not proceed until the Specialist Physician has determined that such surgery will be safe and that all necessary steps have been taken to ensure the best possible outcome for you.

### What you should take to hospital

- Do not take valuables such as jewellery or expensive wristwatches. Remove rings and do not wear nail polish.
- Bring all of your current medications and a list of such medications.
- Bring xrays, CT scans and MRI scans. These are essential for surgery to proceed.
- Nightgown, pyjamas, dressing gown, comfortable clothing such as tracksuit or similar, comfortable shoes, slippers, socks and underwear is recommended. Toiletries, tissues, spectacles, pen, paper, magazines or books. Laptop computer, DVD player, iPod, mobile phone.

**Private & shared room queries** – refer to page 8 of Patient Admission Information Booklet – Epworth Hospital.

### Admission

You will typically be admitted on the day of surgery. If your surgery is scheduled in the morning, you will need to be admitted quite early, you will need to have fasted from midnight the night before surgery. If your surgery is planned in the afternoon, admission midmorning will be arranged and you will need to fast from approximately 6a.m.

If your surgery is complicated or you have significant health concerns, you live interstate or in the country, admission the night before surgery may be possible.

You need to present to the Admissions Office on arrival at the Epworth Private Hospital on the 2<sup>nd</sup> floor. Please be patient with your admission as many patients are processed through the admissions area, some of these patients have complicated and serious medical

conditions that require attention. Your admission will be prioritised according to the timing of your surgery and the severity of your condition.

### **Day of Surgery**

***Fasting for six (6) hours prior to surgery is normally recommended. This means you should not eat or drink.*** An empty stomach is necessary to ensure safe anaesthetic. It is recommended that you shower and wash your hair prior to surgery. Please notify Prof. D'Urso if you have any open wounds, signs of infection well before your surgery is scheduled.

You should take any required medications with a sip of water as directed.

### **After the operation**

Once surgery has been completed you will be taken from theatre to the recovery room until you are awake and stable. Prof. D'Urso will check you in the recovery room. When he is satisfied that your condition is stable, he will notify your nominated relative/friend and advise them of the outcome of the surgery. You will normally remain in the recovery room for approximately one hour, until the recovery staff are happy that your condition is stable and it is safe for you to return to the ward. After this, you may receive visitors.

It is normal to have an intravenous line positioned in your arm to provide fluid and pain relief. You may also have a mask over your mouth and nose to provide oxygen until you are fully awake and breathing comfortably. Longer operations may necessitate placement of a urinary catheter to drain your bladder. Depending on the state of your surgery, a wound drain may also be necessary to drain any excess blood from the wound.

After most operations all intravenous lines, catheters and drains are removed after 24 hours.

### **Following surgery**

The nursing staff will monitor your progress and it is normal not to be allowed to eat or drink following surgery until your bowel sounds return and you pass wind. Often an anaesthetic will affect your stomach and bowel. If you eat too soon following surgery, you may feel nauseous and vomit.

After most spinal surgery, Prof. D'Urso is happy for you to sit up in bed, get out of bed and ambulate to the toilet. It is important to notify the nurse before being allowed out of bed so that you have assistance to do so. Prof. D'Urso encourages you to get out of bed after the surgery, as soon as possible as this will facilitate your recovery and reduce the risk of complications. You are encouraged to regularly move your knees and ankles and wriggle your toes to improve your circulation and reduce the risk of venous thrombosis. It is normal to have prophylactic calf stockings fitted on the day of your surgery.

Commonly after surgery, blood may ooze into the dressing and this may need to be changed or reinforced the first one to two days. Once the dressing remains dry and clean, you may be discharged with the same dressing, otherwise the nurse will change your dressing prior to your discharge.

### **Pain Control**

Most patients, after minimally invasive spinal surgery, require one or two injections for pain following surgery, or pain killing tablets to be taken orally. If you have had more extensive surgery, an intravenous patient controlled pain pump may be provided. This is typically removed the following day. It is normal to experience pain following surgery as a result of the incision through muscle and skin. Typically, strong painkiller is injected episodically in the

first 24 hours and subsequently oral medication is usually sufficient to manage pain. Oral medication is usually necessary following surgery once you are discharged.

### **Position and movement following surgery**

Prof. D'Urso is happy for you to sit up in bed as soon as possible following the surgery.

You are encouraged to call for assistance to ambulate to the toilet as required. Prof. D'Urso recommends that you avoid bending and twisting movements and try to maintain your spine in alignment as best possible. Nursing staff will be available to assist you roll, sit up and ambulate from bed as required. The physiotherapist will see you the day following surgery and give you instructions. It is common to feel dizzy and light headed when first sitting and standing following surgery. It is important to be patient and careful when first getting out of bed. Please seek assistance to do so.

You are encouraged to sit up in bed using the electric bed adjuster and rotate and sit on the side of the bed for several minutes before attempting to stand. Transition and posture is often uncomfortable and pain is usually improved by standing and walking.

As you recover from surgery, you will be encouraged to aim for at least three (3) to four (4) walks around the ward per day. If your house has stairs, ask the physiotherapist to assess your ability to walk up and downstairs prior to your discharge.

### **Bracing**

Occasionally Prof. D'Urso will recommend a soft cervical collar after a cervical spine operation and this is only necessary for comfort purposes.

Occasionally, Prof. D'Urso may recommend provision of a lumbar brace following keyhole back surgery and the specialist orthotists will visit you the day after surgery and will assess your requirement for this brace and fit you accordingly. You are asked to wear this brace as per Prof. D'Urso's instructions.

### **Constipation**

It is normal to be constipated following spinal surgery. This is related to decreased activity, limited appetite, reduce fluid intake and medication for pain. It is common not to have a bowel action for up to 5 days following surgery.

You are encouraged to walk, drink plenty of water, have a high fibre contact diet and take laxative medication to assist with constipation. You should continue to try to manage this once you have left hospital for a one to two week time frame.

### **Rehabilitation**

Most patients do not require formal inpatient rehabilitation after spinal surgery. However, if you have a substantial disability, chronic incapacity or other medical conditions this may be necessary. **If rehabilitation was not been discussed with you prior to surgery, Prof. D'Urso may feel inpatient rehabilitation is warranted once surgery has been performed; this will be organised in the ward environment by Prof. D'Urso.**

Elderly people who live alone may benefit from rehabilitation or respite care.

Referral to inpatient rehabilitation will be made on the first day following surgery. Transition to rehabilitation is often dependent on the availability of a bed in the rehabilitation ward. This can often take three (3) to seven (7) days.

The first four (4) weeks following surgery, it is recommended that you follow instructions that you have been given by your physiotherapist as well as information that has been provided to you by Prof. D'Urso.

It is recommended that you **"listen to your back"**, sit, stand and walk as long as you feel comfortable. If you should start to develop pain, it is best to rest until the pain subsides

before attempting further activity. Bending and twisting at the waist is best avoided. Lifting weight, particularly by leaning out in front of you is also best avoided.

### **Wound Care**

Ensure the nurse has checked your wound dressing prior to your discharge from hospital. The dressing should be clean and dry. The nursing staff will supply you with fresh dressings to take home with you. Waterproof dressings are available. Should the dressing become wet or blood stained, it should be removed. The wound can be cleaned with water, antiseptic or soap, gently dried and a new dressing applied.

If there is any evidence of redness, discharge, fever, sweat or increasing pain associated with the wound, please notify Prof. D'Urso.

### **Removal of sutures**

Prof. D'Urso will usually place a single, blue nylon suture in your wound. This suture can be removed one (1) week following cervical surgery and ten (10) days following lumbar surgery. Your relative or your general practitioners practice nurse can remove the suture.

This suture needs to be cut and gently pulled out. Any adhesive strips should be removed at the same time. The suture will come out from underneath the skin and appears like a small piece of fishing line. There may be a small amount of bleeding following its removal. The wound needs to be cleaned with water, antiseptic and a new dressing applied.

### **Transfer from hospital to home**

a) Most patients will be able to return home in a motor vehicle as a passenger. It is best to find a comfortable seated position in the motor vehicle; drive for as long as you are comfortable. If you feel uncomfortable whilst returning home in a motor vehicle, stop the vehicle and adjust your seating, walk a short distance before getting back into the motor vehicle.

b) If you are being transferred to a rehabilitation facility, directly from the ward environment at Epworth Hospital, transport will be arranged after your surgery by Prof. D'Urso and the nursing staff on the ward.

Please Note: Patient transport is often difficult to arrange on weekends.

### **Time frame for recovery**

Most of the recovery will occur in the first four to six (4-6) weeks following surgery. During this time you are encouraged to walk and perform simple exercises that have been provided by your physiotherapist. Bending and twisting is best avoided.

You will be scheduled to see Prof. D'Urso four (4) weeks following surgery. Your recovery will be assessed and further recommendations will be made at this time.

Normally, your activity can be increased at this time to swimming, hydrotherapy, more intensive walking and light gym activity may be permitted at this time.

Again, it is anticipated that the majority of your recovery will have occurred by twelve (12) weeks following surgery and at this time most normal activity can be resumed including more intensive gym activity, cycling, golf and physical therapy.

### **Nutrition following surgery**

As with any surgery weight loss may occur. It is recommended that you maintain a diet rich in protein, iron, calcium and Vitamin D, red meat, dairy food, green leafy vegetables are recommended. Sunshine is helpful to restore Vitamin D levels.

### **Smoking**

Prof. D'Urso strongly recommends that you cease smoking prior to surgery. Smoking significantly inhibits the ability for the body to heal following surgery, particularly the healing of

intervertebral discs and of skeletal bones. Smoking will suppress your ability to develop bone fusion.

It is strongly suggested that if you have difficulty ceasing smoking before surgery, that you make an appointment to see your general practitioner and discuss various strategies that may assist with this.

### **Driving**

It is almost always safe for you to be driven home from hospital following surgery. You should limit driving for at least the first two (2) weeks following surgery, depending on your progress it may be possible to resume driving within two (2) weeks after minimally invasive

surgery. If you can sit comfortably for 30 minutes following surgery, you are usually safe to resume driving.

Be careful getting in and out of a car, as this does involve bending and twisting.

### **Sitting**

Prof. D'Urso recommends that you sit in a comfortable high back chair; you can sit, stand and walk as long as you feel comfortable. Be careful bending and twisting when making transition in posture. Ergonomic seating with back support is recommended when you return to employment, or if you are sitting for prolonged periods.

### **Sexual Activity**

You may resume normal sexual activity as long as you take a passive role initially. If back pain occurs during sexual activity, please stop immediately.

### **Return to Work**

Resumption of employment will depend on the type of work that you are required to perform. After minimally invasive spinal surgery, employment activity may be possible after two weeks. However, if your employment requires repetitive bending, twisting or lifting it is best advised to see Prof. D'Urso after four to six (4-6) weeks to discuss a return to work plan. It is best to return to part time employment two (2) days per week before increasing your hours of employment and intensity of employment over subsequent weeks.

If employment requires you to sit for extended periods of time, ergonomic seating and computer facilities will need to be provided. It is recommended that you have a high back, adjustable and comfortable chair and that computer equipment is at eye level.

If your job requires manual physical labour, repetitive bending, twisting and lifting, discuss this with Prof. D'Urso at your four (4) post operative appointment to determine a return to work plan.

### **Concerns after discharge**

If you have serious concerns regarding your wound or postoperative progress and advice is not available, you may need to call an ambulance (000) or attend Emergency Department at the Epworth Private Hospital Richmond (T: 9426 6302).

**For further information relating to your ongoing care after discharge from Epworth Richmond, please refer to Prof. D'Urso's website [www.pauldurso.com](http://www.pauldurso.com)**

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