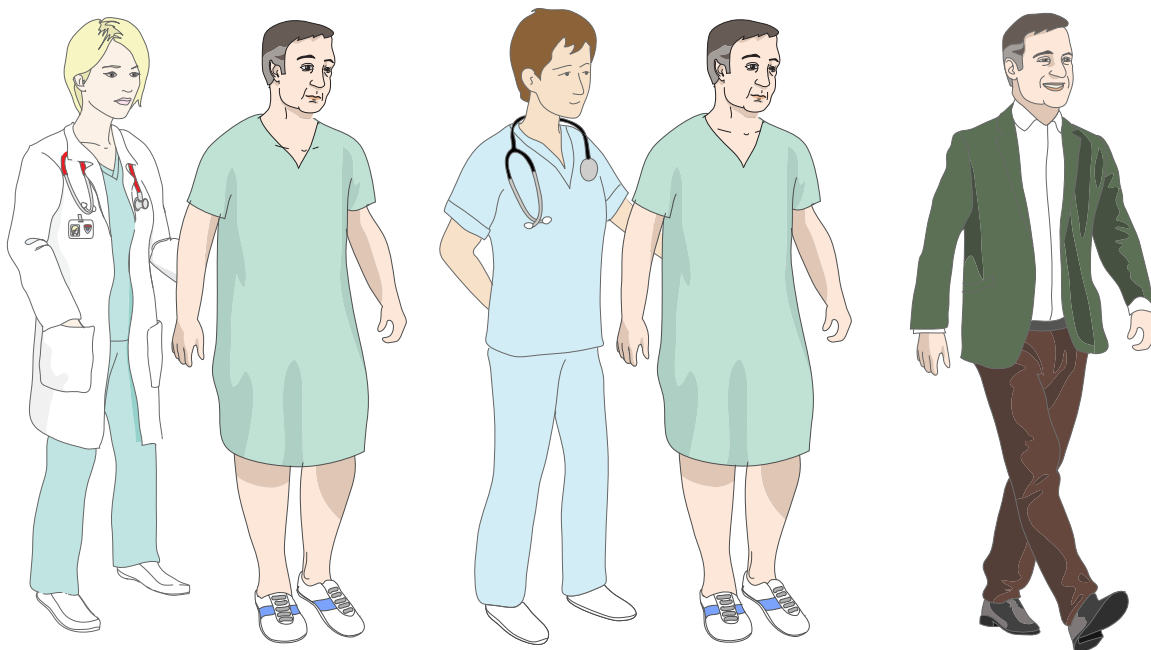


A Guide to your Back Surgery

PRET SURE
Parcours de rétablissement chirurgical du CUSM
MUHC Surgery Recovery Program



This booklet will help you understand and prepare for your surgery.
Bring this booklet with you on the day of your surgery.

This booklet was originally created by The Montreal General Hospital (MGH) Surgical Recovery Program working group and reviewed by the surgeons. It has been adapted for the MNH by the Simple Spine Surgery Pathway working group.

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IMPORTANT

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.

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What is a care pathway?

When you are admitted to the hospital for spine surgery, you will be part of a fast recovery program called a Clinical Care Pathway. The goal of this program is to help you recover quickly and safely. Your health care team worked together to create this pathway.

This booklet will:

- Help you understand and prepare for your surgery
- Explain how you can play an active part in your recovery
- Give you daily goals to achieve

Research shows that you will recover faster if you do the things explained in this booklet. There are instructions about eating and drinking, physical activity, and controlling your pain. These things will help you to feel better faster and go home sooner.

Please bring this booklet with you on the day of surgery. Use it as a guide during your hospital stay. Hospital staff may refer to it as you recover, and review it with you when you go home.

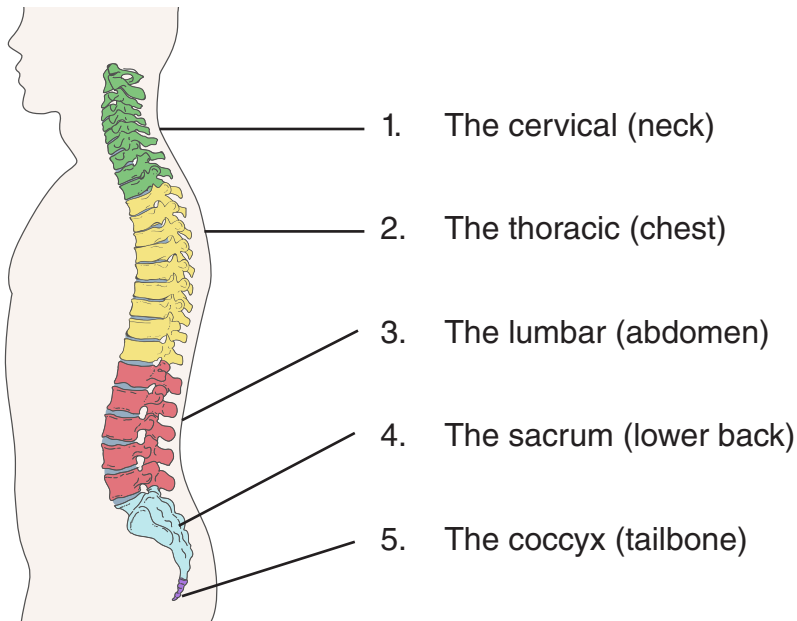
Having surgery can be stressful for patients and their families. The good news is that you are not alone. We will support you each step of the way. Please ask us if you have questions about your care.

Your MUHC surgery team

If you do not speak French or English,
please bring someone to translate for you.

What is the spine?

The spine supports the head. It is composed of 32 bones divided into 5 sections:



1. The cervical (neck)
 2. The thoracic (chest)
 3. The lumbar (abdomen)
 4. The sacrum (lower back)
 5. The coccyx (tailbone)
- Each of these 32 bones is called a vertebra.
 - The vertebrae are stacked up together to form your spine. Between each vertebrae are round, spongy pads of cartilage called discs that act like shock absorbers.
 - Running down the centre of the spine is the spinal cord. The bony canal around the spinal nerve is called a foramen.
 - The spinal cord is connected to the brain and is about the width of a human finger.
 - From the brain, the spinal cord goes down the middle of the back and is surrounded and protected by the bony vertebrae column. The spinal cord begins at the base of the head (occipital bone) and goes down to the space between the first and second lumbar vertebrae; it does not extend the entire length of the vertebral column.

Types of spine surgery

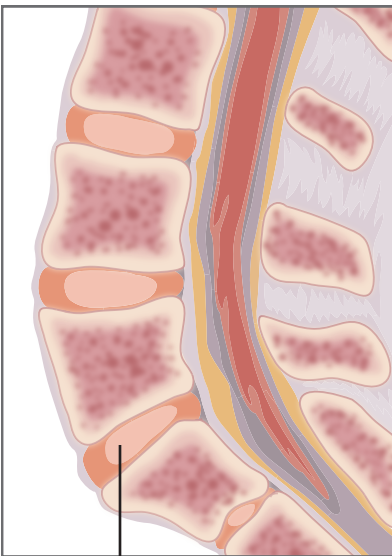
There are several reasons to have spine surgery. Some people have pain, some have numbness, some may have weakness. It may take time to really feel the results of the surgery. Pain might be the first to go but numbness may take time to go away.

There are many types of spine surgery. This booklet explains 4. They are:

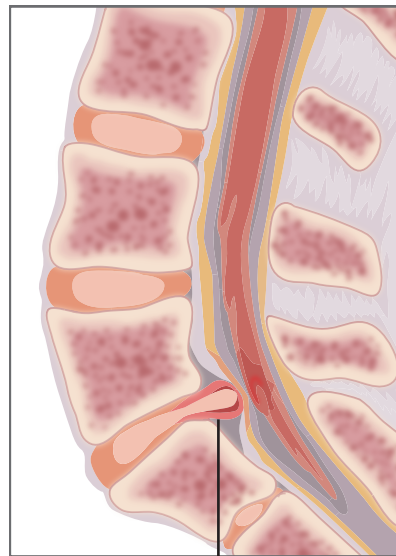
- **Lumbar Discectomy**

The reason for this surgery is to relieve the pressure on a spinal nerve caused by a bulging disc. Worn out and injured discs can also cause pain without pinching at all. Part or all of a bulging disc, called a disc herniation, is removed to relieve pressure on a nerve.

A piece of bone that forms part of the spinal canal, called a lamina, is also removed to relieve pressure on a spinal nerve or the spinal cord.



Normal disc



Herniated disc

Types of spine surgery

- **Foraminal Decompression**

Exiting nerves in the spinal canal are being compressed and surgery is used to remove problems that are causing the compression in the area affected. The bony canal around the spinal nerve, called a foramen, is enlarged to relieve pressure on the spinal nerve. This procedure is often done along with removing of a lamina (laminectomy) or removing of a disc (discectomy).

- **Cervical Laminectomy and Lumbar Laminectomy**

A piece of bone that forms part of the spinal canal, called a lamina, is removed to relieve pressure on a spinal nerve or the spinal cord. The surgery is done either at the neck level for a cervical laminectomy or at the lumbar level for a lumbar laminectomy.

In general, the usual reason to have a laminectomy or discectomy is to take pressure off one or more nerves to help relieve pain and weakness.

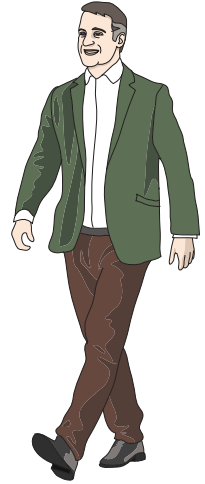
Sometimes both are done at the same time. Your doctor may use the word decompression, instead of laminectomy or discectomy. The back part of the affected vertebrae (lamina) is removed, creating more room in your spinal canal and restoring normal blood flow to the nerves.

Preparing for surgery

Be active and keep your weight under control:

Exercise will help your body to be as fit as possible and keep your weight under control. If you are already active, keep up the good work. If you are not, start adding activity into your day.

Exercise does not need to be strenuous to make a difference. A 15-minute walk is better than no exercise at all.



Stop smoking:

If you smoke, try to stop before your surgery to reduce your risk for lung problems and help your cut to heal nicely. Your doctor can help you stop smoking by prescribing medication. See page 28 to learn more.



Restrict alcohol:

Do not drink alcohol for 24 hours before your surgery. Alcohol can interact with the medicine you will receive in the hospital. Please tell us if you need help decreasing your alcohol use before surgery.

Preparing for surgery

Plan ahead

You may need help with meals, laundry, bathing or cleaning, when you go home from the hospital.

Stock your fridge and freezer with food that is easy to reheat. Make plans with your family and friends so you will have the help you need.

Discharge from the hospital is usually on the same day as your surgery.



Arrange transportation:

Arrange to have an adult with you to take you home from the hospital and stay with you for **the first 24 hours after your surgery**.

You will not be allowed to leave the hospital alone. You CANNOT take a taxi home by yourself.

Tell the nurse or your surgeon if you have any worries about going home. Please remember to organize transportation back home after your surgery.



Speak up

Patients must sign a consent form before going for a planned surgery. Signing a consent means that you are giving permission to your surgeon to proceed with the surgery. We want all our patients to participate in their care and ask questions.

Here are 3 simple questions that can help you get clear information and improve communication with your doctors and/or your nurses.

- 1. What is my main problem?**
- 2. What do I need to do about it?**
- 3. Why is it important for me to do this?**

Before signing your consent your surgeon must give you enough information so that you can make an informed decision.

It is not expected that you receive every detail of the surgery. You need only the information that would be expected to make the best decision. This information should include the potential risks and the potential benefits.

If you have any questions, please ask your surgeon. It is important that you understand your surgery.

As part of your preparation for surgery, your surgeon will have discussed with you alternatives to surgery, and what might happen if you decide not to have the surgery.

If you have any questions, again it is important that you ask your surgeon and that you understand.

And finally, the consent form will be signed and dated both by the surgeon and by you.

Pre-operative visit

You should fill out the health questionnaire that you received at your surgeon's office, and return it at the pre-operative visit if you did not already return it to your surgeon's office. If you never received the questionnaire, you will be able to fill it out at the pre-operative visit (Pre-Admission clinic).

At the pre-operative visit (Pre-Admission Clinic) you will:

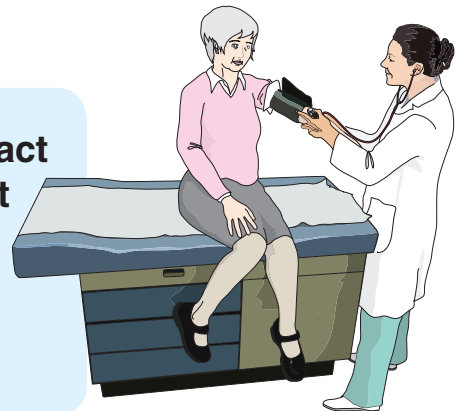
- Have blood tests.
- Have an ECG (electrocardiogram), if you are over the age of 50.
- Meet with a nurse who will explain how to get ready for surgery and what to expect while you are in the hospital.
- Maybe meet with a doctor, if necessary, who will review your medication and ask you questions about your health. If you have medical problems, you may be referred to another doctor (a specialist) before surgery.

You may need to stop taking some medicines and herbal products before surgery. The clinic doctor or nurse will explain which medicines you should stop and which ones you should keep taking.

Please bring a list of your medications and any herbal products to the pre-operative visit.

If you have any questions, you may contact the nurses of the Pre-Admission Clinic at

(514) 398-1529,
Monday to Friday,
from 1:00 p.m.–4:00 p.m.



Phone call from Admitting

The Admitting Department will phone you to give you the final confirmation in the evening of the day before your surgery.

If the day before your surgery is a Sunday or a holiday, you should receive the confirmation call the day before your surgery before 3 PM.

If the day before your surgery is a business day, you should receive the confirmation call before 5 PM.

If you do not receive the confirmation call, please call (514) 398-1900 for a confirmation.



Date of surgery:



Time of arrival at the hospital:

Room:

The time of surgery is not exact. It may be earlier or later than planned. Your time of arrival stays the same.

Cancelling

If you get sick or become pregnant, please call your surgeon's office as soon as possible. If you cannot reach your surgeon, call the Admitting Department at (514) 398-1900.



Please keep in mind that your operation may need to be delayed or canceled because emergencies occur. Your doctor will reschedule your operation as soon as possible.

Washing

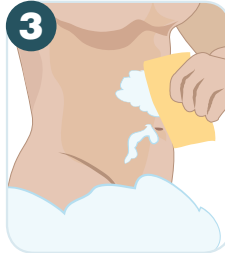
The night before surgery



1 Use regular soap and shampoo for your face and hair.



2 Take a shower or bath using half the bottle of Dexidin 4% available at your drugstore. Ask your pharmacist.



3 Wash your body with Dexidin 4% from the neck down.



4 Do not shave the area where the surgery will be done.



5 Wear clean clothes to bed.

The morning of surgery



1 Take a shower or bath using remainder of the Dexidin 4% body wash.



2 Do not apply lotion, perfume, makeup, nail polish and do not wear jewelry or piercings.



3 Do not shave the area where the surgery will be done.



4 If you wear contact lenses, wear your glasses instead.



5 Put on clean clothes.

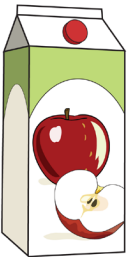
Eating and drinking

The nurse in the Pre-op Clinic will explain what to eat and drink before your surgery to give you the energy and nutrients you need to recover quickly.

The day before surgery:

- Eat and drink normally until midnight.
- Drink a carbohydrate drink (clear juice) during the evening.
- After midnight, do not have any food, dairy products, or juice with pulp.

Carbohydrate drinks: Choose only 1.



Apple juice
850 ml



Orange juice
without pulp
1000 ml



Commercial
iced tea
1100 ml



Cranberry
cocktail
650 ml



Lemonade
without pulp
1000 ml

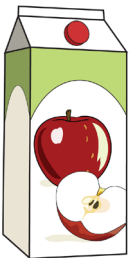
Eating and drinking

The morning of surgery:

- Do not eat any food.
- Drink a carbohydrate drink (clear juice) when you wake up, before you leave for the hospital.
- Do not have any dairy products or juice with pulp.
- Bring an extra bottle of carbohydrate drink (clear juice) with you to the hospital. The nurse will tell you to drink it if your surgery starts later in the day. **Do not drink any unless the nurse caring for you allows you to.**

A small number of people should not drink at all on the day of surgery. Your nurse will tell you if you need to stop drinking at midnight. Most people should drink clear liquids until two hours before surgery.

Carbohydrate drinks: Choose only 1.



Apple juice
425 ml



Orange juice
without pulp
500 ml



Commercial
iced tea
550 ml



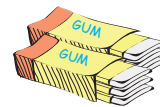
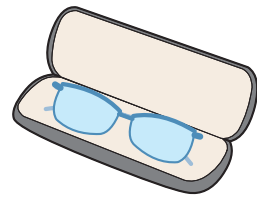
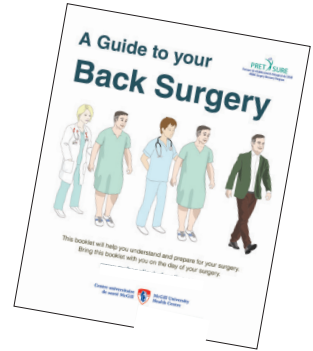
Cranberry
cocktail
325 ml



Lemonade
without pulp
500 ml

Things to bring to the hospital

- ❑ **This booklet.**
- ❑ Your neck or back brace (only if your surgeon has requested it).
- ❑ If you wear glasses, contact lenses, a hearing aid or dentures, please bring the appropriate containers with your name on them.
- ❑ If you use a cane or walker, please bring them to the hospital with your name on them.
- ❑ Your medication in their original containers.
- ❑ Your valid Medicare card.
- ❑ Someone to translate for you if you do not speak English or French.
- ❑ 1 package of your favorite gum.
- ❑ CPAP machine, if you have sleep apnea.



Please do not bring anything of value, including credit cards and jewelry. The hospital is not responsible for lost or stolen items.

At the hospital

Admitting area:

Report to room _____ at 6:30 AM on the morning of your surgery, or at the time you have been told by the Admitting Office. Someone will come to get you there.

Pre-operative area:

The nurse will help you get ready for the surgery.

The nurse will:

- Have you change into a hospital gown.
- Make sure your personal belongings are in a safe place.
- Complete a preoperative checklist with you

You may be asked to put on tight elastic stockings to help blood circulate better and prevent blood clots from forming. You should wear them until you get changed to go home.



Operating room:

An orderly will take you to the operating room. You will meet your anesthesiologist (the doctor who is going to put you to sleep) and the other members of the surgical team. You will be asleep and pain free during your surgery.

At the hospital

Waiting room:

Family and friends may wait for you in the waiting room 346.

The space is small so please limit the number of people coming with you. The nurse from the Post Anesthesia Care Unit (PACU) will call in this room when your surgery ends.

Other resources:

- Cafeteria - 3rd floor.
- Patient Resource Centre - room 354.

The Centre is available to help you and your family find further information concerning your surgery, and other related health topics. Also you and your family members can get access to the hospital wireless network, use one of our computers, print, fax photocopy and find out about community resources. You may find it helpful to visit their website after you go home at: www.infoneuro.mcgill.ca



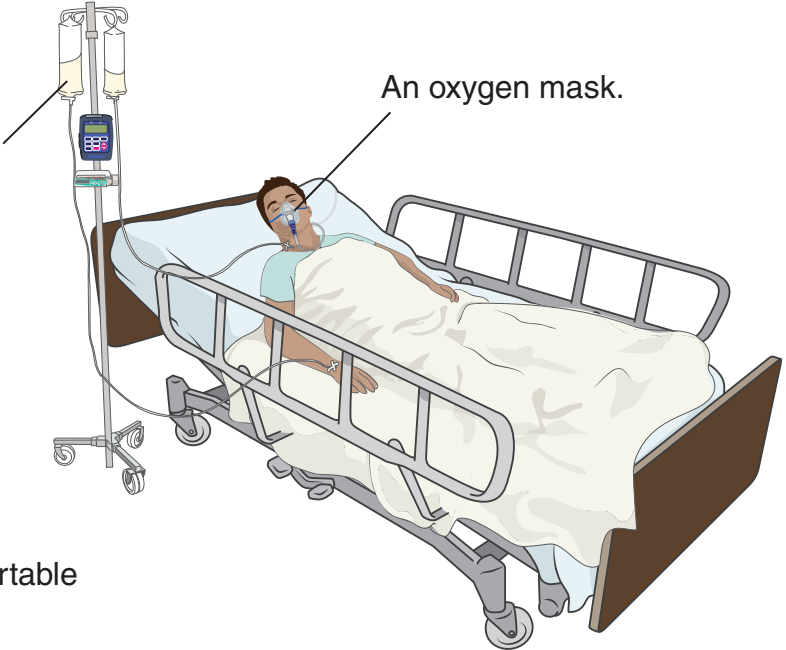
In the PACU

You will wake up in the Post Anesthesia Care Unit (PACU).

You will have:

An intravenous tube, to give you fluid and medications.

An oxygen mask.



A nurse will:

- Check your pulse and blood pressure often
- Check your bandage(s)
- Make sure you are comfortable

When you are well enough, you will be transferred from the PACU to a recovery area. It is important that you get out of bed as soon as possible and sit in a wheelchair to be ready for transfer to the Recovery Area.

From the Recovery Area you will go home later in the day. The length of time you will be in the recovery area is different for each patient.

To be ready to go home, you must:

- Get out of bed
- Move with help
- Drink fluids

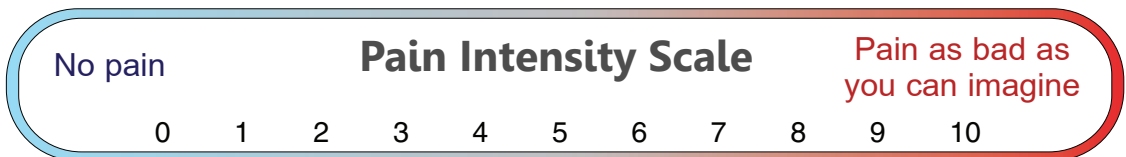
Remember you must have someone to take you home and to stay with you for the first 24 hours after your surgery.

Pain control

It is important to control your pain because it will help you to:

- Take deep breaths
- Move more easily
- Eat better
- Sleep well
- Recover faster
- Do things that are important to you

Your nurse may ask you to describe your pain using a number between 0 and 10. 0 means no pain and 10 is the worst pain you can imagine. We want to keep your pain below 4/10. Please tell us if you have pain. We will help you.



Nausea:

Some patients have nausea after their surgery, medications can be given to help this.



At Home

Pain:

You may have pain for a few days after surgery.

You will receive a prescription that may include:

- A medication that helps with nerve pain named gabapentin
- Tylenol which is also named acetaminophen
- An anti-inflammatory named celecoxib
- A narcotic, a stronger pain medication, named oxycodone

Tell your surgeon if you are allergic to any of these medications or if you are already on aspirin or anti-inflammatory medication.

- Take the Tylenol, the gabapentin, and the celecoxib first to relieve the pain.
- Add the narcotic only if your pain is not relieved with the other medications.

If the anti-inflammatory and pain medicine are causing burning or pain in your stomach, stop taking them right away and call your surgeon.

Please keep track of your pain at home using the Pain Diary found on page 26.

Do not drink any alcohol for 24 hours after anesthesia or while you are taking pain medication.

Diet

You can eat anything you want. If you are nauseous start drinking clear fluids and gradually increase your intake according to your tolerance.

Some pain medications can cause constipation.

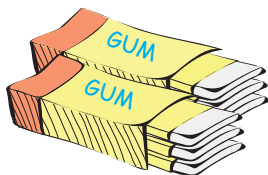
To help your bowels stay regular:

- Drink more liquids.
- Eat more foods that are high in fibre such as: whole grains, fruits, and vegetables.
- Take the Lax-a-day, as prescribed, as long as you are taking the narcotics, to prevent constipation.
- Be active. See page 22 for activities you can do.



Gum chewing:

You may chew gum after your surgery to prevent bloating. During your surgery you were lying on your stomach. At times, this can cause your stomach and bowels to “slow down.” Some studies have shown when patients chew gum 3 times per day for about 30 minutes, it stimulates the bowels and prevents bloating.



Incision and bandage(s)

You may notice some pink on your back. This is the disinfectant used in the operating room. It will wash off once you shower.

Your incision will have stitches or will be covered with thin pieces of tape called steri-strips.

A bandage will be covering this.

5 days after your surgery, you should remove the bandage.

Wash your hands before touching the bandage. Anyone touching your incision or your bandage must also wash their hands before.

After your surgery you may take a quick shower if you cover your incision with plastic wrap and tape to keep your incision dry.

Remove the plastic wrap and tape after your shower.

- **Incisions covered only with steri-strips: (without stitches)**
- Can get wet 14 days after surgery. The steri-strips may start to peel or fall off after 10-14 days .They should be removed after 14 days if they have not fallen off by themselves.
- **Incisions with stitches or staples:**
- Go to your CLSC to have them removed 10 days after surgery
- Steri-strips may be applied following the removal of your stitches or staples
- Your incision can be left open to air
- You may shower 24 hours after the stitches or staples are removed
- Your incision should be looked at each day for 3 weeks after the surgery to make sure that it is healing well.

Activities and restrictions

You can be a passenger in a car, but you cannot drive at least until your follow-up appointment.

You may feel more tired after your surgery, so rest.

Avoid contact sports until your surgeon allows you.

You may begin all your normal activities when your surgeon permits you to (including work, exercise and sexual activity).

Walk, climb stairs, and go outside as you wish and as long as you feel comfortable.

Generally, patients return to work whenever they feel able to increase their activities. However, your surgeon should confirm the time for your return to work.

Check with your surgeon when you can safely restart sexual activity. Remember that you should be in a position that provides support for your back and that keeps your back straight and well aligned - take a more passive role. If sexual activities causes you back pain or pain in your legs, stop and wait until your spine has healed more.



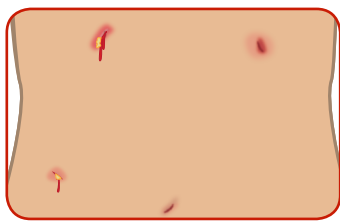
The following instructions are only for **Lumbar Discectomy Surgery**.

- Gentle activities are encouraged after surgery, such as walking and sitting upright.
- You must avoid lifting heavy objects, not more than 5 pounds and you should not bend or twist your back excessively.
- You should avoid strenuous activity or exercise until your surgeon permits you.

When to call your surgeon

There are several possible risks and complications that are related to all types of surgery. Although some of them do not happen often, we think that it is important for you to know them.

Call your surgeon if you have any of the following symptoms:



Your incision becomes warm, red, you see pus or any drainage coming from it.



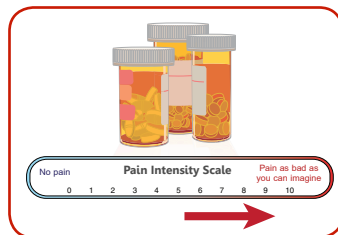
Any leaking (drainage) from the wound. For example, the bandage becomes wet from leaking from the wound and it needs to be changed.



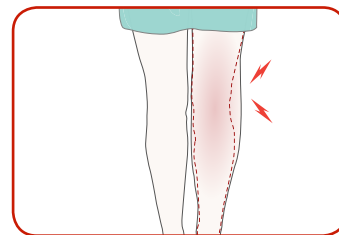
Any new problems controlling your bowel movements or bladder (urine).



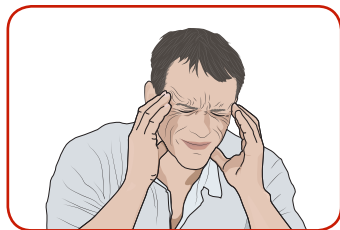
You have a fever (greater than 38°C/100.4°F).



You are having pain that is not relieved by the pain medications.



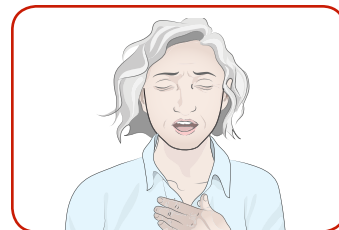
Increasing pain, weakness or numbness in your legs.



Severe headache that will not go away.



You cannot drink fluids or keep them down.



Trouble breathing.



If you are not able to reach your surgeon, go to the closest Emergency Room.

When to call your surgeon

Contact information

Dr. Santaguida.....514-398-2591

Dr. Goulet.....514-398-1933

Dr. Maleki.....514-934-1934 ext. 48061

Dr. Marcoux.....514-934-1934 ext. 48061

Dr. Jarzem.....514-934-1934 ext. 48508

Dr. Weber.....514-934-1934 ext. 45476

Dr. Reindl.....514-934-1934 ext. 42595

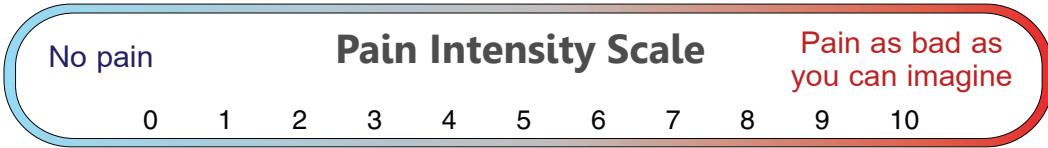
Follow-up

Six weeks after your surgery, you will need to see your surgeon.
Once at home, call the surgeon's office to set up an appointment.











Pain Diary

Using the Pain Intensity Scale and table below, enter the level of pain you feel during the day.



For example:

Days After Surgery	 Morning	 Noon	 Evening	 Night
1	4 / 10	4/10	3/10	3/10

Days After Surgery	 Morning	 Noon	 Evening	 Night
1	__ / 10	__ / 10	__ / 10	__ / 10
2				
3				
4				
5				

Websites

The following links might be useful:

If you would like to know more about spine surgery:

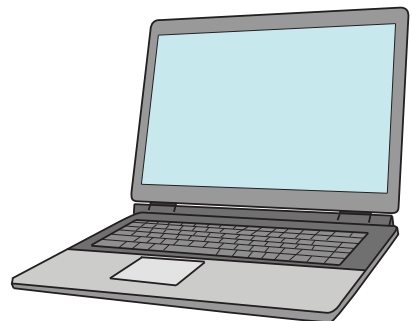
- www.mayoclinic.org/search/search-results?q=spinal%20surgery

If you would like to know more about anesthesia:

- www.cas.ca/english/patient-information

If you would like to know more about tips on getting fit:

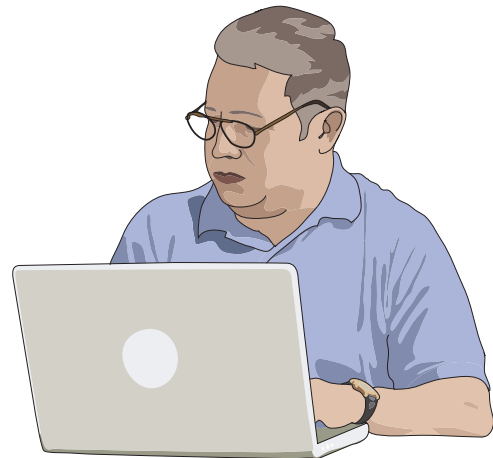
- www.canorth.org



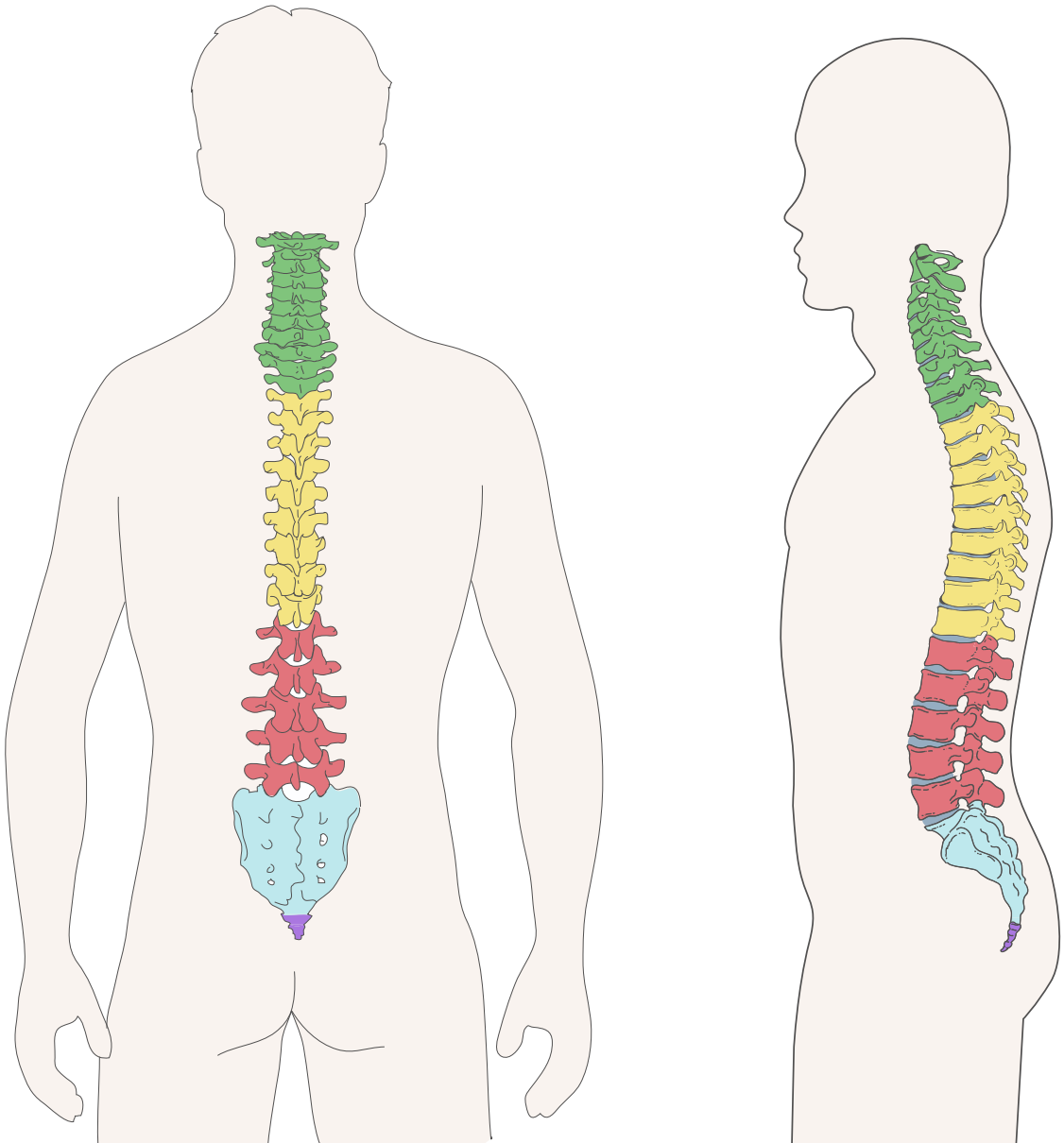
Suggestions to help you stop smoking

Resources to help you stop smoking

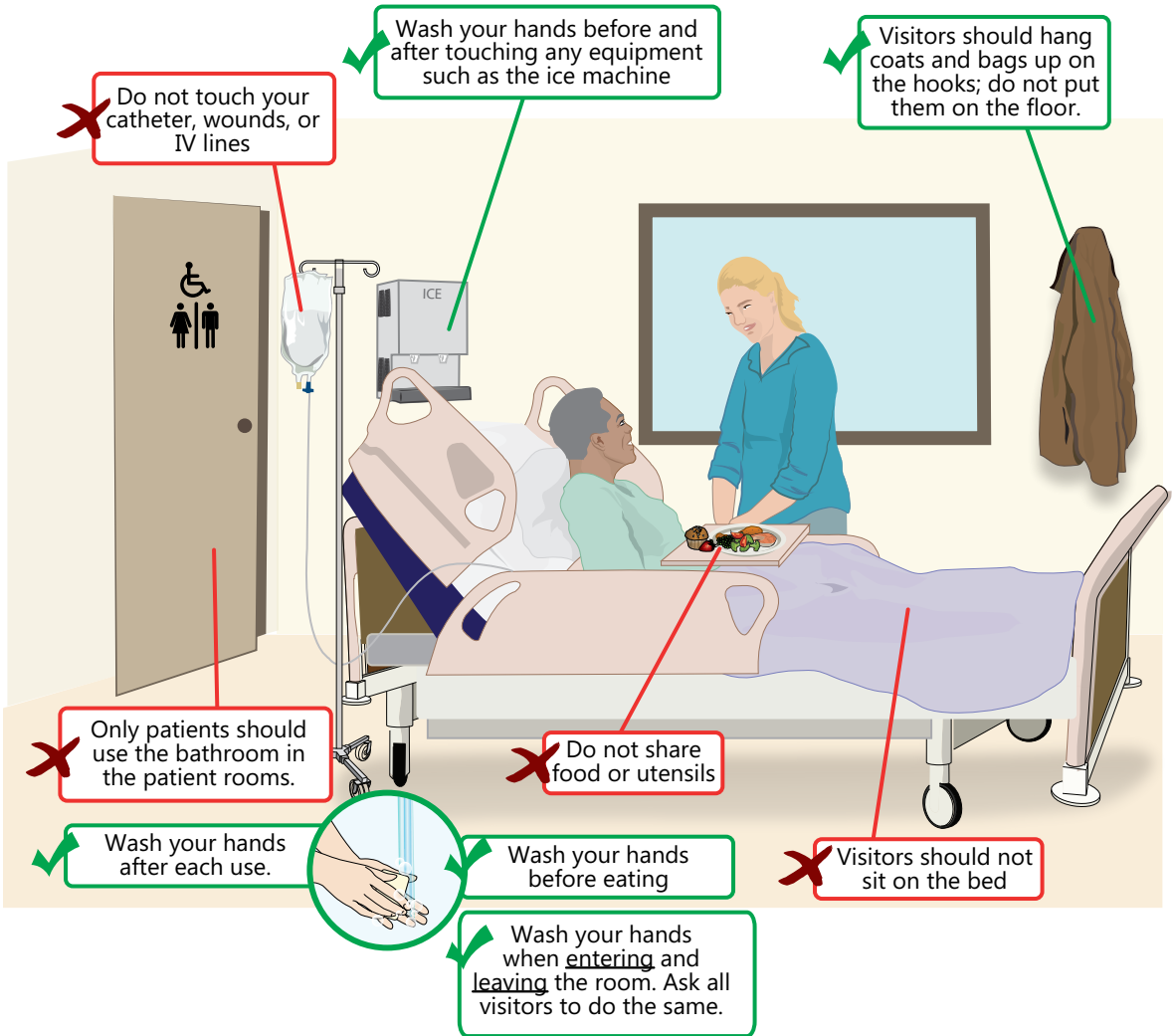
- **Quit line** : 1-866-527-7383 (free) or www.iqitnow.qc.ca
- **Quit Smoking Centers, ask your CLSC for information**
- **The Quebec Lung Association:**
1-888-768-6669 (free) or : www.pq.lung.ca
- **Smoking cessation clinic at the MUHC:**
send the consultation by fax: 514-934-8488
(requires referral from your doctor).

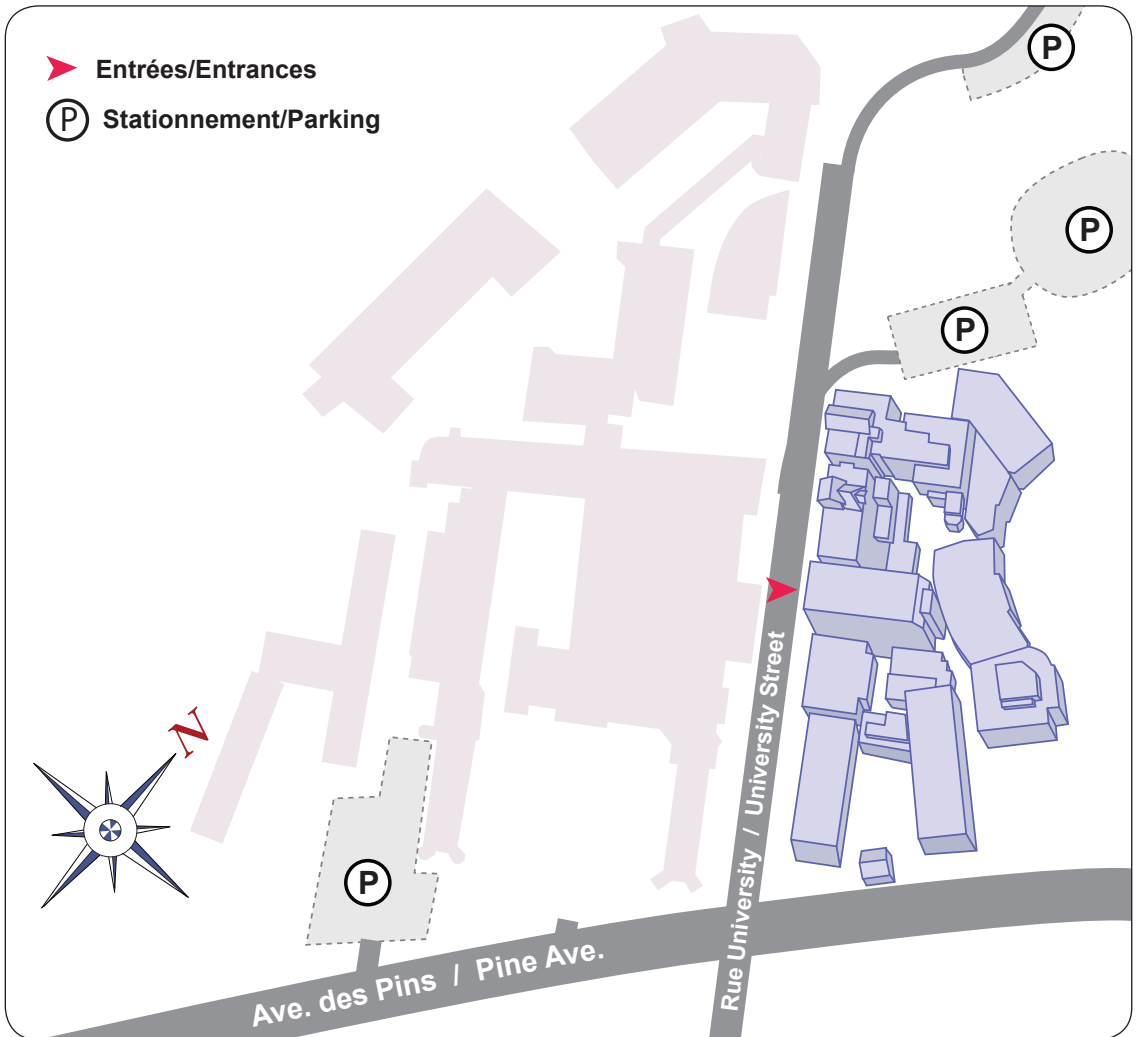


Picture of back and spine



Tips for preventing infection in the hospital room





L'Hôpital neurologique de Montréal/ Montreal Neurological Hospital

3801 rue University/ University Street Montréal, H3A 2B4

Centre universitaire
de santé McGill



McGill University
Health Centre

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Institut-Hôpital
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Institute-Hospital