Enhanced Recovery After Surgery (ERAS)

Spine Surgery
(Thoraco-Lumbar Fusion and/or Revision)

IMPORTANT!
Please read this booklet BEFORE your surgery to prepare you.

Please bring this booklet with you to the:
• Pre-Admission Clinic
• Hospital
• Family Doctor
Pre-op Information at a Glance

Your Surgeon is: ________________________________

Office number: ________________________________

Your surgery date is: ________________________

If you have any of the following before your surgery:
  • cold
  • fever
  • cough
  • flu
  • other infections (e.g. bladder infection)
  • any new sickness
  • become pregnant
Call your surgeon’s office as soon as possible.

Your planned surgery is: ________________________________

Check in time is: ________________________________

One business day before your surgery date, your surgeon’s office calls you to give you your check-in time. If you have not heard from the office by 2:00 p.m., call the office yourself.
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Important Notice - the information contained in this booklet is intended for educational purposes and describes anticipated events. Each person responds differently and your recovery may not be exactly as described. This booklet does not replace instructions or advice given by your healthcare provider. If you have any questions, please ask any member of your care team.
In this section, you will learn about:

- Enhanced Recovery After Surgery (ERAS) program
- Patient checklists
You are going to have spine surgery. This booklet will help guide you through the sequence of events and provide you with information to answer common questions you may have.

We will be using a program called Enhanced Recovery After Surgery (ERAS) to help plan your surgery. The ERAS program contains care guidelines with specific daily goals for early eating and early mobilization. Studies have shown that most patients using this program are able to go home sooner.

To find out more about ERAS and your role, click the link http://bit.ly/enhancedrecovery to watch a 5 minute video (if the link fails, cut and paste directly into your web browser) or scan the QR code.

For a 4 minute video about the patient’s experience with the ERAS journey, click the link http://bit.ly/eraspatient or scan the QR code.

Having a surgery can be a stressful event. We hope this booklet will help you understand your surgery, decrease some of the stress, and give you information to help speed up your recovery.

**Quick facts about the ERAS program**

- A care pathway that has instructions about eating and drinking, physical activity, and controlling your pain and nausea.

**Why use ERAS?**
- Patients feel better faster
- Less complications
- Shorter hospital stay

**When does ERAS happen?**
- Before, during, and after surgery

**Who takes part in ERAS?**
- Patient
- Family members
- Everyone in your health care team

**Where is it used?**
- Around the world
Different parts of your ERAS journey

Pre-Optimization - Getting yourself into better shape for surgery
1. Being active and exercising
2. Practicing your deep breathing exercises
3. Stop smoking
4. Eating healthy
5. No alcohol for at least 48 hours before surgery
6. Relax
7. Improving anemia/hemoglobin
8. Controlling blood sugar

ERAS - Before surgery
1. Reading the ERAS booklet
2. Pre-admission counselling
3. Drinking the juice or PREcovery® on the morning of surgery
4. Planning about going home after surgery

ERAS - During surgery
1. Medication to reduce pain, nausea, and blood clots
2. Keeping your body warm with blankets

ERAS – After surgery
1. Gum chewing
2. Medication to reduce nausea
3. Early eating
4. Early walking
5. Early catheter removal
6. Reviewing your daily goals in the ERAS booklet

You are an important member of your care team. You will benefit from taking an active part in preparing for your surgery and your recovery. Your care team is here to help you and your family through your surgery.
Patient Checklists

What to bring to the Pre-Admission Clinic (PAC):

☐ This booklet
☐ All of your prescription medication, supplements and herbal products you are taking in their original containers
☐ A list of all your non prescription medication
☐ A summary of your medical history and your health problems
☐ Advanced directive or a living will

*We encourage you to bring a family member or a friend since we give you a lot of information during this visit.

Things to prepare for when you are discharged home:

☐ Arrange a ride home from the hospital for 10:00 a.m.
☐ Arrange accommodation for after you leave the hospital (home, hotel, friend's place, etc.)
☐ Arrange for a family or friend to help with house work for the first week after your discharge
☐ Prepare and freeze meals ahead of time so all you have to do is microwave or reheat
☐ Shop for extra food that is easy to prepare
☐ Do your laundry
☐ Clean the house
☐ Move frequently used items to places where they are easy to reach
☐ Pay your bills
☐ Register for Fair PharmaCare
What to bring to the hospital?

☐ This booklet

☐ 2 packages of sugar-free gum (chewing gum will help wake up your bowels after surgery)

☐ Your BC CareCard and private insurance information

☐ Your Driver’s License or other government-issued indentification

☐ All your medications in original containers (including non-prescription medications - DO NOT bring your narcotics to the hospital

☐ Rubber-soled shoes and comfortable loose clothing

☐ Toothbrush, toothpaste, soap, deodorant, comb/hairbrush, shaving equipment, earplugs

☐ Clothes to wear on the day of going home

☐ Glasses, dentures, hearing aids and spare batteries (in the case with your name on it)

☐ Mobility aids you normally use (cane, walker, walking poles)

☐ Continuous Positive Airway Pressure (CPAP) machine (if applicable)

☐ Noise cancelling headphones (if applicable)

Please limit belongings to one small bag.

The hospital is not responsible for lost or stolen valuables. Please leave any valuables at home (including credit cards and jewelry).

*If you do not speak English, bring someone to assist you. If you need an interpreter, please advise your surgeon before your hospital admission.
Before you leave the hospital, do you/have you:

- [ ] Know what to do or who to call if you have a problem?
- [ ] Know how to care for your incision?
- [ ] Have the "Post-Operative Spine Incision Care" pamphlet?
- [ ] Know where and when you are to get your staples removed?
- [ ] Asked your surgeon when you need to make a follow-up appointment?
- [ ] Know how to manage your pain?
- [ ] Know how to prevent constipation?
- [ ] Know about your activity levels at home?
- [ ] Talked with an occupational therapist or a physiotherapist if you need equipment at home?

If you have discharge prescriptions, try to get a family member or a friend to fill the prescription ahead of time. This can be done prior to discharge or on the day of discharge.

If you have staples or stitches, you need to have these taken out by your family doctor unless you are told otherwise.

Things to pack before you leave the hospital:

- [ ] All your personal belongings including any medications you brought with you
- [ ] Your house keys
- [ ] Your phone and charger
- [ ] Your prescriptions
- [ ] Discharge summary sheet
- [ ] Instruction sheet for any new medications
- [ ] Your information booklets
  - *ERAS Spine Surgery*
- [ ] Staple remover (if needed)
Before Your Surgery

In this section, you will learn about:

- Getting yourself ready
- Planning ahead
- Pre-Admission Clinic
Getting yourself ready

It is important for you to be in the best possible shape for your surgery. This will help you recover faster and decrease the chances of any problems.

The recommendations below are things you can do to help prepare yourself for surgery.

1. Be active

Exercise helps you be in the best shape possible before your surgery and can help speed your recovery.

Exercising may:

• Build and maintain healthy bones, muscles and joints.
• Reduce feelings of depression and anxiety.
• Increase energy levels.

You do not need to join a gym but try low-impact activities for 30 minutes a day such as walking, swimming, aqua-aerobics or stationary cycling. You need to tailor any exercise to match your physical ability. Avoid exercises that make your symptoms (pain, numbness or tingling) worse. You should talk to your surgeon or family doctor before starting any new exercise program. You can also see a physiotherapist, or talk to a fitness trainer in your community.

2. Breathe

Deep breathing opens up your lungs, exercises the lung muscles and improves oxygen delivery to your body.

Doing these exercises BEFORE surgery helps speed up your recovery AFTER surgery.

Do the deep breathing exercises on page 36 every hour:

• Start by placing your hands on your abdomen.
• Take a deep breath slowly through your nose, expanding your lower chest until you feel your abdomen push against your hands.
• Hold your breath for a count of 3.
• Breathe out slowly through your mouth.
• Repeat this 5 more times.
3. Smoking and tobacco use

Studies show us that people who stop smoking at least 1 month before surgery have fewer complications after surgery such as infections.

Patients concerned about the health risks related to vaping should consider refraining from using vaping products. However, if vaping nicotine-containing products is a way to quit smoking cigarettes, you should not return to smoking cigarettes.

a. For free nicotine patches, gum, lozenges, or inhaler: Visit your local pharmacy or call 8-1-1 (HealthLink BC). You do not need a prescription but you will need to sign a declaration form.

b. For smoking cessation prescription drugs: Ask your doctor for your options.

c. For more information visit the website: www.gov.bc.ca/bcsmokingcessation or www.quitnow.ca

d. To attend the Vancouver General Hospital Smoking Cessation Clinic call: 604-875-4800 (select option 2)

For a video about quitting smoking, click the link http://bit.ly/2wtpo7Q or scan the QR code.

For more information about vaping from the Health Canada website, click the link: https://www.canada.ca/en/health-canada.html or scan the QR code.

4. Nutrition

Your body will need extra energy, nutrients, and calories to heal. It is important that you be in the best nutritional shape that you can be before your surgery.

If you have had any of the following:
  • unexplained weight loss or weight gain in the past 6 weeks
  • decrease in appetite
  • overweight
  • underweight

It may be helpful to speak with a dietitian. A dietitian can help you choose healthy foods that will help prepare you for surgery.

You can get a referral to a dietitian from your family doctor or you can contact a dietitian by dialing 8-1-1 (HealthLink BC) on your phone. Be sure to tell them you are going for surgery.

For a video about the VCH Healthy Plate, click the link: http://bit.ly/2Xh37WE or scan the QR code.
5. Alcohol
Alcohol can interfere with your anesthetic and other medications we give you during and after surgery. **Do not drink any alcohol for at least 48 hours** before your surgery.

6. Relax
It is very normal to feel anxious or worried before surgery. Having pain or trouble moving can affect your mood and disrupt your sleep. We also know that stress increases the release of hormones that can delay healing and recovery.

Exercise, meditation, relaxation and breathing exercises can help improve your outcomes after surgery. These can also help to reduce pain and promote sleep.

Try this focused breathing exercise:
- Sit or lie down in a quiet place
- Relax your muscles and be aware of feeling them 'let go'
- Take a slow deep breath in
- When you breathe out, focus on making it long, steady and slow

7. Improve anemia and iron stores
Anemia occurs when your red blood cell count (hemoglobin) is low. This impairs your body’s ability to adequately deliver oxygen to tissues. Anemia is commonly caused by bleeding or low iron stores.

Anemia is the greatest risk factor for needing a blood transfusion during surgery. Both anemia and blood transfusions are associated with a greater risk of complications in hospital.

Improving your hemoglobin will also allow you to heal better, and have more energy when you return home. If your hemoglobin or iron stores are low, you may be contacted by the Perioperative Blood Management Program (PBMP) with suggestions to help improve your hemoglobin and iron stores.

8. Blood sugar control
Your blood sugar will be checked with a blood test called HgA1C. If the result is high, you may be referred to an endocrinologist (diabetes doctor) to improve your blood sugars before surgery. Maintaining normal blood sugar is important for wound healing, especially after surgery.

9. Flu shot
The flu shot (influenza vaccine) is offered each year during flu season (November through March). Ask your family doctor if the flu shot is right for you before you come to the hospital.
Planning ahead

You are admitted to hospital on the morning of your surgery. You can expect to go home 3 to 7 days after your surgery but this varies with each person depending on the type of surgery you are having and your health. Most people are ready to go home at 10:00 in the morning. Please arrange for a ride home.

Before you come to the hospital, think about what you will need when you go home (or wherever you will be staying).

Some patients must travel long distances to go home choose to recuperate for a few more days in the Vancouver area after they are discharged from hospital.

A Places to Stay Tip Sheet can be found on the CIBC Centre for Patients & Families website:

http://centreforpatients.vch.ca/accommodations

Your family members can also use this resource to locate a place to stay while you are in the hospital.

Get things ready in advance at home so they are ready when you leave the hospital. You will need help with meals, laundry, bathing, etc for the first week or so. Try and arrange for family and friends to help you.

Fair PharmaCare Plan

We encourage all British Columbians with Medical Services Plan (MSP) coverage to register for Fair PharmaCare. Coverage under this plan is based on family net income.

It is available to single people or to families. You may be eligible to get your discharge prescription medication at reduced cost with the Fair PharmaCare Plan. Ensure you have registered for Fair PharmaCare before your surgery at this link:

https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents/who-we-cover/fair-pharmacare-plan
Pre-Admission Clinic

Depending on the kind of surgery you are having and your overall health, you will either come in to the Pre-Admission Clinic or have a telephone interview with a nurse. If a Pre-Admission Clinic visit is required, you will be contacted by the Pre-Admission Clinic to schedule an appointment.

During your Pre-Admission Clinic visit, you meet with an anesthesiologist and a nurse. The anesthesiologist will talk with you about any specific health concerns, choices for anesthesia, and options for managing your pain during surgery. You might have blood work or other tests done while at the hospital.

To treat pain after surgery, you may be offered an epidural. An epidural is a small tube that is put in your back just prior to surgery. It delivers medicine that numbs the surgical area. Because it has fewer side effects than narcotics, such as morphine, it is the preferred method for pain control.

If you cannot have an epidural, the anesthesiologist will order you a Patient Controlled Analgesia (PCA) pump to manage your pain after surgery. A PCA pump is a computer controlled narcotic pump that is attached to your intravenous line. When you have pain, you can press a button to receive a dose of narcotic. The computer has a safety feature to prevent narcotic overdose, which makes PCA’s a very safe method of providing analgesia while allowing you better control of your pain.

Since we give you a lot of information during this visit, we encourage you to bring a family member or a friend with you.

This visit will be approximately 2 hours.

During this visit:

- We take your blood pressure, heart rate, height, and weight.
- We ask questions about your health and medical history.
- We will help guide you through the steps of your surgery.
- We start planning for when you go home after surgery.
- We tell you which medications, supplements and herbal products you are to take or stop taking before the surgery.
- We review what you need to do to prepare for the surgery using this booklet and other pamphlets.
Preparations for Surgery

In this section, you will learn about:

- The week before your surgery
- The day before your surgery
- The day of your surgery
We have specific instructions for you on how to prepare for the surgery depending on what type of surgery you are having. Your surgeon might also give you other specific instructions.

**The week before your surgery**

**Medications**

- **DO NOT** take any non-prescription vitamins, supplements, herbal medications or herbal tea for **7 days** before your surgery.
- Follow the instructions from the anesthesiologist in the Pre-Admission clinic.

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**The day before your surgery**

**Surgery time**

- Your surgeon’s office calls you to tell you what time you are having your surgery and what time you need to check into the hospital.
- Write this time on the inside cover of this booklet.
- If you have not heard from the office by 2:00 p.m., call the surgeon’s office to get this information.

Contact your surgeon’s office as soon as possible if:

- You are sick (fever, cold, flu, other infection e.g. bladder infection)
- You have become pregnant
- For any reason you feel you need to cancel your surgery


Preparations for Surgery

Preparing your skin

Our hospitals are starting a new program to reduce the risk of infection after surgery. Follow the instructions in the pamphlet “Lowering Your Risk for a Surgical Infection”. This will be given to you at your Pre-Admission Clinic appointment.

- You may continue to use an electric razor to shave.
- Do not apply any lotions, moisturizers or makeup after washing your skin.
- Go to bed in clean, unused pyjamas and bed linens.

The Pre-Admission Clinic nurse will give you instructions on what to eat and drink before your surgery.

Diet

- Stop eating solid food at midnight, but you can continue to drink clear fluids up to 1 hour before your check-in time at the hospital.
- A clear fluid is water, apple juice, or red or white cranberry juice (but not alcohol).
- **Milk is not a clear fluid.**
The day of your surgery

**Medications**
The Pre-Admission Clinic anesthesiologist will tell you what medications to take on the day of surgery. You can take these medications in the morning with a small sip of water.

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**Carbohydrate loading for people without Diabetes and people with Diabetes but NOT on insulin**

☐ 1 hour before your check-in time at the hospital, choose a drink from below.

<table>
<thead>
<tr>
<th>Choose one to drink:</th>
<th>Amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREcovery®</td>
<td>1 package (mix in 400ml of water and drink within 20 minutes)</td>
</tr>
<tr>
<td>Apple juice</td>
<td>250mL, 1 cup</td>
</tr>
<tr>
<td>Cranberry juice</td>
<td>250mL, 1 cup</td>
</tr>
<tr>
<td>(red or white)</td>
<td></td>
</tr>
</tbody>
</table>

**Stop drinking all fluids once you have finished this drink.**

DO NOT drink this sugared drink if you have been told not to drink or eat after midnight.

PREcovery® is evidence supported to show improved patient outcomes during and after surgery. However, PREcovery®, apple juice, or cranberry juice are all recommended options. If you are interested in purchasing the PREcovery®, please ask the Pre-Admission Clinic nurse for further information.

**Carbohydrate loading for people with Diabetes ON insulin**

☐ 1 hour before your check-in time at the hospital, drink 250 mL (1 cup) of water. You may drink a clear juice instead (up to 250 mL) if you feel hypoglycemic.
At the hospital

- Go directly to the Admitting Department.
- We check you in and make sure all your preparations are complete.
- You will be asked to wash again with the chlorhexidine wipes and then change into a hospital gown.
- You can keep your glasses on, hearing aid(s), cochlear implant, and dentures in until we ask you to take them out.
- We might give you some medications to help prepare you for your surgery.
- We encourage you to leave your bag of clothes and other belongings with family.

Hand Washing

Washing your hands is the most important and effective way to prevent the spread of infection and to protect yourself and your loved ones.

There are two ways to clean your hands:

1. You may wash at the sink using soap and water - put soap on your hands and rub your hands for 15 seconds. Rinse with warm water.

2. You may use the alcohol-based hand sanitizier throughout the hospital - take one squirt and rub it over your hands for 15 seconds and allow to dry.

It is important to wash your hands:

- after using the washroom
- before eating
- when exiting or entering your room

It is okay to ask staff and visitors to wash their hands.
During Your Hospital Stay

In this section, you will learn about:

- The surgery
- Surgical waiting room
- Post-Anesthesia Care Unit
- Spine Stepdown/Nursing Unit
- Pain control
- Nausea and vomiting
- Eating, drinking, and digestion
- Activity
- Deep breathing and coughing/iCOUGH
- Leg exercises
- Blood clots
- Urinary Tract Infection
- Personal care
The surgery

We take you into the operating room about an hour before your surgery.

You will be asked some of the same questions you have already answered - this is an extra safety check.

You meet with the anesthesiologist, the surgeons, and may also meet the surgical learners (e.g. fellows, residents, and medical students).

We attach the blood pressure cuffs and monitors and insert an intravenous (IV) into your arm.

The anesthesiologist gives you the anesthetic and looks after you while you sleep through the surgery.

- **General Anesthesia:** The anesthesiologist gives you anesthetic drugs through your intravenous to help you sleep and manage pain during surgery. We also place a mask over your mouth and nose to give you oxygen and possibly other drugs to help with your breathing.

Surgical waiting room in the Sassafras cafeteria

Your family or friends can wait for you in the surgical waiting room.

Your visitors will not be able to see you until you have been moved to the spine unit.

On the day of surgery the Perioperative Care Centre will provide your family with detailed instructions regarding how to speak to the surgeon following the operation, designated waiting areas, and location and contact information for post-surgery destination.


**After surgery**

**Post-Anesthesia Care Unit**

When your surgery is finished, we move you to the Post-Anesthesia Care Unit (PACU), often called the ‘**recovery room**’. You wake up in the recovery room, although you may be drowsy.

You may have some or all of the following:

- An oxygen mask
- An intravenous (IV)
- A Patient-Controlled Analgesia (PCA) pump connected to your IV
- A urinary catheter to drain your bladder
- Calf compressors on your legs to prevent blood clots
- Drains to collect blood and fluid from your surgical area

The recovery nurse will:

- Check your blood pressure, pulse, and breathing rate
- Check your dressing
- Ask you about your pain and nausea
- Encourage you to start your deep breathing exercises

You can begin to have ice chips and gum to "wake up" your bowels. You can also begin to do your leg exercises (page 37).

Once you have recovered from your anesthetics, we move you to the spine unit. Your family and friends can visit once you are on the unit.

**Spine Stepdown Unit**

Some patients need to be monitored more closely for a longer period of time. If this is the case, you can stay here overnight and up to several days. This may be because of other conditions you have or because of the type of surgery. When you are well enough, we move you to the spine unit.

**Spine Nursing Unit**

You stay on this unit until you are ready to leave the hospital. The goals are to control your pain, prevent complications, increase your activity, and return to your normal diet. Most people will stay on the unit for 3 to 5 days, but this varies with each person depending on the type of surgery you have had and your health. The team will keep you informed of your progress and anticipated discharge date.
Accommodations

There are private (one-person), semi-private (two-person), and shared (three-person) rooms on the unit.

It is not possible to guarantee that your room mate will be of the same gender; however, your privacy is important and every bedroom has privacy curtains.

Please contact the Admitting Department to inquire about requesting a private or semi-private room for an extra fee. We try our best to accommodate the requests; however, the care needs of patients take priority over room preferences.

In addition, family members or friends may not reside at the hospital during your stay.

Medications

While in hospital, your medications will be dispensed by our pharmacy and given to you by the nursing staff.

It is important that you only take medications that have been given to you by the nursing staff.

This is to protect you from any dangerous drug interactions. Sometimes you may be taking a medication that is not supplied by our pharmacy. In this case, the pharmacy will check them and the nursing staff will give you the medications and it will be returned to you before your discharge.
Pain control

Many people are concerned about pain after their surgery. Some people try to “grin and bear their pain” while others do not want to take pain medication because they are afraid of becoming addicted. When you take opioid medication for acute pain, such as the pain that happens after operations or accidents, the risk of addiction is low.

Adequate pain control is important to your recovery. Having your pain under control allows you to:

• breathe deeply to prevent lung infections
• move to prevent blood clots
• sleep well
• eat better for wound healing
• recover faster

We give you several different pain medications regularly. This helps with overall pain relief. You do not have to wait for medications to be offered to you; ask your nurse for pain medication if you feel you need some to keep you comfortable enough to move.

• You will get acetaminophen (Tylenol®) every 4 to 6 hours throughout your stay.
• You may have a Patient Controlled Analgesia pump (PCA) for you to give yourself pain medication through an interavenous (IV) line.
• You will get other pain medications by mouth as soon as you are able to drink. You will start these medications while you are still on the PCA.

Non medication therapy you can do to help ease the pain:

• listening to music
• doing slow and relaxed breathing
• hot or cold compresses
• positioning
• imagining peaceful situations
Your pain score

An important part of managing pain is monitoring how much pain you are having. The best way to monitor your pain over time is to use a pain rating scale. We will ask you to rate your pain on a scale of 0 – 10, where 0 means no pain at all and 10 is the worst pain ever.

Where we want your pain level to be:

- at a level less than 4 on the number scale, or
- at a comfortable level that allows you to carry out your normal activities such as washing, sitting up and walking

***Pain medication works best if it is taken BEFORE the pain becomes uncomfortable.***

It is important to know that pain medication will not make your recovery completely painless. The goal is to manage your pain and to help you resume your regular activities.

Let your nurse know if your pain does not get better with pain medication or is getting worse.
Nausea and vomiting
You might feel sick to your stomach (nauseated) or throw up (vomit) after surgery. You will get medication to prevent nausea every 8 hours for the first 1 to 2 days, and then as needed.

***If you feel sick to your stomach, DO NOT eat or drink anything and let your nurse know RIGHT away.***

The nurse can give you medication right away and prevent it from getting worse.

Other ways to help settle your stomach:
- Place a cool damp cloth on your face.
- Take some slow deep breaths.
- Take small sips of cold water or suck on ice chips.
- Try distracting yourself with music or watch TV.

Eating, drinking, and digestion
After surgery, your body needs healthy foods with protein to help you heal. It is normal for your bowels to move slower than normal after surgery.

Eating and drinking as soon as you can after surgery helps your bowels return to normal.

We ask you often if you are passing any gas. This is a sign your bowels are starting to ‘wake up’ after the surgery.
- Chewing sugar-free gum helps wake up your bowel faster. It can also help keep your mouth moist.
- You may chew gum for 15 to 60 minutes several times a day.
- Do not swallow the gum.
- Drinking coffee may also help wake up your bowels faster.

You might feel constipated and have difficulties having a bowel movement. Tell your nurse right away so that you could receive stool softeners and laxatives.

The stress of surgery can cause high blood sugars. Your blood sugar will be tested several times after surgery. Some patients temporarily need insulin to lower their blood sugar after surgery.
Activity

It is important for you to get up and move around as soon as you can. Lying in bed leads to muscle weakness and can cause blood clots and lung infections.

Activity:

- increases strength
- prevent complications
- helps get your bowels moving

Remember to do your leg exercises (see page 37) while you are in bed after surgery.

On the day of your surgery, the nursing staff will assist you to turn every 2–3 hours.

The nursing staff will teach you how to turn while keeping your spine neutral by "log rolling". Log rolling means turning your body without twisting or bending your spine - rolling like a log!

**To log roll in bed:**

1. Bend your knees.
2. With the other hand, reach across to the side-rail of the bed.
3. Roll like a log onto your side facing the side-rail. Use your core for support. Do not pull on the side-rail with your arm.

**To sit up on the side of the bed:** (bold)

1. Bend your knees up and log roll onto your side.
2. Drop your feet off the side of the bed.
3. Push yourself up with hands/forearm.
4. Avoid twisting your back.

A physiotherapist will be assessing you the day after surgery. They will teach you how to sit up on the side of the bed, stand, and assist you to walk.

**Please do not get out of bed by yourself until the nurse or physiotherapist has told you it is safe to do so.**

You will begin to sit up in the chair for short periods and slowly increase the length and number of times.

As you improve each day, you will be able to do more for yourself. Keep your activities short and do them often rather than trying to do everything at once.
Deep breathing and coughing/iCOUGH Protocol

After surgery, your lungs make extra mucus. By deep breathing, your lungs open up and it helps to loosen the mucus. Coughing helps remove the mucus from your lungs.

Before doing these exercises, make sure your pain score is at a level that allows you to do these exercises. If needed, ask for pain medication at least one hour before doing these exercises.

I - Inhale Deep breathing exercise
1. Find a comfortable position lying down, sitting or standing and relax your neck and shoulders.
2. Place your hands on your abdomen.
3. Take a deep breath slowly **in through your nose**, expanding your lower chest until you feel your abdomen push against your hands.
4. Hold your breath for a count of 3.
5. Breathe **out slowly through your mouth**.
6. Repeat this 5 more times **every hour**.
   * The nursing staff may provide you with an incentive spirometer to help you with your deep breathing exercises.

C - Coughing exercise
1. Do your deep breathing exercises.
2. Cough out as hard as you can.
3. Do this 5 times every hour
   *If you are having difficulties, ask your physiotherapist for strategy.

O - Oral care
Brush your teeth (gums and tongue) at least three times a day
This decreases the amount of germs in your mouth that could move down into your lungs and cause a lung infection.

Up - Head of bed up
Tilt the head of bed up about halfway so you are not lying flat (this may not be possible for some patients)
Being in an upright position will help expand your lungs.
   *Ensure that you are bending at the hips and not through your incision area.

G - Get moving
When it is safe to do so you will be assisted out of the bed for walks.
Activity helps to expand your lungs and to help "wake up" with your bowels.

H - Have a conversation
Ask your health care team about your risks for a lung infection and how to prevent it.
Leg exercises

For the first 24 hours after surgery, your spine surgeon will request that you wear calf compressors. Calf compressors are garments that wrap-around each calf and are inflated with air by a pump that automatically fills and empties.

Exercises help keep the blood flowing through your legs, keep your muscles strong, and prevent stiff joints. Exercises reduce the chances of you getting a blood clot.

• Do all of these exercises **EVERY HOUR** until you can get up and walk around the nursing unit.

Ankle pumps
1. Bend your foot up towards your head.
2. Bend your foot down towards the foot of the bed.
3. Repeat **5 times**.

Ankle circles
1. Move your feet around slowly in large circles.
2. Repeat **5 times** in each direction.

Hip flexion
1. Bend your knee by sliding your heel up toward your body as shown.
2. Slide your heel back down.
3. Repeat **5 times**.

Thigh muscle contraction
1. With your leg straight, tighten the muscles on the top of your thigh.
2. Press the back of your knee down.
3. Hold for **5 seconds**. Relax.
4. Repeat **5 times** then repeat this exercise with the other leg.
Blood Clots

Hospital patients are at risk of having a blood clot form in the leg veins. This is called a Deep Venous Thrombosis (DVT). Sometimes, the clot can break off and “travel” to the lungs, causing a Pulmonary Embolism (PE) which can make breathing difficult. Although it is rare, PE can be fatal.

Risk Factors for Blood Clots after Your Hospital Stay

The higher risk of DVT and PE persists for at least the first month after you go home from the hospital. The risk is particularly high if you:

• Just had surgery for cancer
• Have had previous DVT or PE
• Spend more than half the day in bed or sitting (when you were able to walk around before being hospitalized).
• Taking hormone drugs or chemotherapy

If your risk of DVT/PE remains high after you go home from hospital, your doctor may prescribe a blood thinner for you to take at home to lower your risk.

Signs and Symptoms of Blood Clots

It is important that you recognize the signs and symptoms of DVT and PE.

If you have DVT, you may experience any of these:

• Swelling, throbbing, cramping or redness in a leg or calf
• Pain in your leg when you stand or walk

If you have PE, you may experience any of these:

• Sudden shortness of breath that you can’t explain
• Sudden chest pain that feels sharp or gets worse when you take a deep breath
• Coughing up blood
• Heart palpitations or racing, especially if you also feel light-headed or faint
How Can You Reduce Your Risk of Blood Clots?

Effective ways to reduce your risk of DVT/PE:

- Take the injectable blood thinner (e.g. dalteparin, enoxaparin, heparin) if it is prescribed by your doctor.
- Walk and remain as active as possible as instructed by your doctor.
- Go to [http://www.healthlinkbc.ca/healthguide.stm](http://www.healthlinkbc.ca/healthguide.stm) for information on leg exercises that you can do.
- Avoid getting dehydrated by drinking enough water and limiting alcohol intake.
- Some medications can increase the risk of DVT or PE, such as birth control pills or hormone replacement therapy. Speak with your doctor to find out if you should stop taking these.

Additional Information

- Please note: Your doctor may prescribe you an injectable blood thinner (e.g. dalteparin, enoxaparin, or heparin) to take once you are at home.
- If the doctor orders the injectable blood thinner prescription on discharge, training and education will be provided in hospital by the nursing staff.
- Please ask the healthcare team if you require any further information on self-injecting prior to going home.
- There may be an associated cost with the blood thinner (approximately $100/week).
- Depending on the surgery you had and your overall health, you may be on the injectable blood thinner for approximately a month.
Mobility

Walking and managing stairs

Walking is the main form of exercise you will do while you are in the hospital (and once you are home again). It will help you increase your endurance without putting undue stress on your spine.

Your physiotherapist will help you walk safely. They may give you a wheeled walker, a cane, or walking poles for a short time to help keep your balance.

As your strength and balance improve, the physiotherapist will help you practice managing a flight of stairs if required.

Getting in and out of your car

The physiotherapist can help problem-solve how to manage getting in and out of your car. If you need to practice, have a family member bring the car to the hospital.

Urinary Tract Infection (UTI)

A urinary tract infection is an infection in your kidneys or bladder.

If you have a urinary catheter, you are at risk for getting a UTI but there are some things you can do to minimize your risk:

- Wash your hands often
- Ask your nurse to help you clean around your catheter twice a day
- Don't let the urine bag or tubing touch the floor
- Always keep the urine bag below your waist level
- Allow the nurse to remove the catheter as soon as you are able to stand at the side of the bed
- After the catheter comes out, it is important to measure how much urine you are passing. The nurse will leave a urinal or a "hat" in the bathroom to measure. It is important for you to call the nurse after you urinate. The nurses will also be using an ultrasound machine (bladder scanner") to make sure you are emptying your bladder after you urinate.
Personal care

Performing your own personal care (washing, getting dressed, etc.) is a good way to start building up your strength and endurance.

A day or two after surgery, an occupational therapist will see you to make sure you can perform personal care and other basic daily activities safely and independently.

Occupational therapists teach people new ways to do everyday activities so they are safe and independent as possible while recovering from surgery at home.

You will be expected to do as much as possible for yourself even if it takes more effort than usual.
What to Expect Each Day

In this section, you will learn about:

- Surgery day
- Day 1
- Day 2
- Day 3
- Day 4 until you leave the hospital
- Day you go home
- Follow-up visit
Every person’s recovery is different. These next pages describe what most people can expect following spine surgery.

It is important for you to check off ✓ each item that you complete each day in the check box □ provided.

Most people are ready to go home in 4 to 7 days after surgery. We use the guidelines below to help us decide when you are ready to go home. You are ready to go home when you meet the 5 criteria below:

1. Your pain is managed with pills only
2. You are able to eat food without pain or bloating
3. You have had a bowel movement
4. You are able to do your basic activities of daily living as you were before surgery
5. There is no sign of problems from your surgery

Any time you have questions about your care and recovery, talk with your nurse, your surgeon, or other care providers.

### Surgery day

<table>
<thead>
<tr>
<th>Topic</th>
<th>What to expect</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will I feel?</td>
<td>You probably feel sleepy and need lots of rest.</td>
</tr>
<tr>
<td>What equipment do I have?</td>
<td>You might have several pieces of equipment and tubes. These are different for everybody but can include:</td>
</tr>
<tr>
<td></td>
<td>- Nasal prongs for oxygen</td>
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<tr>
<td></td>
<td>- Intravenous (IV) for fluids</td>
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<tr>
<td></td>
<td>- Pain pump – For you to give yourself pain medication (Patient-Controlled Analgesia [PCA])</td>
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<tr>
<td></td>
<td>- Catheter into your bladder to empty urine</td>
</tr>
<tr>
<td></td>
<td>- Dressing over your incision</td>
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<tr>
<td></td>
<td>- Back drain</td>
</tr>
<tr>
<td></td>
<td>- Calf compressors</td>
</tr>
</tbody>
</table>
### Surgery Day, continued

#### How is my pain treated?

If your pain score is more than 4 out of 10 on the pain scale, tell your nurse.

We treat your pain in several ways:

- Pain pump (PCA Pump)
- Acetaminophen (Tylenol®) every 4 to 6 hours
- Other pain medications such as oxycodone, hydromorphone, or morphine every 3 to 4 hours as needed

Relaxation techniques such as deep breathing, warm blankets, or listening to music.

#### My activity goals for today

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>☐</td>
<td>Keep the head of the bed up as tolerated</td>
</tr>
<tr>
<td>☐</td>
<td>Every hour while awake:</td>
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<tr>
<td></td>
<td>Deep breath and cough exercises</td>
</tr>
<tr>
<td></td>
<td>Leg exercises when in bed</td>
</tr>
<tr>
<td>☐</td>
<td>At least every 2 hours:</td>
</tr>
<tr>
<td></td>
<td>Turn or change position in bed</td>
</tr>
<tr>
<td>☐</td>
<td>Wash your face and brush your teeth in bed</td>
</tr>
</tbody>
</table>

#### What can I eat?

You will get nausea medication every 8 hours to prevent nausea. You can eat and drink a regular diet.

- Start chewing gum for up to 15 minutes, 3 times a day.
- Ensure you drink enough fluids (as recommended by dietitian) to prevent constipation.

#### Can I wash?

We will help you wash in the evening.

#### Can I have visitors?

You can have visitors but remember you will be tired. Keep visits short. We suggest only close family visit you today.

#### Notes:

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<table>
<thead>
<tr>
<th>Topic</th>
<th>What to expect</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will I feel?</td>
<td>You should feel stronger today but might feel tired. Rest between activities.</td>
</tr>
</tbody>
</table>
| What equipment do I have? | You could have several pieces of equipment and tubes. We might start removing some equipment or tubes today.  
- Nasal prongs for oxygen  
- Intravenous – we leave it in place if you are not drinking liquids or we are using it to give you medications  
- Pain pump  
- Catheter in your bladder  
- Dressing over your incision  
- Back drain |
| How is my pain treated? | We will ask you for your pain score at least every 4 hours. We treat your pain several ways:  
- Pain pump (PCA Pump)  
- Acetaminophen (Tylenol®) every 4 to 6 hours  
- Other pain medications by mouth if needed  
Relaxation techniques such as deep breathing, warm blankets, or listening to music. |
| My activity goals for today |  
- Sit on the side of the bed with the physiotherapist  
- Get up to walk 20 meters with the physiotherapist  
- Get up to walk 20 meters with help the nursing staff  
- Walk to the bathroom with help (if safe) to wash your face and brush your teeth  
- Sit up in a chair (if able)  
- Every hour while awake:  
  - Deep breath and cough exercises  
  - Leg exercises when in bed  
- At least every 2 hours:  
  - Turn or change position in bed  
- Chew gum for 15 minutes, three times a day |
### Day 1, continued

| What can I eat? | You can eat and drink a regular diet.  
Tell the nurse if you pass gas or have a bowel movement.  
Ensure you drink enough fluids (as recommended by dietitian) to prevent constipation.  
You will receive nausea medication if you need it. |
| Can I wash? | Wash at your bedside or in the bathroom (the nursing staff will assist you with a bed bath as necessary). |
| Can I have visitors? | Ask your family and visitors to let you rest for 2 hours during the day. |
| When can I go home? | Plan to go home on day _________.  
Review page 55 in this booklet to help get ready for discharge. |

### Notes:

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<table>
<thead>
<tr>
<th>Topic</th>
<th>What to expect</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will I feel?</td>
<td>You start feeling stronger today. Rest between activities.</td>
</tr>
</tbody>
</table>
| What equipment do I have? | If not already taken out, we may remove the:  
  - Intravenous  
  - Pain pump  
  - Back drain |
| How is my pain treated? | We treat your pain several ways:  
  - Acetaminophen (Tylenol®) every 4 to 6 hours  
  - Other pain medications by mouth if needed  
  - Relaxation techniques such as deep breathing, warm blankets, or listening to music. |
| My activity goals for today | ☐ Get up to walk 50 meters with the physiotherapist (length of the hall and back)  
☐ Get up to walk 50 meters with the nursing staff  
☐ Sit up in a chair for lunch and dinner  
☐ Walk to the bathroom to wash your face and brush your teeth with someone standing by  
☐ Every hour while awake:  
  - Deep breath and cough exercises  
  - Leg exercises when in bed  
☐ At least every 2 hours when in bed:  
  - Turn or change position  
☐ Chew gum for 15 minutes, three times a day |
### Day 2, continued

| What can I eat? | Eat and drink a regular diet.  
Tell the nurse if you pass gas or have a bowel movement.  
Ensure you drink enough fluids (as recommended by dietitian) to prevent constipation.  
You will receive nausea medication if you need it. |
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Can I wash?</td>
<td>You may be able to wash at your bedside or in the bathroom. You may need some help to set up or wash.</td>
</tr>
<tr>
<td>Can I have visitors?</td>
<td>Ask your family and visitors to let you rest for 2 hours during the day.</td>
</tr>
</tbody>
</table>
| When can I go home? | Plan to go home on day _________.  
Review page 55 in this booklet to help get ready for discharge.  
If you need help or equipment at home, you can talk to a social worker, an occupational therapist, and/or a physiotherapist. |

### Notes:

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## Day 3

<table>
<thead>
<tr>
<th>Topic</th>
<th>What to expect</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will I feel?</td>
<td>You feel stronger today. Continue to rest as needed.</td>
</tr>
<tr>
<td>What equipment do I have?</td>
<td>We change the dressing over your incision. You will see staple, sutures or tapes along the incision line. All other equipment and tubes should be removed or stopped.</td>
</tr>
<tr>
<td>How is my pain treated?</td>
<td>We treat your pain several ways: Acetaminophen (Tylenol®) every 4 to 6 hours Other pain medications if needed Relaxation techniques such as deep breathing, warm blankets, or listening to music.</td>
</tr>
<tr>
<td>If your pain score is more than 4 out of 10 on the pain scale, tell your nurse.</td>
<td></td>
</tr>
<tr>
<td>My activity goals for today</td>
<td>□ Get up to walk 100 meters with the physiotherapist (circuit around the unit) □ Get up to walk 100 meters with the nursing staff □ Walk to the bathroom to wash your face and brush your teeth without help □ Sit up in a chair for 2 to 3 meals □ Every hour while awake: Deep breath and cough exercises Leg exercises when in bed □ At least every 2 hours when in bed: Turn or change position. □ Wear your own personal clothing □ Chew gum for 15 minutes, three times a day</td>
</tr>
<tr>
<td>What can I eat?</td>
<td>You can eat and drink a regular diet. Ensure you drink enough fluids (as recommended by dietitian) to prevent constipation.</td>
</tr>
</tbody>
</table>
**Day 3, continued**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can I wash?</td>
<td>You can have a shower today. We will help you cover the dressing to keep it dry.</td>
</tr>
<tr>
<td>Can I have visitors?</td>
<td>Ask your family and visitors to let you rest for 2 hours during the day.</td>
</tr>
<tr>
<td>When can I go home?</td>
<td>Plan to go home on day ________. Arrange for someone to pick you up by 10:00 a.m. on the day you go home. Review page 55 in this booklet to help get ready for discharge.</td>
</tr>
</tbody>
</table>

**Notes:**

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<table>
<thead>
<tr>
<th>Topic</th>
<th>What to expect</th>
</tr>
</thead>
</table>
| How will I feel?                                                     | You continue to feel stronger.  
Continue to rest.                                                                                                                                                                                                 |
| What equipment will be on me?                                        | Your incision will continue to be covered with a dressing.  
No other equipment or tubes.                                                                                                                                                                                  |
| How is my pain treated?                                              | Use ways to relax and control the pain such as deep breathing, warm blankets, or listening to music.  
You will receive:  
  Acetaminophen (Tylenol®) every 4 to 6 hours  
  Other pain medications as needed                                                                                                                                                                           |
| If your pain score is more than 4 out of 10 on the pain scale, tell your nurse. |                                                                                                                                                                                                               |
| My activity goals for today                                          |  
- Sit up in a chair for all meals  
- Do deep breath and cough exercises  
- At least 2 times a day, walk one or more circuits around the unit. You can do all your activities on your own if the staff feel it is safe to do on your own  
- Wash your face and brush your teeth in the bathroom  
- Change into your own clothes  
- Chew gum for 15 minutes, three times a day |
| What can I eat?                                                      | You can eat and drink a regular diet.  
Ensure you drink enough fluids (as recommended by dietitian) to prevent constipation.                                                                                                                   |
| Can I wash?                                                         | You can take a shower and wear your own clothes.                                                                                                                                                              |
| Can I have visitors?                                                 | Ask your family and visitors to let you rest for 2 hours during the day.                                                                                                                                     |
Day 4 until you leave the hospital, continued

When can I go home?  

Plan to go home on day __________.
Review *The Day You Go Home* on the next page.
Before you leave, if you still have questions, take time to ask us.

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_________________________________________________________________
The day you go home

How you know you are ready

Everybody recovers at a different pace depending on their general health, any existing health conditions, and the type of surgery. Generally, you are ready to leave the hospital when:

- your blood tests are normal or close to normal
- your blood pressure, heart rate, and temperature are normal for you
- your incision is healing
- your abdomen is soft and not bloated
- you have bowel activity (passing gas or having bowel movements)
- you are voiding
- you are able to control your pain with just pain pills
- you are eating well enough
- you are able to walk around the unit and do most activities you could do before you had your surgery
- you can look after yourself at home (with help if needed)

Your ride home

Most people are ready to go home at 10:00 a.m.

Ask the person picking you up to come and get you from the unit.

If you cannot get picked up by 10:00 a.m., we may ask you to wait in the Patient Lounge. We do this so we can get your bed cleaned and ready for the next patient.

If there is a problem getting a ride or getting home, you might need to stay in a local hotel for one or two nights. You cannot continue to stay in the hospital if we feel you are well enough to leave the hospital.
**Follow-up visit**

Your surgeon will discuss with you your plan for follow-up before you go home. Appointments are usually 4 to 6 weeks after discharge from the hospital.

Call your surgeon’s office before you leave the hospital to make a follow-up appointment. If you go home on the weekend, call the next day the office is open.

At the appointment, your surgeon reviews how you are recovering, talks with you about any test results from your surgery, and tells you if you need any further treatment.

You can (optional) call and make an appointment to see your family doctor within a week of going home. This will allow your family doctor to review your postoperative baseline and general health status. If you happen to come across any complications, at least your family doctor has a baseline to compare you with.

If you are admitted to a different hospital related to a surgical complication, ask a family member to notify your surgeon’s office.

**Medications**

Your surgeon may send you home with some medications. You will be provided with a prescription and be responsible for filling it from a drug store. Remember to take them as ordered and ask your pharmacist if you have any questions.

You will also be told whether you need to continue with your previous medications and when to re-start them. If by chance you are not told by the time you are discharged home, ask your family doctor.

Please **do not stop or change** your medications on your own. Your family doctor may change, re-order or stop them for you.

**Avoid** aspirin (in any form) as it can increase the chance of bleeding. If you usually take a regular low dose of ASA, ask your family doctor prior to taking it.

Please ask your surgeon and/or family doctor before taking any **herbal medications and herbal teas** (some of them can also cause a risk of bleeding).

**Do not** drink alcohol when taking any type of medication.
Caring for Yourself at Home

In this section, you will learn about:

- Pain
- Caring for your incision
- Caring for your bowels
- Activity and exercise
- When to get help
It can take 6 to 8 weeks to recover from spine surgery. Even when you are ‘healed’, it can still be several months before you feel completely recovered. There are some things you can do to help your recovery.

**Pain**

When you are discharged home, it is normal to have some pain for the first few weeks. Good pain management helps speed healing so that you can return to normal activities sooner. It is important that you take your pain medication regularly so that you are comfortable enough to sleep, get out of bed, and participate in daily activities. The goal is to take the least amount of medication, which will limit the side effects you may experience.

**How to manage pain:**

Remember to take your pain medication before activity or bedtime.

1. Try non medication therapy such as: heat or cold compresses, positioning, guided imagery, listening to music.
2. Take acetaminophen (Tylenol®) regularly.
3. If you’ve been prescribed opioid pain medication (e.g. hydromorphone, oxycodone, morphine), take this medication if the Tylenol® does not help.

**Opioid pain medication**

They are sometimes called “narcotics.”

Commonly prescribed opioids include:

- Oxycodone: Percocet
- Hydromorphone: Dilaudid
- Morphine: M-Eslon, MS Contin
- Tramacet/Tramadol
Information on opioid pain medication

Can I get addicted to morphine-like medications?

When you take opioid medication for acute pain, such as the pain that happens after operations or accidents, the risk of addiction is low.

Taking opioid medication for an extended time can lead to dependence.

It is important to taper off opioid medication as your pain improves.

What are the side effects of opioid pain medication?

- Sleepiness
  ***Do NOT drive, use power tools, or operate machinery while taking opioids. It is against the law to drive while taking opioids***
- Confusion
- Nausea
- Vomiting
- Constipation
- Itchiness
- Inability to urinate
- Slowed breathing

When do I start tapering off opioid medication?

When the surgical pain becomes manageable, you should start to reduce how much opioids you take.

How do I taper off opioid medication?

1. Reduce how much you are taking (the number of pills you take).

   For example: If you were taking 2 pills each time, start taking 1 pill to see if the pain is controlled. If it does, continue with 1 pill each time. Do this for 1–2 days.

2. Then reduce how often you are taking the medication.

   For example: If you are taking a dose every 4 hours, then take a dose every 6 hours instead for 1–2 days. Then take a dose every 8 hours for 1–2 days. Then consider stopping.
Can I go through withdrawal?

Withdrawal symptoms are a sign that your body is used to taking opioids regularly and that you need to reduce the opioids more slowly.

Withdrawal symptoms are:

- Sweating
- Fever
- Nausea
- Vomiting
- Feeling agitated or irritable

How do I store opioid medication?

These medications should be kept out of sight and ideally in a hidden or locked area. Make sure you keep your opioid medications safely out of reach of children and the elderly as taking these can cause harm.

How do I dispose of extra opioid medication?

If you have unused opioids, most pharmacies in British Columbia have a drug return program where they will properly dispose the extra medications.

Never save medications thinking you may use them at a later date.

All medications have expiration dates and may not be safe to take later.
Caring for your incision

- The incision can be left open to air
- If you have staples or sutures, these can catch on your clothing; if this happens, place a light dressing over top
- **DO NOT** put on creams or lotions (such as Polysporin, Vitamin E) to the wound unless your surgeon tells you

Washing:

- You can gently wash your incision with soap and water and rinse well
- Pat your incision dry with a clean towel
- **DO NOT** rub your incision
- You may shower the day after you go home, unless told otherwise (even with staples in place)
- The water can run on the incision but **NOT** directly spray the incision
- **DO NOT** soak in a bath, pool, hot tub, or lake until your surgeon or family doctor says it is safe to do so

As your incision heals it may become itchy. Avoid any rubbing or scratching as the itchiness is a normal part of the healing process.

The staples to your incision may be removed while you are in hospital. When the staples are removed, white paper tapes (steri-strips) will be applied for extra support to your incision. Do not remove them yourself. After 5 to 7 days these tapes will start to become non-sticky and eventually peel and fall off. There is no need to replace them.

Slight numbness, swelling, tingling, bumpiness, firmness and discolouration around the incision site are normal findings after surgery. They will improve with time. If they persist with no improvement, inform your surgeon or family doctor.

The staff will provide you with a pamphlet for incision care if needed.
Staple removal:

Call your family doctor to have your staples removed.
*Make sure you bring the staple remover the nurse gave you to the appointment.

Your surgeon will tell you when to have your staples removed. If you cannot remember, call your surgeon’s office.

Metal detectors
In most cases, the type of instrumentation (ie. screws, plates, hooks, and rods) used is made from titanium and not steel.

There are rarely any concerns about passing through metal detectors when traveling.

It is okay to have X-rays, CT scans, or MRIs.

Caring for your bowels
You might find your bowels do not work the same way they did before your surgery. It can take a few weeks for your bowels to work normally.

Constipation
- This can be from your pain medication, especially if you are taking opioids.
- To prevent constipation:
  - Drink at least 6-8 glasses (1.5 to 2L) of water each day unless you have been told differently because of a medical condition.
  - Drink prune juice.
  - Include fruits, vegetables, dried peas, beans, lentils and whole grains in your diet each day. These foods are high in fibre.
  - Keep active. Go for a walk every day.
- To treat constipation, talk to your pharmacist about a mild laxative or stool softener. Do not use an enema or suppository without checking with your surgeon first.

Diarrhea
- Persistent severe diarrhea is not normal and should be brought to your surgeon’s attention.
Activity and exercise

Research shows that patients have the best recovery when they balance activity and rest. They say they have less pain, use less medication, move better, and get better sooner. Patients who are not "up-and-about" do not do as well and are more likely to have complications and take longer to recover.

Rest

- Rest is important for your recovery. Your body does its healing when you are resting.
- Try to get at least 8 hours of sleep each night.
- Take frequent naps or rest breaks during the day.

Exercise

- Exercise helps build your strength, improves your circulation, and generally makes you feel better.
- Follow the activity recommendations provided by your hospital physiotherapist.
- Be careful not to tire yourself out. Slowly increase your activity. Let pain be a general guide to what you do and how often you do it.
- When you get home you may be surprised by how tired you feel. This is a normal feeling. Your energy level will improve over the next few weeks.

These are only general guidelines. Please confirm them with your surgeon.

- Plan your day to allow time for both rest and activity.
- Continue with your deep breathing and coughing exercises.
- Begin with taking short walks, gradually increasing how far you walk.

Neutral spinal alignment

Keep your spine in a neutral position as much as you can. That means try to not bend your spine forwards, backwards, side-to-side or twist in the area you had surgery. You do not have to stay in a perfectly straight line all the time. Making small body movements will happen (e.g. when using the toilet, moving in bed, or dressing) but try to avoid big movements.
• For the first **4 to 6 weeks** after your surgery:
  DO NOT lift, push, or pull anything over 4 to 5 kg (10 pounds). This includes carrying children and groceries. A 2L milk carton weighs almost 5 pounds.
  Use your legs when you lift.
  DO NOT do any activities that pull on your incision such as:
    - vacuuming
    - raking
    - painting walls
    - reaching for things in high places

• For at least **8 to 12 weeks** after surgery:
  DO NOT do anything that puts extra stress on your back such as doing sit-ups.

**Safety equipment to use at home**

While you are in the hospital, your occupational therapist and physiotherapist will determine what type of equipment you need to be independent and safe.

However, when you leave, you will be responsible for the equipment. Equipment may be borrowed by donation from the local Red Cross through their Health Equipment Loan Program.

If you have an active insurance claim, equipment will be provided by WorkSafeBC or ICBC.
Therapy services
Do not arrange other therapy (such as massage, chiropractic, or physiotherapy) to treat your spine unless you have been instructed to do so while you were in the hospital.

You can ask if you need to start any kind of therapy at the follow-up appointment with the surgeon.

Sports
Ask your surgeon when it is safe for you to resume exercises and to play any sports.

Sexual activity
You may return to sexual activity as soon as you wish. Avoid anything that places stress or strain in the area of your surgery.

Driving a car
Ask your doctor when it is safe for you to drive again.

• Only drive if you are able to:
  Put pressure to the brake quickly and without pain.
  Safely do a shoulder-check.
  Wear your seatbelt.
  Focus and pay attention

• You can drive if you are ONLY taking Plain Tylenol and your pain is under control.

  Do not drive your car while you are still taking opioid pain medication.
  ***It is against the law to drive while taking opioids***

*Check with your doctor before riding a bike, scooter, horse, snowmobile, forklift, tractor, etc.

Going back to work, school, or volunteering
Working, going to school and volunteering require many different movements and activities and there could be limits on the kinds of things you can do.

Always check with your surgeon or family doctor before going back to these activities.

When you go back these activities depends on the type of activities and the type of surgery you had.
When to get help

Contact your surgeon, family doctor, or go to the emergency room if any of the following happens:

• Your pain gets worse or does not go away with pain medication.
• You have a fever over 38.5° C (101.3° F).
• Your incision becomes red, swollen, or hot to touch.
• You notice foul smelling liquid coming from your incision.
• You start bleeding from your incision.
• Difficulties with swallowing resulting in decrease appetite and constant weight loss.
• You feel sick to your stomach (nauseated) or throw up (vomit) often for more than 24 hours.
• You have diarrhea that lasts for more than 2 days.
• No bowel function for 48 hours.
• If you have a drain that is accidentally pulled out.
• If you experience any pain, aching or redness in your calves and/or swelling of the legs
• You have difficulty breathing

If you are not able to contact your surgeon or family doctor, go to the nearest Emergency Department, or call HealthLink BC at 8-1-1 to talk to a registered nurse. Be sure to tell them about your recent surgery.
Resources
Resources

Vancouver Coastal Health

Admitting Department
Vancouver General Hospital
– Jim Pattison Pavilion
899 West 12th Avenue
Jim Pattison Pavilion, 1st Floor
604-875-4300
604-875-4937 (Sunday and statutory holidays from 9:30-12:30)

The Brenda and David McLean Integrated Spine Clinic
Blusson Spinal Cord Centre
818 West 10th Avenue
2nd Floor
604-875-4992

CIBC Centre for Patients and Families
Vancouver General Hospital
– Jim Pattison Pavilion
899 West 12th Avenue
604-875-5887
Resource centre for patients and family.
centreforpatients.vch.ca

ICORD Resource Centre
604-675-8800 (press 1)
Resource space in the atrium of the Blusson Spinal Cord Centre for patients and family.

Pre-Admission Clinic
Gordon and Leslie Diamond Health Care Centre
2775 Laurel Street
3rd Floor
604-675-3675

Home Safety

Home Safety Renovations
(low income seniors)
1-800-639-3938
cmhc-schl.gc.ca

Health Professionals

Dietitians of Canada
www.dietitians.ca

HealthLinkBC
8-1-1
Non-emergency health information provided by a nurse, pharmacist or dietitian.
healthlinkbc.ca

Health Canada
1-866-225-0709
Resource for general health information.
https://www.canada.ca/en/health-canada.html

Pain BC
1-844-880-7846
Resource for pain management.
painbc.ca

Physiotherapy Association of British Columbia (PABC)
– to find a physiotherapist in your area
bcphysio.org

QuitNow
1-877-455-2233
Resource for quitting smoking.
quitnow.ca

Accommodations

Government of British Columbia
Hotel accommodation for patients (and accompanying family members) requiring out-of-town Medical Services
csa.pss.gov.bc.ca/medicaltravel/

Equipment

Red Cross
1-800-565-8000
or check local listings for phone number
redcross.ca

Veterans Affairs Canada
1-866-522-2122
www.veterans.gc.ca

Transportation

HandyDART
Provided by local bus services throughout BC (check your local listings for phone numbers)
In Lower Mainland:
604-575-6600
translink.ca/Rider-Guide/Accessible-Transit/HandyDART.aspx

SPARC – disabled parking pass
604-718-7744
sparc.bc.ca

TAP (Travel Assistance Program)
1-800-661-2668
health.gov.bc.ca/tapbc

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Acknowledgements


We hope you found the information in this booklet helpful. If you would like to provide feedback, please email us at: eras@vch.ca

“Tylenol” is a registered trademark of McNeil Consumer Healthcare, a subsidiary of Johnson & Johnson, Inc.

“Voltaren” is a registered trademark of Novartis Pharmaceuticals Canada Inc.
Hospital language I need explained:
My questions: