



Rose  
Medical Center  
*Orthopedic & Spine Center*

Let the breakthroughs continue.

[RoseOrthoSpine.com](http://RoseOrthoSpine.com)

# PATIENT GUIDEBOOK

## SPINE SURGERY



## MISSION

Above all else, we are committed to the care and improvement of human life.

## USING THIS GUIDEBOOK

This book is an important part of your preparation for and recovery from surgery. You will find a checklist at the front of this book that will help you ensure all steps are completed prior to your surgery date. Following the checklist, each section is designed to help you and your family understand your spine surgery. Please bring this guidebook to all your physician and hospital appointments. Refer to it often, and please ask questions!

## IMPORTANT PHONE NUMBERS

Orthopedic & Spine Center Patient Navigator:	303-320-2153
Surgical Readiness Department:	303-320-7100
Director of Rose Orthopedic & Spine Center:	303-204-3499
Orthopedic & Spine Center Nursing Unit:	303-320-7200
Orthopedic & Spine Center Nurse Manager:	303-320-2866
Rose Medical Center Main Operator:	303-320-2121
Pre-registration Center:	303-320-2798

# INTRODUCTION TO THE ROSE ORTHOPEDIC & SPINE CENTER

Most patients arrive at the decision to have spine surgery after months—sometimes years—of pain and discomfort. Numerous steps, processes and questions follow such a decision, and we understand that patients want to be as informed as possible both before and after the operation.

This book is a comprehensive guide to spine surgery at the Rose Orthopedic & Spine Center and aims to ensure you are prepared for the weeks before and after your procedure. We've found that well-informed patients feel more comfortable when they know what lies ahead, which can result in more success in recovery. Please consider this book your go-to resource and bring it with you to appointments with your surgeon, educational visits at the hospital and even on the day of your surgery.

Inside you will find lots of helpful information. We've included checklists to help you stay organized from the moment you decide to have surgery all the way to full recovery. We'll explain what you can expect and offer guidance every step of the way. From procedural explanations to parking instructions, we have you covered.

We will highlight every member of your care team's roles and responsibilities to help you understand who is on your care team and how they'll be contributing to your progress. This team of specially trained experts is here to make sure your operation is safe and successful, your recovery is guided and your experience is pleasant.

This guidebook also includes an overview of your upcoming surgical experience designed to put your mind at ease and give you an inside look at what will happen on the day of your surgery. We'll explain the common medications that may be prescribed to you as well as some of the equipment we will use to successfully perform your surgery and monitor your condition after the procedure. You'll also find information on managing pain and achieving comfort.

Once you leave the hospital, we'll guide you through physical and occupational therapy. We'll help you navigate your first weeks at home and teach you how to decrease post-surgery risks so that you are in a position to recover quickly. This guide will help you plan ahead for the day you are discharged, teach you how to use assistive equipment during recovery and offer tips and advice to loved ones participating in your care.

When you choose the Rose Orthopedic & Spine Center for your spine surgery, you are putting your trust in our surgeons, staff and facilities, and we take that trust very seriously. This guidebook is just one of the ways we want to show you that you've made the right decision.

**It is our privilege to help you achieve the breakthrough of a new life after spinal surgery.**



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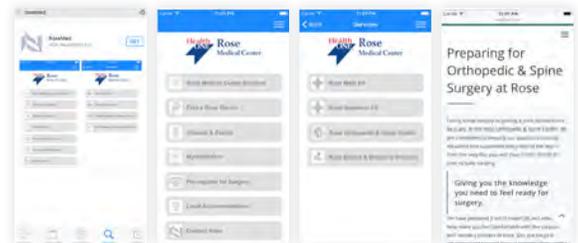
**TAB ONE**

**TAB ONE**

# CHECKLIST

## When You Have Decided to Have Surgery:

- [ ] Pre-register by calling 303-320-2798 or online at the MyHealthONE Portal: [RoseMed.com/MyHealthONE](https://RoseMed.com/MyHealthONE)
- [ ] Watch the Pre-Op Spine Surgery Class offered online at [RoseMed.com/service/preoperative-class](https://RoseMed.com/service/preoperative-class); please call the Patient Navigator at 303-320-2153 if you need assistance
- [ ] Arrange a ride to and from the hospital
- [ ] Arrange pre-operative medical clearance as instructed by your surgeon; this must be done within 30 days of surgery
- [ ] Obtain a temporary handicapped parking permit from your surgeon's office
- [ ] Visit [RoseMed.com/ortho-spine-education](https://RoseMed.com/ortho-spine-education) to view the extensive educational videos we have prepared to help make you feel comfortable with the surgical and recovery process at Rose, including what to expect, physical/adaptive therapy, medication information and more
- [ ] Download the RoseMed app (currently available for Apple devices only) from the Apple App Store; search for **rosemed** (all one word). The RoseMed app provides easy access to information you need to know during and after your stay at Rose, including patient education, videos from your surgeon, custom physical therapy videos and much more.



## Two Weeks Before:

- [ ] Make arrangements for pets
- [ ] Prepare your house: Remove any fall hazards from your home including rugs, cords and furniture that might make navigation difficult and make sure items you use often will be easily accessible and within reach
- [ ] Arrange home help: Whether from family or friends, make sure you have assistance for your recovery

## One Week Before:

- [ ] Complete the home medication list: Be sure to include herbal supplements and other supplements (See *Forms* Section)
- [ ] Complete the Hibiclens® Checklist (See *Forms* Section)
- [ ] Confirm your ride to and from the hospital
- [ ] [If you haven't already] Watch the Pre-Op Spine Surgery Class online at [RoseMed.com/service/preoperative-class](https://RoseMed.com/service/preoperative-class)
- [ ] Complete your pre-operative survey; this is mandated by the U.S. Government (See the *Forms* Section)
- [ ] Prepare meals for the first week after you return home

# CHECKLIST

## Last Minute Checklist:

The 24 hours before surgery will be busy. Please use this checklist to make sure you remember everything.

- [ ] Finalize travel arrangements: Discharge times vary so please request your ride be available throughout your day of discharge
- [ ] Finalize home help arrangements: This includes someone to help you with meal preparation, errands, getting to appointments and doing household tasks
- [ ] **Do not** shave the area on which you will have surgery
- [ ] **Do not** eat or drink anything after the time instructed by the anesthesiologist or hospital staff
- [ ] **Do not** wear lipstick, makeup, perfumes, powders, deodorants, lotion or nail polish on the day of surgery
- [ ] Bring a list of current medications: Be sure to include medication name, frequency and time of day taken (See *Forms* Section)

Pack your hospital bag to include:

- [ ] This patient guidebook
- [ ] Toothbrush and toothpaste
- [ ] Hearing aids and extra batteries
- [ ] Shaving equipment for after surgery
- [ ] Hair brush and comb
- [ ] Glasses, contact lenses and solution
- [ ] Comfortable shoes with backs, no heels and no laces (preferably slip-on)
- [ ] Knee-length robe, gown or loose fitting pajamas
- [ ] Loose fitting shorts or athletic pants and a t-shirt

Bring the following items for family or friends to hold on to:

- [ ] Government issued photo ID
- [ ] Credit card if you plan on using our on-campus Walgreens for bedside delivery of prescription medications at discharge
- [ ] Personal electronics if you wish; please note these cannot be locked in your room and should be held by your family or friends
- [ ] Rose Medical Center recommends leaving valuables such as cash and jewelry at home

# DIRECTIONS AND MAPS

## Patient and Visitor Parking:

Complimentary valet parking for patients, their families and friends is available at the Rose Medical Center Wolf Building entrance at:

4600 Hale Pkwy.  
Denver, CO 80220



## Directions:

### Driving from the North:

Take I-25 South to I-70 East. Take I-70 East to Exit 276B Colorado Boulevard South. Proceed south to 12<sup>th</sup> Avenue and turn left; 12<sup>th</sup> Avenue will veer slightly right and become Hale Parkway. Just after the light at Clermont and Hale, proceed to 4600 Hale Parkway and turn right into the circle drive in front of the Wolf Building. The valet will park your car.

### Driving from the South:

Take I-25 North. Exit on Colorado Boulevard North (Exit 204) and continue on Colorado Boulevard. Proceed north to 12<sup>th</sup> Avenue and turn right; 12<sup>th</sup> Avenue will veer slightly right and become Hale Parkway. Just after the light at Clermont and Hale, proceed to 4600 Hale Parkway and turn right into the circle drive in front of the Wolf Building. The valet will park your car.

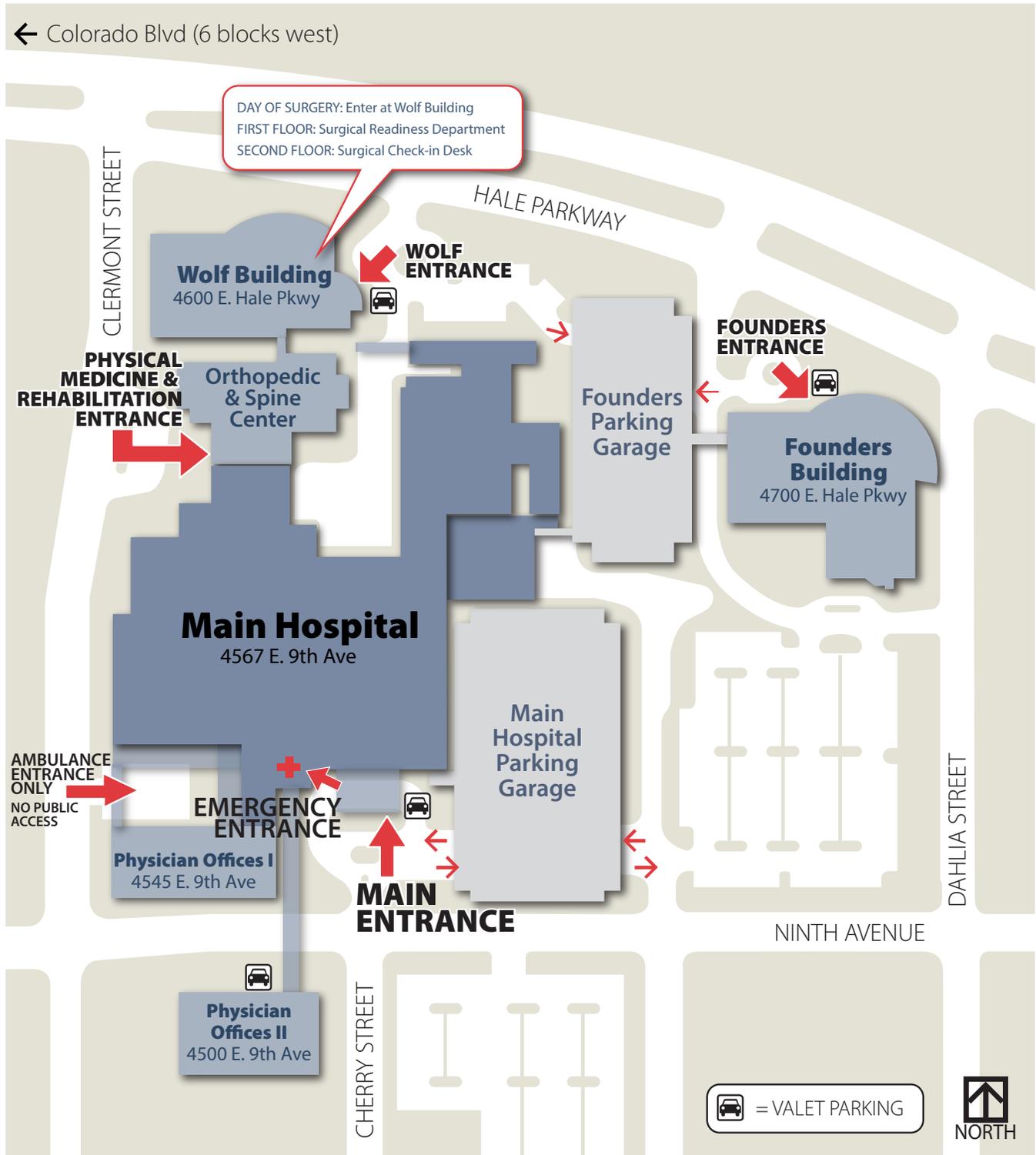
### Driving from the West:

Take I-70 East and exit at Colorado Boulevard South (Exit 276B). Go south on Colorado Boulevard to 12<sup>th</sup> Avenue and turn left; 12<sup>th</sup> Avenue will veer slightly right and become Hale Parkway. Just after the light at Clermont and Hale, proceed to 4600 Hale Parkway and turn right into the circle drive in front of the Wolf Building. The valet will park your car.

### Driving from the East:

Driving westbound on I-70, exit at Colorado Boulevard South (Exit 276). Go south on Colorado Boulevard to 12<sup>th</sup> Avenue and turn left; 12<sup>th</sup> Avenue will veer slightly right and become Hale Parkway. Just after the light at Clermont and Hale, proceed to 4600 Hale Parkway and turn right into the circle drive in front of the Wolf Building. The valet will park your car.

# DIRECTIONS AND MAPS



# INFORMATION FOR FAMILY & FRIENDS

## About the Facility and Nearby Resources:

**Visiting Hours:** Rose Medical Center has open visitation where family and friends may visit at any time. During the hours of 8:00 p.m. - 6:00 a.m., guests must enter through the ER entrance and present a valid form of identification to enter the hospital.

**Waiting Areas:** Waiting areas are located on both the first and second floors of the Orthopedic & Spine Center near the bridge to the main hospital. Please note: the lower level of the Orthopedic & Spine Center is called ground floor so you may need an elevator to reach the first floor. Complimentary WiFi is available throughout the hospital; look for Rose Guest Network among the list of available networks.

**Smoking:** Rose Medical Center is a tobacco-free campus. Nicotine use, including e-cigarettes and smokeless tobacco, is prohibited everywhere on campus. Patients are not allowed to leave the Orthopedic & Spine Center to smoke.

## Hospital Dining Options:

**Rose Garden Café** (located on the ground floor of the main hospital): The Rose Garden Café offers a variety of hot food choices, deli items, a salad bar and takeaway options for breakfast and lunch. Daily breakfast and lunch specials are available.

Monday-Friday — 6:30 a.m. - 3:00 p.m.  
Saturday and Sunday — 6:30 a.m. - 2:00 p.m.

**Little Miss Latte** (located on the first floor of the main hospital near the central elevators): Our coffee shop offers coffee drinks, soups, salads, pastries, deli options and hot meal entrees for breakfast, lunch and dinner.

Monday-Friday — 6:30 a.m. - 1:00 a.m.  
Saturday — 7:30 a.m. - 1:00 a.m.  
Sunday — 2:00 p.m. - 1:00 a.m.

## At Your Request Room Dining Service

Guest meals are available by calling ext. 5444 to place your order. Payment accepted by cash or credit card.

# INFORMATION FOR FAMILY & FRIENDS

## Hotel Accommodations:

If you require hotel accommodations while your family member or loved one is with us, the Rose Information Desk is available during the week from 8:00 a.m. - 6:00 p.m. and can be reached at 303-320-2396. When making your reservations, ask if there is a Rose Medical Center rate and shuttle service. Here is a short list of hotels near Rose Medical Center, in no particular order:

### **Hilton Garden Inn Denver/Cherry Creek**

303-754-9800

600 S. Colorado Blvd. Denver, CO

[www.hiltongardeninn3.hilton.com/en/hotels/colorado/hilton-garden-inn-denver-cherry-creek-DENCKGI/index.html](http://www.hiltongardeninn3.hilton.com/en/hotels/colorado/hilton-garden-inn-denver-cherry-creek-DENCKGI/index.html)

### **Hampton Inn & Suites Denver Cherry Creek**

303-692-1800

4150 E. Kentucky Ave., Denver CO

[www.hamptoninn3.hilton.com/en/hotels/colorado/hampton-inn-and-suites-denver-cherry-creek-DENCCHX/index.html](http://www.hamptoninn3.hilton.com/en/hotels/colorado/hampton-inn-and-suites-denver-cherry-creek-DENCCHX/index.html)

### **Staybridge Suites Denver-Cherry Creek**

303-321-5757

4220 E. Virginia Ave. Glendale, CO

[www.ihg.com/staybridge/hotels/us/en/glendale/dench/hoteldetail](http://www.ihg.com/staybridge/hotels/us/en/glendale/dench/hoteldetail)

### **Doubletree Hotel**

303-321-3333

3203 Quebec St. Denver, CO

[www.doubletree3.hilton.com/en/hotels/colorado/doubletree-by-hilton-hotel-denver-RLDV-DT/index.html](http://www.doubletree3.hilton.com/en/hotels/colorado/doubletree-by-hilton-hotel-denver-RLDV-DT/index.html)

### **Holiday Inn Denver Cherry Creek**

303-388-5561

455 S. Colorado Blvd. Denver, CO

[www.cherrycreekhoteddenver.com/](http://www.cherrycreekhoteddenver.com/)

### **Extended Stay America-Cherry Creek**

303-388-3880

4444 Leetsdale Dr. Glendale, CO

[www.extendedstayamerica.com/hotels/co/denver/cherry-creek](http://www.extendedstayamerica.com/hotels/co/denver/cherry-creek)

### **Ramada Denver Downtown**

303-831-7700

1150 E. Colfax Ave. Denver, CO

[www.ramada.com/hotels/colorado/denver/ramada-denver-downtown/rooms-rates](http://www.ramada.com/hotels/colorado/denver/ramada-denver-downtown/rooms-rates)

### **Fairfield Inn & Suites Denver Cherry Creek**

303-691-2223

1680 S. Colorado Blvd. Denver, CO

[www.marriott.com/hotels/travel/denfi-fairfield-inn-and-suites-denver-cherry-creek/](http://www.marriott.com/hotels/travel/denfi-fairfield-inn-and-suites-denver-cherry-creek/)

### **La Quinta Inn**

303-758-8886

1975 S. Colorado Blvd, Denver, CO

[www.laquintadenvercherrycreek.com/](http://www.laquintadenvercherrycreek.com/)

**TAB TWO**

**TAB TWO**

# YOUR CARE TEAM

## **Spine Surgeon:**

- Performs your surgery and oversees your care
- Checks your progress during daily visits to the hospital and at follow-up office appointments

## **Anesthesiologist/Certified Registered Nurse Anesthetist (CRNA):**

- Administers anesthesia in the operating room
- Monitors your condition during surgery

## **Patient Navigator:**

- Serves as your primary point of contact and a resource to guide you through the experience of having spine surgery from the time you decide to have surgery until you are recovered
- Helps ensure you complete any pre-surgical needs
- Follows your progress in the months after surgery

## **Surgeon-Employed Physician Assistant:**

- Works at the surgeon's office, assists with surgery and may see you daily after the surgery
- Coordinates your care after surgery

## **Hospital-Employed Physician Assistant:**

- Works in the Rose Orthopedic & Spine Center
- Coordinates your care and discharge based on physician orders
- Monitors and communicates information about your condition to other team members

## **Operating Room Team:**

- Assists with surgical procedures
- Ensures patient safety throughout the procedure

# YOUR CARE TEAM

## **Inpatient Nursing Staff:**

- Works closely with other team members to deliver individualized care
- Monitors your condition and communicates information about your condition to other team members
- Helps you and your family with personal care needs

## **Nurse Manager:**

- Provides administrative and clinical leadership for the Rose Orthopedic & Spine Center
- Assists patients and staff with problems and concerns
- Serves to educate and develop the skill of the team members providing direct patient care

## **Physical Therapist:**

- Assesses your physical needs and develops an individualized exercise program
- Instructs and assists you with exercise programs, the use of equipment and activity precautions

## **Occupational Therapist:**

- Helps you adapt to temporary lifestyle changes following spine surgery
- Teaches you how to safely perform daily tasks without putting you in danger following your spine surgery, such as bathing and dressing
- Instructs you on how to use adaptive equipment

## **Case Manager:**

- Helps identify and facilitate any individual needs you may have when you leave the hospital
- Acts as an intermediary to assure that any home care needs meet your insurance requirement
- Available to discuss discharge concerns prior to surgery

## **Pharmacist:**

- Coordinates your medications based on surgeon's orders

# BEFORE SURGERY

## **Arrival:**

- Plan on arriving two hours before your surgery time.
- Please enter through the Wolf Building at 4600 Hale Parkway (see *Maps and Directions* Section).
- Use our complimentary valet service.
- Take the elevator to the second floor of the Wolf Building to get to the Surgical Check-in Desk.

## **Pre-Op:**

- An IV will be started.
- Your medical history and home medications will be reviewed.
- You will meet with your anesthesiologist to review your anesthesia plan and some medications may be administered.
- You will meet with your surgeon who will mark the operative site and obtain final consent for the procedure.
- You will meet your nurse, who will be with you throughout the surgery.

## **Operating Room:**

- Anesthesiologists administer anesthesia. Your anesthesiologist is typically assigned 24 hours prior to surgery and will attempt to call you the night before surgery to discuss your medical history and the type of anesthesia he or she will provide.
- Anesthesia uses anesthetic gases and IV medications to put you to sleep. Your breathing, heart rate and blood pressure are continuously monitored.
- The surgeon will contact your loved ones when the procedure is finished.

# AFTER SURGERY

## The Day of Surgery:

- After surgery, you will be taken to the post anesthesia care unit, which you may hear called the PACU, where you will be monitored as anesthesia wears off.
- You will be transferred to the spine unit when you are more awake and no longer need close monitoring.
- You will have a chance to get up out of bed either with a physical therapist or your nurse.
- You will notice several tubes, wires, and other equipment including:
  - Oxygen: Most people require oxygen after surgery for at least 24 hours.
  - Pulse Oximeter: A monitor placed on your finger to measure the oxygen level of your blood. You will be attached to this monitor for the first 24 hours after surgery or longer if you continue to require oxygen.
  - IV: Fluids and medications will be given through an IV until you are able to tolerate both by mouth.
  - Bladder Catheter: A catheter may be placed in your bladder during surgery to drain your bladder for the first night after surgery. This will be removed early in the morning of the first day after surgery in order to decrease the risk of developing an infection.
  - Drain: Tubing attached to a small container may be placed in your surgical site. This is typically removed the day after surgery.
  - Soft leg wraps will be placed around your lower legs that inflate and deflate periodically to decrease the chance of developing a blood clot in your legs.
  - Incentive Spirometer: Helps open your lungs and helps wean you from supplemental oxygen.
  - Many of the above listed items have alarm but most alarms do not forecast problems. Please contact your nurse if you hear an alarm and they can explain what it means.

## The Day After Surgery:

- Early activity will help you recover more quickly.
- Physical Therapy and Occupational Therapy will each work with you once in the morning and once in the afternoon.
- You will be switched from the IV medications that you may have received to pain pills. This is important so we can find the medication that will work best for you at home.

## The Second and/or Third Day after Surgery:

- You will continue working with physical and occupational therapists.
- You will continue working on pain control, managing any medication side effects and increasing activity.

**Once all of your therapy goals are met, your pain is controlled and you have no other medical needs, you will be discharged from the hospital to go home. This may be two to four days after surgery depending on your needs and your care team's assessment.**

# PAIN MANAGEMENT

**Because different people experience pain differently, pain medication will not completely eliminate pain and must be managed according to each individual's tolerance and side effects.**

Narcotic pain medications may slow or stop your breathing if overused. Proper use depends on identifying the amount and type of medication that provides pain control without being over sedating.

**Your care team will help you find this balance.**

Please communicate your past experiences with pain medication to your care team. If you have taken a pain medication that has worked well for you in the past with minimal side effects, we will likely try that medication first before exploring other options.

After surgery, you will be asked to describe your pain on a scale of 1-10, with 10 being the worst pain you can imagine. We will work with you to select an individual pain goal, which is a number on the scale that is tolerable to you to be able to rest, function and be active (often a 4-5 out of 10). If you have chronic pain and your normal daily pain level is a 7 out of 10, for example, we will work with you to establish a more appropriate pain goal. Using words like cramping, burning or aching help identify the source to more effectively manage your pain.

Please communicate with us when your pain goal is not being met, you are experiencing side effects, or your pain is increasing.

Other pain management tools that do not involve medication include:

- Repositioning
- Distractions: watching TV, reading or listening to music
- Talking with friends and family
- Relaxation and meditation

## COMMON MEDICATIONS & COMMON SIDE EFFECTS

**Pain medications** including Norco® (Hydrocodone and Acetaminophen), Dilaudid® (Hydromorphone), Oxycontin® (Oxycodone), Percocet® (Oxycodone and Acetaminophen), Nucynta® (Tapentadol), and Ultram® (Tramadol). **Side effects:**

- Drowsiness, constipation, nausea and vomiting, rash, confusion, dizziness
- Constipation caused by narcotic pain medication can become severe. Over the counter laxatives help counteract this common problem. Some examples include Miralax®, Dulcolax® and Milk of Magnesia®. Drinking plenty of fluids is also important in managing constipation

**Muscle relaxants** including Valium® (Diazepam), Flexeril® (Cyclobenzaprine), and Robaxin® (Methocarbamol). **Side effects:**

- Drowsiness, dizziness, upset stomach

**Anti-nausea medications** including Compazine® (Prochlorperazine), Phenergan® (Promethazine), and Zofran® (Ondansetron). **Side effects:**

- Drowsiness, sleepiness, headache, constipation

**Ask your physician about the use of NSAIDs (including Advil®, Aleve®, Motrin®, ibuprofen, etc.) before and after as these medications can increase the chance of bleeding complications.**

# DECREASING POST-SURGERY COMPLICATIONS

## Infection Prevention:

We take the prevention of post-operative infection very seriously at Rose. The most effective techniques for reducing risk include:

- Following directions for Hibiclens cleansing prior to surgery (See *Forms* Section)
- Frequent hand washing
- Keeping the wound clean and dry
- Avoiding elective dentistry for three months before and after surgery. Call the dentist immediately for any toothaches or suspected dental infections. Follow your surgeon's directions concerning preventative antibiotics when having dentistry in the future.

## Blood Clots:

We work aggressively to prevent this rare complication. Things you can do include:

- Wearing your leg wraps when resting
- Walking frequently

Symptoms of a blood clot in your leg include:

- Calf pain
- Severe swelling in the lower leg

**In rare cases, blood clots may travel to your lungs, causing shortness of breath, chest pain or a racing heartbeat. Please notify your surgeon immediately if you experience any of these symptoms.**

## Falls and Injury:

Your safety is our number one priority. After surgery, you have an increased risk of falling. While you may feel like you can safely get out of bed, it is vital that a nurse or staff member assists. Remember to use devices, like a walker and/or crutches, both during your hospital stay and when you return home.

## Wound/Bone Non-healing:

It is important that you follow the directions provided when you were discharged from the hospital to ensure healing of the surgical site. This includes following instructions on incision care and not taking any baths, sitting in hot tubs or swimming until cleared by your surgeon. In addition, **you should avoid nicotine use in any form before and after surgery** because it slows wound/bone healing.

## DISCHARGE

In the past, many patients went to inpatient rehabilitation facilities or skilled nursing facilities after discharge from the hospital. This is no longer the case. The criteria for admission to such facilities have become stricter.

Routine spine surgery and/or living alone does not qualify a patient for using one of these types of facilities. The need for placement in a nursing or rehabilitation facility will be determined during your stay and it cannot be done prior to surgery. However, research indicates that patients recover better and have fewer complications when they go directly home following recovery in the hospital.

If you have any questions about home health care versus skilled nursing facilities/rehab, please call our case manager prior to your surgery date at 303-320-7466.

### When Will I Go Home?

You can expect to be discharged from the hospital when you meet these goals:

- Your pain is well controlled
- You can shower and dress by yourself or with minimal assistance
- You can go to the bathroom by yourself or with minimal assistance
- You can walk up and down stairs by yourself
- You have no medical conditions requiring treatment in the hospital

### Discharge Education:

Discharge instructions will be reviewed throughout your stay. Education will be provided at the bedside by your nurses and therapist. Physical therapy videos will be available on the Apple TV in your room. At discharge, we will review instructions and information on any continued use of medications as well as exercises to do at home to continue your recovery.

## ADDITIONAL INFORMATION FOR CAREGIVERS

**Physical Limitations:** Following surgery, your loved one will have limitations on his or her endurance and ability to perform physical tasks. For the first few days, plan to be available to help with daily tasks and meals. You may also be needed to assist with some exercises that will be taught by the therapist in the hospital.

**Transporting the Patient:** Patients must have clearance from the surgeon to drive and will need help getting to any appointments.

**Pain Management:** Family can play an important role in controlling pain by keeping a log of medications and times given.

**Encouraging the Patient:** Recovering from surgery has some frustrations with good and bad days. A strong support system is instrumental in helping the patient stay motivated.

**TAB THREE**

**TAB THREE**

## ASSISTIVE EQUIPMENT

We will provide walkers and/or crutches during your stay for use while in the hospital. You will need to make arrangements for a walker and/or crutches for after you are discharged. It is important that you make arrangements to obtain a walker and/or crutches before your procedure date and bring them with you. Ask your surgeon if their office can provide them or you can get them from the sources listed below.

The physical therapy team also may make other equipment recommendations customized to your own living situation and needs. For example, most spine surgery patients benefit from a shower chair because it is difficult to shower while standing. This equipment can be obtained from the following:

- Medical equipment stores
- Pharmacy/home stores like Walgreens or Bed, Bath & Beyond
- Used equipment from friends and family
- Loaner programs such as:
  - American Legion (short-term for veterans and family)  
155 Van Gordon #364 Lakewood, CO 80228  
303-914-5585
  - Assistance League of Denver  
6265 East Evans Ave, Denver, CO 80222  
303-322-1688
  - Clements Senior Center  
1580 Yarrow St. Lakewood, CO 80214  
303-987-4820
  - Dominican Sisters Home Health Agency  
2501 Gaylord Denver, CO 80205  
303-322-1413
  - Senior Assistance Center  
2839 W. 44th Ave. Denver, CO 80211  
303-455-9642

See [www.seniorsresourceguide.com](http://www.seniorsresourceguide.com) for a more extensive listing of loaner programs.

## REHABILITATION

### Physical & Occupational Therapy:

**A physical therapist** will visit you in your room after your procedure to perform an evaluation on the day of surgery or the morning following surgery. The physical therapist will work with you throughout your stay, teaching you how to use a walking device like a walker or crutches and negotiating stairs as well as guiding you through your exercises. The physical therapist also will help you learn to comply with any precautions following your surgery. You will continue physical therapy after discharge, either in your home or in an outpatient setting.

**An occupational therapist** will work with you during your stay. Occupational therapists focus on helping you adjust to do all the things necessary to take care of yourself at home, including getting dressed, preparing meals, showering and performing other personal care activities. The occupational therapist also will work with you to evaluate your living environment and needs and develop personalized interventions to help you function safely and effectively when you return home. Additionally, your occupational therapist will help evaluate your progress towards meeting self-care goals.



# TAB FOUR

# TAB FOUR

# AFTER YOUR SPINE SURGERY

**Congratulations on successfully completing your spine surgery! We are excited for you to learn how to live to your fullest again with your new breakthrough.**

Now that you have had spine surgery, there are certain precautions you will need to follow during your daily activities (e.g., bathing, dressing, household chores, etc.) to prevent re-injuring your back. The following section provides information regarding precautions, techniques and recommended adaptive equipment. This information will complement the discussion, demonstration and practice in each of these areas you will work on during your occupational therapy sessions. The goal is for you to return to your normal lifestyle as safely and independently as possible.

As ordered by your doctor, you will participate in physical and occupational therapy while in the hospital.

## **Four Basic Precautions**

It is critical to your recovery that you follow these precautions for the next eight weeks but we recommend that you consider these precautions a lifestyle change to avoid further injury. You will need to keep in mind each of these precautions as you carry out all of your daily activities.

1. NO BENDING AT THE WAIST: Bend with your knees, not your back
2. NO LIFTING MORE THAN 10 POUNDS: Nothing heavier than a gallon of milk
3. NO TWISTING: Keep your shoulders and hips aligned
4. NO STRAINING: Don't hold your breath during activity

# BED MOBILITY

You will use a **log roll** to get in and out of bed.

## To get out of bed:

1. Bend your knees so your feet are flat on the bed.
2. Roll onto your side moving your body as one unit. Do not twist.
3. As you lower your legs off the edge of the bed, push up to a sitting position with your arms.

## To get into bed:

1. Sit close to the head of the bed. Scoot back on the bed before attempting to lie down.
2. Drop down on your elbow and lift your legs into bed as you lower your upper body onto the bed.

## Specific Recommendations for You:

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# SITTING AND STANDING

If possible, sit in a firm, sturdy chair with armrests.

**To sit:**

- 1. Back up to the surface until you feel it with the backs of your knees.
- 2. Reach for the surface with your hands.
- 3. Keep your back straight as you lower yourself to the surface.

**To stand:**

- 1. Scoot to the edge of the surface you are sitting on.
- 2. Pull your feet underneath you.
- 3. Push from the surface you are sitting on.
- 4. Keep your back straight as you stand.

You may require the use of a walker for a short time. Your therapist will determine this with you. Crutches and canes are not recommended by your surgeon.

**Specific Recommendations for You:**

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# TOILET TRANSFERS

You may require the use of a raised toilet seat for a short time if getting on and off of the toilet is difficult for you. Your occupational therapist will discuss this with you.

**To get on the toilet:**

- 1. Back up to the toilet until you feel it with the back of your legs.
- 2. Reach back for the edge of the toilet seat or safety rails and slowly lower yourself.
- 3. Keep your back straight as you lower on to the toilet.

**To get off the toilet:**

- 1. Pull your feet underneath you.
- 2. Push up from the seat of safety rails with your arms.
- 3. Keep your back straight as you stand.



**Specific Recommendations for You:**

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# TUB TRANSFER

A bath or shower bench may be helpful for showering if standing for an extended period of time is difficult. A long-handled sponge and/or a handheld shower will be beneficial to reach your lower legs and feet.

- 1. Stand facing the wall next to the tub.
- 2. While holding onto a grab bar, step into the tub with the closest leg. Make sure to leave enough room for your other foot to step in.
- 3. Bring your other leg into the tub.
- 4. Keep your back straight as you step into the tub.
- 5. Reach back for the bath bench with both hands and slowly lower yourself to the seat.
- 6. To get out of the tub, reverse the process.

**Specific Recommendations for You:**

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# SHOWER TRANSFER

A bath or shower bench may be helpful for showering if standing for an extended period of time is difficult. A long-handled sponge and/or a handheld shower will be beneficial to reach your lower legs and feet.

1. Step into the shower stall. Don't twist.
2. Reach back for the bath bench with both hands and slowly lower yourself to the seat.
3. Keep back straight as you lower to the seat.
4. To get out of the shower, reverse the process.



## Specific Recommendations for You:

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# DRESSING

In order to avoid bending, you will need to sit and cross one leg over the other to dress your lower body. If crossing your legs is difficult, you may require the use of adaptive equipment. Your occupational therapist will have this equipment available if needed. If you have one leg that is weaker than the other, dress that leg first and undress it last. Sit on the edge of the bed or in a firm armchair for dressing.

### Underwear & Pants:

1. Using the reacher, hold the underwear at the waistband. With the reacher, lower the underwear toward your foot and slide the leg hole over your foot, then pull it up to your knee. You can then put down the reacher and holding on to your underwear with both hands, put your other leg in the other opening as you normally would. While sitting, pull your underwear up above your knees as far as you can until you are ready to stand.
2. Repeat the same process with your pants, to the same point. This way you only have to stand up once to complete the task.
3. For safety, have your walking aid in front of you and stand up by pushing from the bed/armchair until you are balanced. Pull up your underwear and pants over your hips.
4. To undress, reverse the process, remembering to remove your clothing from the weakest leg last.

### Specific Recommendations for You:

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# DRESSING

## Socks & Stockings:

1. Slide the sock/stocking onto the sock aide until the toe is flush to the bottom of the sock aide. Be sure the top of the sock is not over the top of the sock aide.
2. Holding onto the straps of the sock aide, toss the sock aide to the floor in front of your foot. Slide your foot into the sock aide and pull on both straps, until the sock comes up your leg. Continue to pull on the straps of the sock aide until it comes completely out of the sock. Unhook the sock aide from your leg. Use the reacher to adjust the sock, if needed.
3. Put on your other sock onto the unaffected leg by either bringing your foot up to you or using the sock aide.
4. To take off your sock/stockings, hook the end of the dressing stick, reacher or long handled shoehorn and the top of your sock and slide it down your leg, over the back of your heel and off your foot. Be sure not to twist.
5. If your sock falls on the floor, pick it up with your reacher or dressing stick.

## Specific Recommendations for You:

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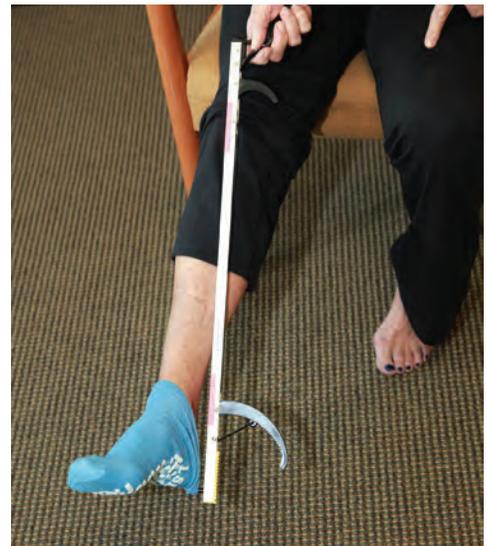
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# SHOES

Slip-on shoes are recommended. If you prefer shoes that lace up, your occupational therapist can show you how to use elastic shoelaces.

Slide the toes of one leg into your shoe. Using the long-handled shoe horn, position it in the back of your shoe, and slide your heel down the shoe horn and into the shoe. Be sure not to twist as you do this.



**Specific Recommendations for You:**

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# GROOMING/HYGIENE AT THE SINK

When completing grooming/hygiene tasks at the sink, remember to follow your precautions. Lean into the sink to spit or spit into a cup to avoid bending.

**Specific Recommendations for You:**

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# REACHING ITEMS IN LOW AREAS

If something falls on the floor, ideally someone else will be available to pick this up for you. If not, there are three safe ways to pick it up yourself:

1. Use a reacher to retrieve the item.
2. You can drop down on one knee, then both knees, then sit back on your heels, keeping your back straight, then grab the item. Reverse the process to stand back up.
3. Squat down to the floor with your knees apart, then grab the item, keeping your back straight.



## Specific Recommendations for You:

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# HOMEMAKING TIPS

1. If using a walker, use a walker apron or plastic bag attached to your walker to transport items within your home.
2. Carry liquids in containers with lids or covers (e.g., thermos, unopened cans of soda, water bottles).
3. Slide items along counter tops whenever possible rather than trying to carry them.
4. Use a reacher to pick up items dropped on the floor or to retrieve items from low areas (e.g., the crisper in the refrigerator, low dresser drawers).
5. Sit on a high stool whenever possible (e.g., at a kitchen counter for meal preparation, a work table).
6. Remove all throw rugs in your home to avoid catching your walking aid or foot and possibly tripping or falling.
7. Use a long-handled brush to clean the toilet and tub.
8. Use long-handled tools (specifically, ops, brooms, dust pans and feather dusters) for cleaning.
9. For laundry, use a pushcart or shoulder bag to transport clothing to/from your washer and dryer. You can also have friends or family assist.
10. When retrieving items from a cabinet, approach the counter with enough room to open the cabinet door without arching your back.

**Specific Recommendations for You:**

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**CORRECT**



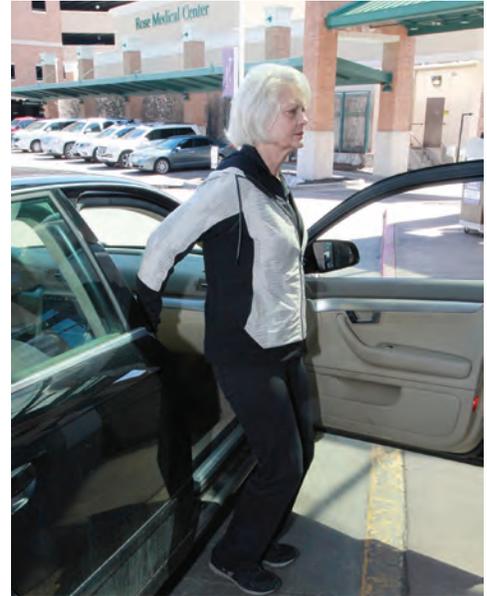
**INCORRECT**

# VEHICLE TRANSFERS

Be sure the car is parked several feet away from the curb and on a level surface to ensure that you are on the same level as the car for the transfer.

1. Before getting in, have the seat positioned as far back as possible from the dashboard and in a semi-upright position for comfort.
2. Back up to the seat of the car until you feel it with the back of your legs.
3. Lower yourself to the seat, reaching for the seat with your hands, and keeping your back straight. Hold on to a stable surface.
4. Scoot back.
5. Pivot on your bottom while bringing your legs into the car. Be careful not to twist.
6. Reverse the process to exit the car.

Your surgeon will clear you when you are safe to begin driving.



## Specific Recommendations for You:

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# STAIRS

There are no stair climbing restrictions. Climb foot over foot, if you are able. Hold onto a rail for stability. If you are continuing to have pain or weakness in one of your legs, lead up the stairs with your stronger leg first and down the stairs with the weaker leg first. Do one step at a time and hold onto a rail.

**Specific Recommendations for You:**

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# EXERCISES

While there are no formal exercises, walking will be your best exercise.

**Specific Recommendations for You:**

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## **TAB FIVE**

## **TAB FIVE**

# FORM: PRE-OPERATIVE SPINE—LUMBAR

Please fill out and bring to check in on day of surgery.

You may also fill out ahead of time online at [www.yourcaresteps.com](http://www.yourcaresteps.com).

Patient Name: \_\_\_\_\_

Patient Email: \_\_\_\_\_

**Directions: Please respond to each item by marking one box per question.**

## Part 1: PROMIS – 10

1. In general, would you say your health is:

Excellent     Very Good     Good     Fair     Poor

2. In general, would you say your quality of life is:

Excellent     Very Good     Good     Fair     Poor

3. In general, how would you rate your physical health?

Excellent     Very Good     Good     Fair     Poor

4. In general, how would you rate your mental health, including your mood and your ability to think?

Excellent     Very Good     Good     Fair     Poor

5. In general, how would you rate your satisfaction with your social activities and relationships?

Excellent     Very Good     Good     Fair     Poor

6. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)

Excellent     Very Good     Good     Fair     Poor

7. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?

Completely     Mostly     Moderately     A little     Not at all

8. *In the past 7 days*, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?

Never     Rarely     Sometimes     Often     Always

9. *In the past 7 days*, how would you rate your fatigue on average?

None     Mild     Moderate     Severe     Very Severe

10. *In the past 7 days*, how would you rate your pain on average? (0= No pain; 10= Worst imaginable pain)

0     1     2     3     4     5     6     7     8     9     10

## Part 2: Patient Expectations

What do you expect to accomplish with your spinal surgery:

1. Do you expect your surgery will relieve your pain?

No, not at all     Yes, a little bit     Yes, somewhat     Yes, a moderate amount     Yes, a lot

2. Do you expect your surgery will help you carry out your normal activities of daily living?

No, not at all     Yes, a little bit     Yes, somewhat     Yes, a moderate amount     Yes, a lot

3. Do you expect your surgery will help you perform leisure, recreational or sports activities?

No, not at all     Yes, a little bit     Yes, somewhat     Yes, a moderate amount     Yes, a lot

### Part 3: Pre-Operative Return to Work

1. Do you expect to return to work following this surgery?

- No, I do not currently work or I do not plan to return to work       Yes, I expect to return to work

### Part 4: Oswestry Disability Questionnaire (ODI)

*This questionnaire has been designed to give us information as to how your back or leg pain is affecting your ability to manage everyday life. **Please answer by checking one box in each section for the statement that best applies to you.** We realize you may consider that two or more statements in any one section apply but please just mark the spot that indicates the statement that most clearly describes your problem.*

#### Section 1 – Pain Intensity

- I have no pain at the moment.  
 The pain is very mild at the moment.  
 The pain is moderate at the moment.  
 The pain is fairly severe at the moment.  
 The pain is very severe at the moment.  
 The pain is the worst imaginable at the moment.

#### Section 2 – Personal Care (e.g., washing, dressing)

- I can look after myself normally without causing pain.  
 I can look after myself normally but it causes extra pain.  
 It is painful to look after myself and I am slow and careful.  
 I need some help but manage most of my personal care.  
 I need help every day in most aspects of self-care.  
 I do not get dressed. I wash with difficulty, and I stay in bed.

#### Section 3 – Lifting

- I can lift heavy weights without extra pain.  
 I can lift heavy weights but it causes extra pain.  
 Pain prevents me from lifting heavy weights off the floor, but I manage if they are conveniently positioned (e.g., on a table.)  
 Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.  
 I can only lift very light weights at the most.  
 I cannot lift or carry anything at all.

#### Section 4 – Walking

- Pain does not prevent me walking any distance.  
 Pain prevents me from walking more than 2 kilometers.  
 Pain prevents me from walking more than 1 kilometer.  
 Pain prevents me from walking more than 500 meters.  
 I can only walk using a stick or crutches.  
 I am in bed most of the time.

#### Section 5 – Sitting

- I can sit in any chair as long as I like.  
 I can only sit in my favorite chair as long as I like.  
 Pain prevents me from sitting more than one hour.  
 Pain prevents me from sitting more than 30 minutes.  
 Pain prevents me from sitting more than 10 minutes.  
 Pain prevents me from sitting at all.

#### Section 6 – Standing

- I can stand as long as I want without extra pain.  
 I can stand as long as I want but it gives me extra pain.  
 Pain prevents me from standing more than one hour.  
 Pain prevents me from standing more than 30 minutes.  
 Pain prevents me from standing more than 10 minutes.  
 Pain prevents me from standing at all.

#### Section 7 – Sleeping

- My sleep is never disturbed by pain.  
 My sleep is occasionally disturbed by pain.  
 Because of pain I have less than 6 hours of sleep.  
 Because of pain I have less than 4 hours of sleep.  
 Because of pain I have less than 2 hours of sleep.  
 Pain prevents me from sleeping at all.

#### Section 8 – Sex Life (if applicable)

- My sex life is normal and causes no extra pain.  
 My sex life is normal but causes some extra pain.  
 My sex life is nearly normal but is very painful.  
 My sex life is severely restricted by pain.  
 My sex life is nearly absent because of pain.  
 Pain prevents any sex life at all.

#### Section 9 – Social Life

- My social life is normal and gives me no extra pain.  
 My social life is normal but increases the degree of pain.  
 Pain has no significant effect on my social life apart from limiting my more energetic interests e.g., sports  
 Pain has restricted my social life and I do not go out as often.  
 Pain has restricted my social life to my home.  
 I have no social life because of pain.

#### Section 10 – Traveling

- I can travel anywhere without pain.  
 I can travel anywhere but it gives me extra pain.  
 Pain is bad but I manage journeys over two hours.  
 Pain restricts me to journeys of less than one hour.  
 Pain restricts me to short necessary journeys under 30 minutes.  
 Pain prevents me from traveling except to receive treatment.

# FORM: PRE-OPERATIVE SPINE—CERVICAL

Please fill out and bring to check in on day of surgery.

You may also fill out ahead of time online at [www.yourcaresteps.com](http://www.yourcaresteps.com).

Patient Name: \_\_\_\_\_

Patient Email: \_\_\_\_\_

**Directions: Please respond to each item by marking one box per question.**

## Part 1: PROMIS – 10

1. In general, would you say your health is:

Excellent     Very Good     Good     Fair     Poor

2. In general, would you say your quality of life is:

Excellent     Very Good     Good     Fair     Poor

3. In general, how would you rate your physical health?

Excellent     Very Good     Good     Fair     Poor

4. In general, how would you rate your mental health, including your mood and your ability to think?

Excellent     Very Good     Good     Fair     Poor

5. In general, how would you rate your satisfaction with your social activities and relationships?

Excellent     Very Good     Good     Fair     Poor

6. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)

Excellent     Very Good     Good     Fair     Poor

7. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?

Completely     Mostly     Moderately     A little     Not at all

8. *In the past 7 days*, how often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?

Never     Rarely     Sometimes     Often     Always

9. *In the past 7 days*, how would you rate your fatigue on average?

None     Mild     Moderate     Severe     Very Severe

10. *In the past 7 days*, how would you rate your pain on average? (0= No pain; 10= Worst imaginable pain)

0     1     2     3     4     5     6     7     8     9     10

## Part 2: Patient Expectations

What do you expect to accomplish with your spinal surgery:

1. Do you expect your surgery will relieve your pain?

No, not at all     Yes, a little bit     Yes, somewhat     Yes, a moderate amount     Yes, a lot

2. Do you expect your surgery will help you carry out your normal activities of daily living?

No, not at all     Yes, a little bit     Yes, somewhat     Yes, a moderate amount     Yes, a lot

3. Do you expect your surgery will help you perform leisure, recreational or sports activities?

No, not at all     Yes, a little bit     Yes, somewhat     Yes, a moderate amount     Yes, a lot

### Part 3: Pre-Operative Return to Work

1. Do you expect to return to work following this surgery?

- No, I do not currently work or I do not plan to return to work       Yes, I expect to return to work

### Part 4: Neck Pain and Disability Questionnaire (NDI)

*This questionnaire has been designed to give your health care provider information as to how your neck pain has affected your ability to manage everyday life. **Please answer every section and mark in each section only the ONE box that applies to you.***

*You may consider that two of the statements in any one section relate to you, but please just mark the box that most closely describes your problem today.*

#### Section 1 – Pain Intensity

- I have no pain at the moment.  
 The pain is very mild at the moment.  
 The pain is moderate at the moment.  
 The pain is fairly severe at the moment.  
 The pain is very severe at the moment.  
 The pain is the worst imaginable at the moment.

#### Section 2 – Personal Care

- I can look after myself normally without causing pain.  
 I can look after myself normally but it causes extra pain.  
 It is painful to look after myself and I am slow and careful.  
 I need some help but manage most of my personal care.  
 I need help every day in most aspects of self-care.  
 I do not get dressed. I wash with difficulty, and I stay in bed.

#### Section 3 – Lifting

- I can lift heavy weights without extra pain.  
 I can lift heavy weights but it causes extra pain.  
 Pain prevents me from lifting heavy weights off the floor, but I manage if they are conveniently positioned (e.g., on a table.)  
 Pain prevents me from lifting heavy weights but I can manage light to medium weights if they are conveniently positioned.  
 I can only lift very light weights at the most.  
 I cannot lift or carry anything at all.

#### Section 4 – Reading

- I can read as much as I want with no neck pain.  
 I can read as much as I want with slight neck pain.  
 I can read as much as I want with moderate neck pain.  
 I can't read as much as I want because of moderate neck pain.  
 I can hardly read at all because of severe neck pain.  
 I cannot read at all.

#### Section 5 – Headaches

- I have no headaches at all.  
 I have slight headaches that come infrequently.  
 I have moderate headaches that come infrequently.  
 I have moderate headaches that come frequently.  
 I have severe headaches that come frequently.  
 I have headaches almost all of the time.

#### Section 6 – Concentration

- I can concentrate fully when I want with no difficulty.  
 I can concentrate fully when I want with slight difficulty.  
 I have a fair degree of difficulty concentrating when I want.  
 I have a great deal of difficulty concentrating when I want.  
 I cannot concentrate at all.

#### Section 7 – Work

- I can do as much as work as I want.  
 I can do my usual work but no more.  
 I can do most of my usual work but no more.  
 I cannot do my usual work.  
 I can hardly do any work at all.  
 I can't do any work at all.

#### Section 8 – Driving

- I can drive my car without any neck pain.  
 I can drive my car as long as I want with slight pain in my neck.  
 I can drive my car as long as I want with moderate pain in my neck.  
 I can't drive my car as long as I want because of moderate pain in my neck.  
 I can hardly drive at all because of severe pain in my neck.  
 I can't drive my car at all.

#### Section 9 – Sleeping

- I have no trouble sleeping.  
 My sleep is slightly disturbed (less than 1 hour sleepless).  
 My sleep is mildly disturbed (1-2 hours sleepless).  
 My sleep is moderately disturbed (2-3 hours sleepless).  
 My sleep is greatly disturbed (3-5 hours sleepless).  
 My sleep is completely disturbed (5-7 hours sleepless).

#### Section 10 – Recreation

- I am able to engage in all my recreation activities with no neck pain.  
 I am able to engage in all my recreation activities with some neck pain.  
 I am able to engage in most but not all of my usual recreation activities because of neck pain.  
 I am able to engage in a few of my usual recreation activities because of neck pain.  
 I can hardly do any recreation activities because of neck pain.  
 I can't do recreation activities at all.

# YOUR ROLE IN PREVENTING SURGICAL INFECTIONS

Preparing skin before surgery can reduce the risk of infection at the surgical site. To make the process easier, we can provide you (or you can purchase at your local pharmacy) with a special antiseptic soap (Hibiclens®/4% Chlorhexidine) designed to reduce the bacteria on your skin. If you are allergic to the Hibiclens/4% Chlorhexidine, use an antibacterial soap for your showers. Please fill out the checklist on the following page.

ALL PATIENTS: Beginning five (5) days before your surgical date (or when you are told to start this process), shower with 4% chlorhexidine gluconate (e.g., Hibiclens) liquid at least one time a day. [Note: You do not have to shower at the same time every day.]

When showering with Hibiclens®/4% chlorhexidine gluconate (CHG) liquid soap, please:

- Get in the shower and get completely wet, **then turn the water off.**
- Apply the soap **FROM YOUR CHIN DOWN** and **MOVE DOWN** using a clean washcloth.
- **DO NOT** get the CHG liquid soap in your ears or eyes.
- **DO NOT** use the washcloth you used on the lower body to apply CHG to an upper body part. If you missed a part earlier, get a new clean washcloth to return to lather a missed area.
- When you lather up with the soap, paying special attention to:
  - Area where your surgery will be performed
  - Underarms (armpits) and groin
  - Under any skin folds, such as breasts, abdominal or buttock folds
  - Clean any tubing thoroughly
  - Wash shallow wounds. The CHG liquid is safe to use on shallow wounds. Please contact your surgeon's nurse if you don't know whether you can use the CHG liquid on a skin area.
- Keep the liquid soap on for at least two (2) minutes.
- Turn the water back on and rinse the CHG liquid soap off well
- **DO NOT** shave parts of the body where your surgery will occur
- Dry your skin with a freshly washed towel
- Put on freshly washed clothes

On the morning of surgery, please:

- Shower with the CHG liquid soap using the steps above
- Do not apply any lotions, perfumes, powders or deodorant on your skin the day of surgery

If instructed by your surgeon's office or the Surgical Readiness Department nursing staff: Beginning no sooner than six (6) days before your surgery, apply Mupirocin ointment 2% (e.g., Bactroban) ointment in your nostrils twice a day.

How to apply Mupirocin ointment 2%:

- Squeeze prescribed amount (about the size of a small pea) into one (1) nostril and the other half into the other nostril two (2) times a day (morning and evening) for five days for a total of 10 applications
- Next, pinch your nostrils together and then let go. Pinch and let go of the sides of your nose for 1 minute to spread the ointment onto the skin surfaces in your nose

Bring used Mupirocin tube with you on day of surgery.

# PRE-SURGERY DECOLONIZATION PATIENT CHECKLIST

\_\_\_\_\_  
 Patient Name Date

\_\_\_\_\_  
 Surgeon's Name

\_\_\_\_\_  
 Location of Pre-Surgical Visit Date of Pre-Surgical Visit

\_\_\_\_\_  
 Location Where Surgery Taking Place

\_\_\_\_\_  
 Surgery to be Performed Date of Surgery

Please complete this checklist and bring it and the used Mupirocin tube (if prescribed) with you to the hospital on the day of your surgery.

<b>DATE (PLEASE FILL IN)</b>	<b>ALL PATIENTS SHOWER WITH 4% CHLORHEXIDINE GLUCONATE LIQUID (CHECK WHEN DONE)</b>	<b>MORNING NASAL OINTMENT (IF PRESCRIBED) (CHECK WHEN DONE)</b>	<b>EVENING NASAL OINTMENT (IF PRESCRIBED) (CHECK WHEN DONE)</b>
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Day 1  
 .....

Day 2  
 .....

Day 3  
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Day 4  
 .....

Day 5  
 .....

- Day 6  
 Surgery Day
- Shower with 4% chlorhexidine gluconate liquid soap.
  - Bring used tube of mupirocin and this completed checklist with you to surgery check-in
  - Do not put any lotions, perfumes, powders or deodorant on your skin the day of surgery
  - Do not shave parts of the body where your surgery will occur

# FORM: HOME MEDICATION

This sheet is very valuable to your care team and they will be referring to it regularly. Be sure to include any supplements or herbal medications that you take. Please answer the questions truthfully. It should be completed prior to your next physician appointment.

Patient Name	Height	Weight	Date Filled Out
<b>ALLERGIES</b>			
<b>Do you have allergies to:</b>	Latex? Yes / No Medications? Yes / No Foods? Yes / No	Environmental? Yes / No Contrast? Yes / No Other? Yes / No	

If answered YES to any of the above, list names of known allergens:

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## CURRENT MEDICATION LIST

List ALL prescriptions, herbal supplements, vitamins and over-the-counter medications

NAME e.g., Laisix	DOSE e.g., 20mg	ROUTE e.g., oral	FREQUENCY e.g., twice per day	TIME & DATE LAST DOSE TAKEN BEFORE SURGERY

## IMMUNIZATIONS

Have you had the Pnuemovax vaccine? Yes / No    Have you had a flu shot? Yes / No    If yes: when \_\_\_\_\_

Other: \_\_\_\_\_











Rose  
Medical Center

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*Orthopedic & Spine Center*