



Your guide to Spine surgery

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 developed by the MUHC Surgical Recovery (SURE) working group and the MUHC Orthopedic Surgery Division.

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IMPORTANT

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

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Map of the Montreal General Hospital

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What is a Care Pathway?

When you are admitted to the hospital for a spine surgery, you will be part of a 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

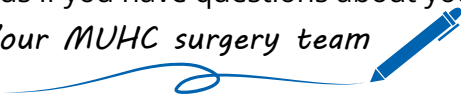
Research shows that you will recover faster if you follow the instructions explained in this booklet. There are instructions about eating and drinking, physical activity, and controlling your pain. Following them will help you feel better faster and go home sooner.

Please bring this booklet with you on the day of your surgery

Use it as a guide during your hospital stay and even after when you leave the hospital. Hospital staff may refer to it as you recover and review it with you and your family before you go home.

Having surgery can be stressful for patients and their families. The good news is 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 are not comfortable with French or English, try to have someone with you during your clinic visits and hospital stay who can help you understand.

What is the spine?

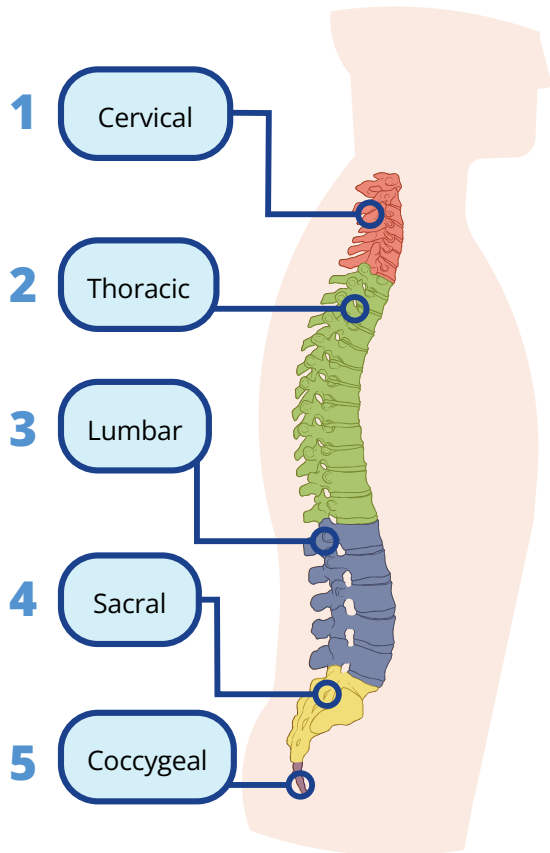
The spine is a series of bones in the back called vertebrae. These bones allow us to stand upright. The vertebrae connect from the head to the tailbone.

The spine is made up of:

- Vertebrae: 33 bones that are stacked on top of each other.
- and
- Discs: cushions between the vertebrae. They help you bend and twist.

The image below shows the spine and the number of vertebrae in the 5 different sections.

1. Cervical vertebrae:
These 7 bones are along your neck. They help keep your head upright.
2. Thoracic vertebrae:
These 12 bones along your ribs and chest. They protect your heart and lungs.
3. Lumbar vertebrae:
These 5 bones run along your lower back and abdomen. They support the weight of the body.
4. Sacral vertebrae:
These 5 bones run the length of your lower back and between the hips. They are fused together to form one long bone.
5. Coccygeal vertebrae:
These 4 fused bones near your buttocks form a single bone, also called the tailbone.

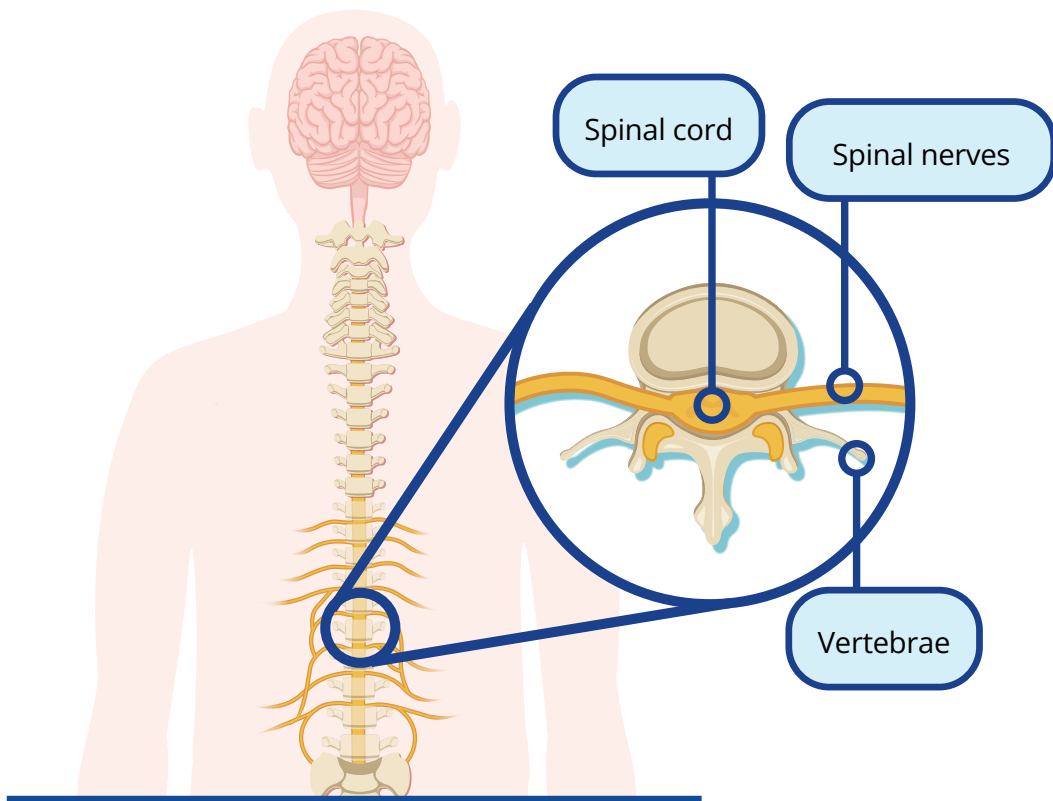


What is the spine?

The spinal cord is a bundle of nerves inside your spine that sends signals from your brain to your body. It is your spinal cord that allows you to be able to move and feel your body.

The vertebrae and discs surround and protect the spinal cord.

The nerves of the spinal cord, called spinal nerves, exit from both ends of the spine. They send signals from the brain to different parts of the body.



What is a spine surgery?

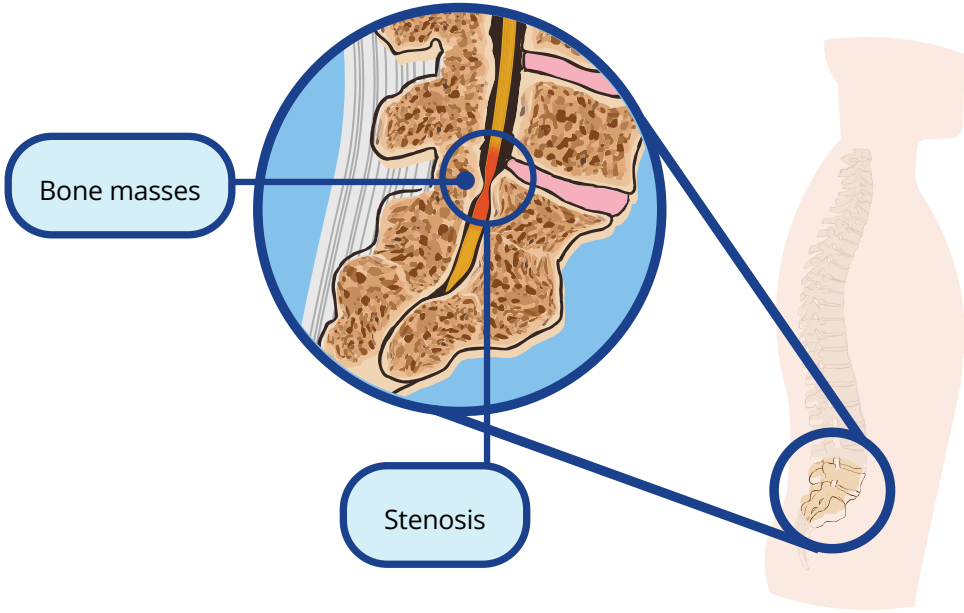
There are many types of spine surgery. We will describe 2 surgeries here: the spinal decompression and the spinal fusion.

Spinal Decompression

Spinal decompression surgery is done when there is stenosis. Stenosis happens when the spinal cord is pinched or pushed by the vertebrae or bone growths. This can stop blood from reaching your spinal nerves.

It can cause pain and change the way you feel or move your legs or arms.

To fix this, the surgeon makes a cut, also called an incision, along your spine. The doctor removes the part of the bone or bone growth that is causing a push or pinch on the spinal cord. The compressed spinal cord nerve can then receive normal blood flow.



What is a spine surgery?

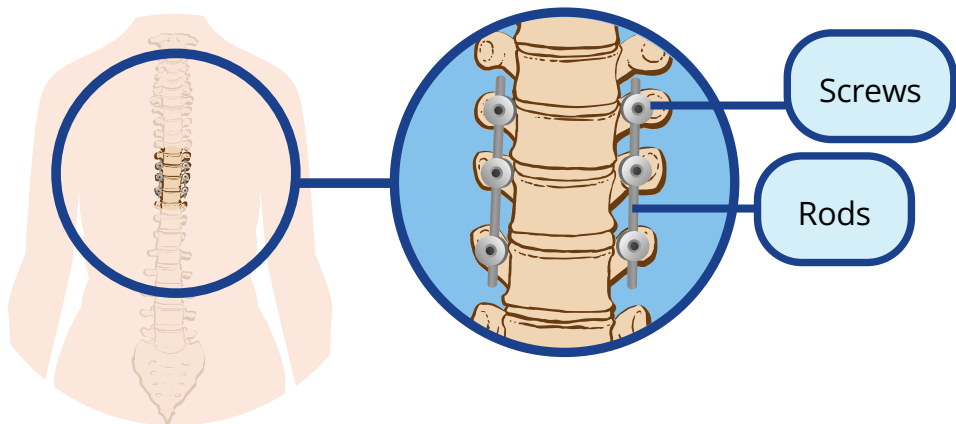
Spinal Fusion

When one or many bones in the spine are broken or are no longer in line, the surgeon will use a bone or bone-like material to attach metal pieces such as rods and screws to put the spine in the right position. This way it will heal in the right position.

The cuts or incisions can be done 2 ways by the surgeon:

- Posterior approach - meaning from your back
or
- Anterior approach - meaning from your front near your belly button or near your neck

Your surgeon will decide on the best method for you. Your surgeon will also discuss the plan with you and answer any questions you may have.



Preparing for your surgery

Be active

Exercise helps your body be as fit as possible. If you are already active, keep up the good work. If you are not, start adding exercise into your day.

Exercise does not need to be intense to make a difference.

A 15-minute walk every day is already a good start.



Stop smoking and Vaping

You should quit smoking and vaping as soon as possible but at least 4 weeks before your surgery.

Quitting before surgery can help you recover faster and prevent complications like:

- pneumonia, also called a lung infection
- blood clots
- other infections.

Quitting is possible even if you are a heavy smoker and have tried to quit many times in the past.

Talk to your family doctor, nurse, pharmacist or surgeon about quitting. They can prescribe medication to help you stop smoking.

If you smoke, quitting for good will have the greatest impact on improving your health. It is never too late to stop smoking!

Your doctor can help you stop smoking and talk with you about options. See [page 51](#) to learn more.



Preparing for your surgery

Restrict alcohol

Do not drink alcohol for at least 2 days before your surgery.

Alcohol can affect:

- How well you recover and
- Change the way some medications work

Tell us if you need help to stop drinking alcohol.

Some patients may have to stop drinking alcohol for several weeks before surgery.



Cannabis use

Let us know if you use cannabis, also called marijuana. Your nurse or doctor will give you more instructions on what to do prior to your surgery.



Preparing for your surgery

Plan ahead

You might need some help at home after your surgery. Make plans with your family and friends in advance to get help with the following things if needed:

- Preparing meals
- Bathing
- Doing laundry
- Cleaning

Fill your fridge and freezer with food that is easy to reheat.



Preparing for your surgery

Organising your transport

You should be able to return home between 1 to 3 days after your surgery. Your surgeon will tell you when you are ready to go home.

Talk to your nurse if you are worried about going home.



Insurance forms: CNESST, SAAQ, and salary insurance

If you have insurance forms that need to be filled out, call your surgeon's office.

Preoperative Clinic visit

The reason for this visit is to check your health and make sure you are ready for surgery.

During your Preoperative Clinic visit, you will meet with:

- A nurse who will explain how to get ready for your surgery and what to expect on the day of your surgery.
- A doctor who will ask you questions about your health. If you have medical problems, you might be referred to another doctor, a specialist, before surgery.

You might also:

- Have an electrocardiogram also called an ECG. To see how your heart is working.
- Meet an anesthesiologist. An anesthesiologist is the doctor who puts you to sleep for surgery.

You may need to stop taking certain medications or herbal products before surgery.

The Preoperative Clinic doctor will tell you which medications you should stop and which ones you should keep taking

If you have questions, contact the nurses at the preoperative clinic at the Montreal General Hospital

514 934-1934, ext. 43778

Monday to Friday, 1 p.m. to 3 p.m.

Room L10.509 (L wing, 10th floor, room 509)



Phone call from the Admitting Department

The day before your surgery, the Admitting Department will call you to tell you when to come to the hospital. If your surgery is scheduled on a Monday, the hospital staff will call you the Friday before.

We will ask you to arrive 2 to 3 hours before your surgery time. The time of surgery is not exact. It can happen earlier or later than planned.

Exception: If your surgery is scheduled for 7:30 a.m., we will ask you to arrive at 6 a.m.

Date of surgery: _____

Time of arrival at the hospital: _____

Room: Surgical Admission Services D10-124 (D wing, 10th floor, room 124)

If you do not receive a call by 2 p.m. the day before your surgery, call the Admitting Department at 514- 934-1934 ext. 42190.

Cancelling Your Surgery

If you get sick, pregnant, or for any reason you are not able to come to the hospital for your surgery, call as soon as possible both your surgeon's office and the Central Operating Room Booking at 514-934-4460 (between 7 a.m. - 11 a.m. and 1 p.m. - 3 p.m.).

If you call after 3 p.m., leave a message on the answering machine with your:

- full name
- date of surgery
- phone number
- number for your Quebec Health Insurance Card, also known as a RAMQ or Medicare card
- surgeon's name
- reason for cancelling or postponing your surgery
- how long are you not available to have the surgery

If you need to cancel your surgery the day before, and it is after 3 p.m.:
Call the Admitting Department at 514-934-1934 ext. 42190.

Your surgery might need to be delayed or canceled, before or on the day of your surgery, because of an emergency. Your surgeon will reschedule you as soon as possible.

Washing

Section A : The night before your surgery



1. Take a shower.
2. Use regular soap and shampoo for your face and hair.
3. Wash your body from the neck down. Wash your belly button and your genital area.
4. Do not shave the area that will be operated.
5. Wear clean clothes to bed.

If the team asked you to use body wipes, skip section B and instead follow instructions on [page 18](#) 'Special body wipes'.

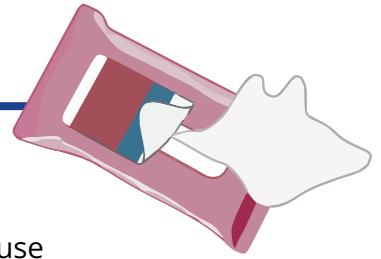


Section B : The morning of your surgery

1. Take a shower.
2. Do not put on lotion, perfume, makeup, nail polish. 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, loose and comfortable clothes.

If you are having a period use a sanitary napkin. Tampons and menstrual cups are not permitted.

Washing



Special body wipes

Depending on your surgery, your team may ask you to use chlorhexidine body wipes.

What are chlorhexidine body wipes?

These wipes contain a special product called chlorhexidine. Chlorhexidine kills germs that cause infections. For certain surgeries, using these wipes before your surgery will lower the chances of your cut getting infected.

When should I use the wipes?

The night before your surgery

1. Take a shower and shampoo your hair - follow instructions 'Washing' [page 17](#) section A.
2. Follow the instructions in the section 'How do I use the body wipes' on [page 19](#).

The morning of your surgery

1. Do not take a shower, bath, or shampoo your hair.
2. Bring the 2nd package of body wipes to the hospital. Follow the instructions in the section called 'How do I use the body wipes' ([page 19](#)).

Washing

How do I use the body wipes?

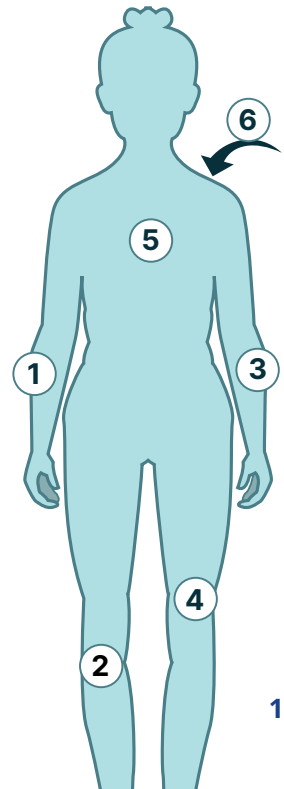
1. Make sure your skin is dry.
2. Use the wipes at room temperature or warm them up if you prefer. You may put the package in the microwave for no longer than 30 seconds.

Important: Do not use the wipes if they are too hot. Let them cool before using them.

3. Peel the front label to open the package. There are 6 wipes inside.
4. Wipe each area listed below. Use a back-and-forth movement. Use 1 clean wipe to wipe each area of your body in the order shown here. Wipe each area fully. Use all the wipes in the package.

- 1 - Right arm
- 2 - Right leg
- 3 - Left arm
- 4 - Left leg
- 5 - Chest
- 6 - Back

5. Allow your skin to air dry completely.
6. Put on freshly washed clean clothes.
7. Throw used wipes in the trash.

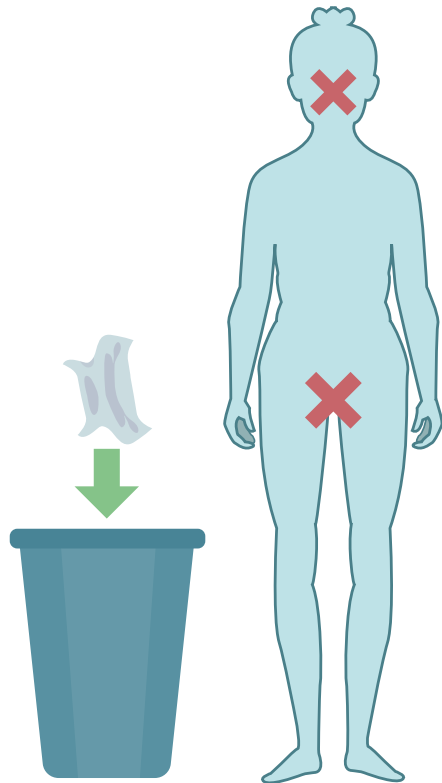


Washing

What should I avoid when using these wipes?

Do not:

- Let the wipe touch areas such as your genital areas or your head – including your eyes, ears, mouth or hair. Wash your face and genital areas with water and soap instead.
- Rinse or run the wipes under water.
- Re-use the wipes.
- Use any lotions, creams, or makeup.
- Flush the wipes down the toilet. Instead, throw used wipes in the garbage.



What to eat and drink?

Before a marathon, runners do not stop eating and drinking. Instead, they prepare their bodies with the right nutrition to make sure they have the energy they need. Like a runner, you should also prepare and feed your body.



The Preoperative Clinic nurse will explain what to eat and drink before your surgery.

Day before surgery

- Eat and drink normally until midnight, unless you have been told otherwise by your healthcare team.

After midnight

Stop eating

- Continue to drink clear liquids.
- Do not have any dairy products or juice with pulp.

The morning of your surgery

- Drink a total of 500 mL of clear liquids (see list below) until 2 hours before you come in to the hospital, Example: If you are asked to come for 10 a.m., stop drinking at 8 a.m.

Exception: If you are asked to come to the hospital at 6 a.m., stop drinking any clear liquids at 5:30 a.m.

Liquids that are permitted after midnight and up to 2 hours before your surgery:

- Water
- Lemonade without pulp
- Apple juice without pulp
- Iced Tea
- Orange juice without pulp
- Grape juice

Important: Avoid diet or sugar substitute drinks.

Remember: Some people should not drink at all on the day of their surgery. Your nurse will tell you if you need to stop drinking at midnight.

What to eat and drink?

Special instruction for some patients

Your Preoperative Clinic nurse will let you know if this section applies to you and where to get the ENROUTE beverage, also known as PREcovery.

The morning of your surgery

Drink 1 ENROUTE beverage. This drink has special sugars and salts in it that will give you energy.

When?

- Drink it 2-3 hours before the surgery.
- This is usually the same time as when you get to the hospital.
- Exception: If you are asked to come at 6 a.m., drink it between 5 a.m. and 5:30 a.m.

How?



1. Measure 400 mL (1 and $\frac{3}{4}$ cups) of cold water

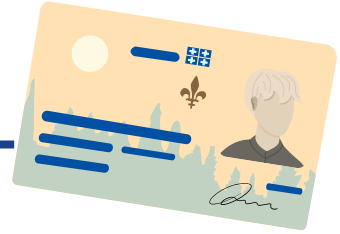


2. Add the whole powder pouch to the water and stir until fully dissolved.



3. Drink all of it right away after mixing, within 5 minutes. Do not sip it.

What to bring to the hospital



- This booklet
- The list of medications you take. Ask your pharmacist to give you one.
- Quebec Health Insurance Card, also known as a Medicare or RAMQ card
- Private insurance information, if you have any, covering private and semi-private rooms
- Bathrobe, non-slip slippers or shoes, pajamas, loose comfortable clothing
- Toothbrush, toothpaste, mouthwash, comb, deodorant, soap, tissues, and earplugs

If needed:

- Your CPAP machine, if you have sleep apnea
- Glasses, contact lenses, hearing aids, dentures, and their storage containers labeled with your name
- Cane, crutches, walker, labeled with your name

Bring these items in a small bag labeled with your name. Storage space is limited.

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

Go to Surgical Admission Services D10.124 (D wing, 10th floor, room 124) at the time you were given. The admitting clerk will ask you to sign an admission form.

At Surgical Admission Services, your nurse will :

- Give you Tylenol, also called acetaminophen, before your surgery
- Ask you to change into a hospital gown
- Fill out a pre-operative checklist with you
- Make sure your personal items are in a safe place

Operating Room

A patient attendant, also called an orderly, will take you to the Operating Room.

In the Operating Room, you will meet your surgical team and the anesthesiologist.

The anesthesiologist is the doctor who will give you medication so that you will be asleep and pain free during your surgery.



Waiting Room

Your family or friends can wait in room D10.117 (D wing, 10th floor, room 117). The space is small so please limit the number of people who come with you.

Useful Information	
Free access to Wi-Fi	To connect to the network : Network : CUSM-MUHC-PUBLIC Username : public Password : wifi
Café	6 th floor, near the main entrance on Cedar Avenue
Coffee shop	D4 – D wing, 4 th floor
Restaurant « The Hospitality Corner »	D6 - 125 (D wing, 6 th floor, room 125)
Bank teller	6 th floor, near the main entrance on Cedar Avenue
Gift shop	D6 - 145 (D wing, 6 th floor, room 145)
Prayer/meditation room	D6 - 165 (D wing, 6 th floor, room 165)



Post-Anesthesia Care Unit (PACU)

After your surgery, you will wake up in the Post-Anesthesia Care Unit (PACU) also called the Recovery Room. You will stay in the PACU for 1 to 2 hours before being transferred to your hospital room.

No visitors are allowed in the PACU.

Once the surgery is finished, the nurse in PACU will call the family member or friend you have chosen, to tell them how you are doing and at what time you will be transferred to your hospital room.

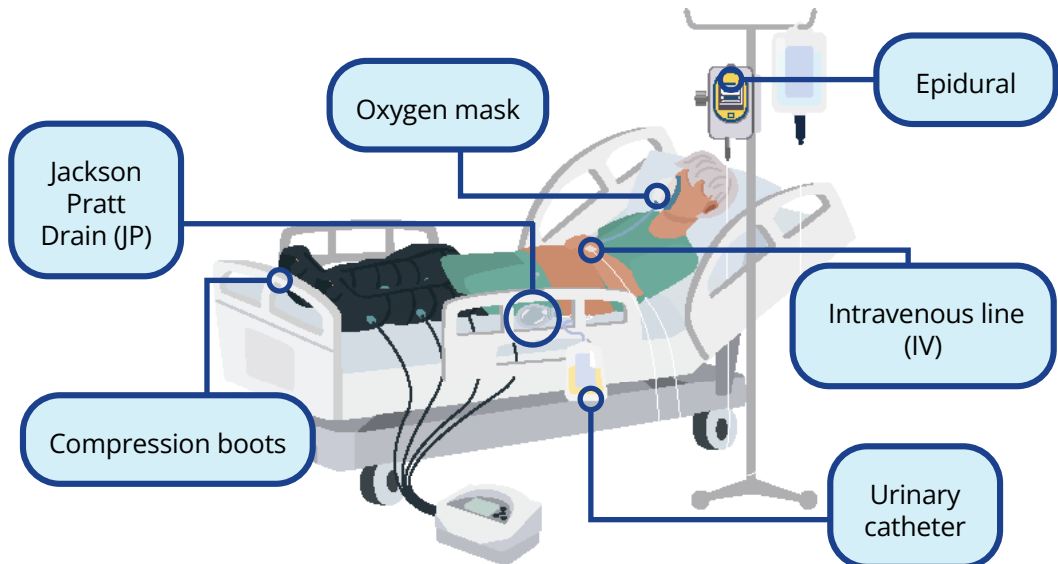
Your nurse will :

- Check your pulse and blood pressure often
- Check your bandages
- Ask you if you have pain and give you medication
- Make sure you are comfortable

Post-Anesthesia Care Unit (PACU)

You might also have :

- An oxygen mask to help you breathe better.
- An intravenous, also called an IV, giving you fluids and medication.
- Compression boots on your legs, to help your blood circulation and to prevent blood clots
- A Jackson Pratt drain, also called a JP drain or a hemovac drain. A JP or hemovac drains blood and liquids from your incision.
- A small tube called a urinary catheter in your bladder. It drains urine out of your bladder into a bag.
- A small tube in your back called an epidural that gives you pain medication.



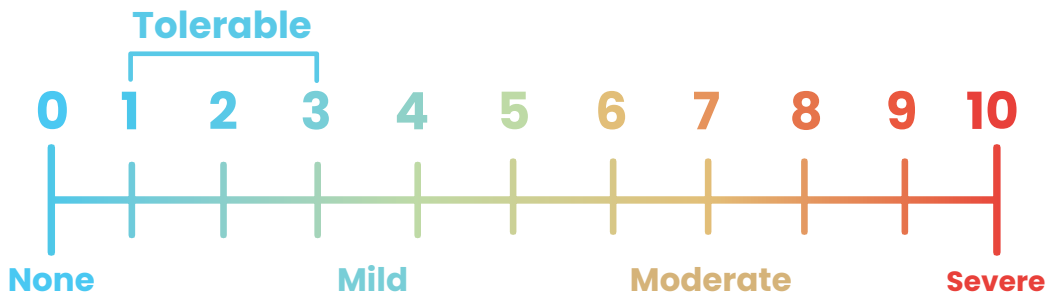
Pain Control

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

- Breathe better
- Move better
- Eat better
- Sleep better
- Recover faster

Pain Rating Scale

You will be asked to rate 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 on 10. Giving a number to your pain level will help your nurse decide how to best manage your pain.

Everyone feels pain differently. You can expect some pain after surgery, but it should not keep you from doing your exercises.

Let us know if you have pain. Having pain can make you not want to move around. This can slow down your recovery.

Pain Control

The different ways to control your pain

Your anesthesiologist will talk to you about the best ways to control your pain

Epidural

You will have a small tube, also called a catheter, in your back giving you medicine. This will numb part of the pain you may feel along your chest, abdomen, and back. Your skin may also feel numb. This is normal.

or

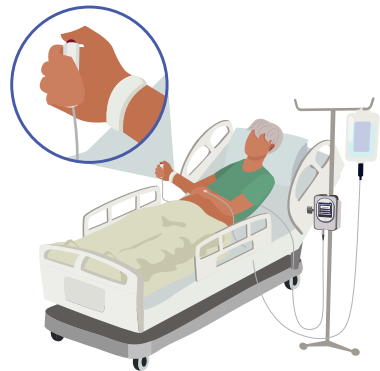
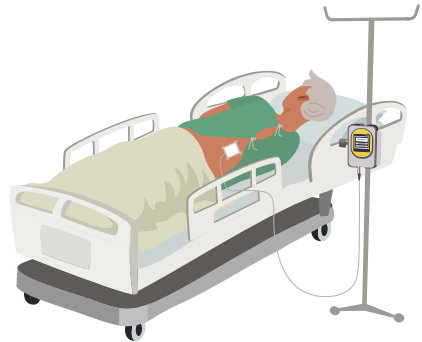
Peripheral nerve block

Before the surgery, the anesthesiologist may inject medication into one of the muscles that are close to your spine. This will cause the area around your spine to feel numb. This is normal and will allow you to feel less pain. The needle is then removed.

or

Patient-Controlled Analgesia

A Patient-Controlled Analgesia or PCA pump, is a machine that will give you a small dose of pain medication when you press a button. The pump is attached to an intravenous, also called an IV, in your vein. Nurses will teach you how to use this pump to control your pain.



Pills

Some patients may also be prescribed pills to control pain. These pills are usually acetaminophen, also called Tylenol, and an anti-inflammatory pill to decrease swelling such as Celecoxib. If this is not enough to control the pain, we will give you a stronger pain medication such as an opioid.



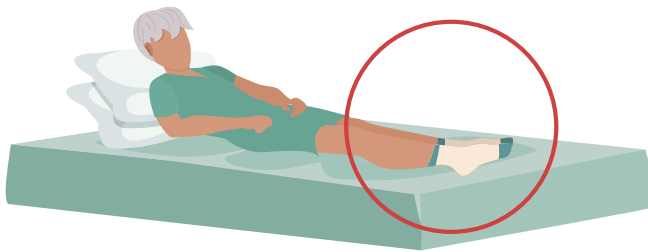
Exercises

You must move around after your surgery. This will help prevent lung problems like pneumonia, blood clots and your muscles getting weak.

Start doing these exercises after you wake up from surgery. Keep doing them while you are in the hospital.

Leg exercises

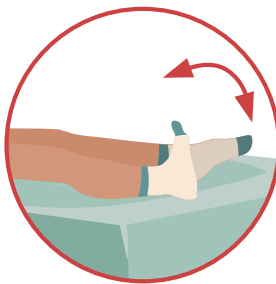
These will help blood flow in your legs. Do each exercise 4 to 5 times every 30 minutes while you are awake.



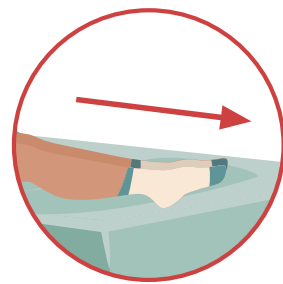
Repeat each exercise 4 to 5 times every 30 minutes when you are awake.



Rotate your feet to the right and left.



Wiggle your toes and bend your feet up and down.



Stretch your legs out straight.

Exercises

How to Use an Incentive Spirometer:

An incentive spirometer is a machine that helps you breathe deeply. It helps to prevent lung problems like pneumonia. It is important to control your pain so that you can produce strong cough. If you have too much pain when coughing, your pain is not being control well enough and you should ask to adjust your pain medications.

To use your inspiromter:



Put your lips around the mouthpiece, Breathe in deeply for 2 to 3 seconds.



Try to hold the yellow ball where you see the happy face for 2-4 seconds.



Remove the mouthpiece and breath out completely. Rest for a few seconds. Take a deep breath and cough. If you have some secretions cough them up.

Repeat this exercise 10 times every hour while you are awake.

Exercises

Physical Therapy

A physical therapist will come to see you once every day while in hospital. You will be expected to get out of bed to sit and walk. The amount of times you do this will increase daily. The first time you get out of bed will be with the physical therapist

Getting out of bed

Step 1 : Roll over

- Imagine you are a tree trunk. Keep your spine straight. No twisting or bending your back.

1. Start on your back and bend your knees.
2. Roll your shoulders, the trunk of your body and your knees toward the side of the bed you will be getting up from. All of this must be done at the same time, as though you are rolling a tree log. Do not twist your spine.



Step 2 : Sitting up

- Be sure not to twist your spine. You are still a tree trunk!
3. Swing your legs so that your feet are off the bed.
 4. Use your arms to push on the bed to lift up your torso, also called the trunk of your body.

Exercises

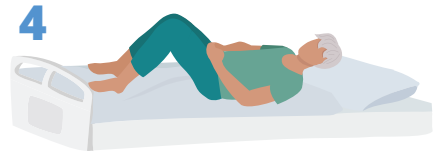
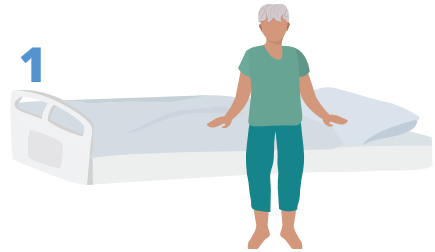
Getting into bed

Step 1 : Getting into bed

- Sit down close to the head of the bed. In one motion and without twisting:
 1. Place your hand on the bed and slowly lower your torso down onto the bed.
 2. Bring your legs up onto the bed.

Step 2 : Rolling over

- Make like a tree, do not twist your spine!
 3. Bend your knees.
 4. Move your knees and torso at the same time so that your spine does not twist to lie on your back.



Exercises

Activity Limits

After your surgery DO NOT:

- Push, pull or lift more than 5 lbs.

Examples:

- Pushing a vacuum or lawn mower
- Pulling open heavy doors or pulling a sled with a child on the sled
- Lifting heavy groceries or carrying a heavy load of laundry

- Twist or bend your spine

Examples:

- Twisting while lying in bed, while sitting, and while standing
- Bending to pick up an object or to clean

Your surgeon will tell you once you are permitted to do so



Goals for day 0: day of surgery

Activities

Do your breathing exercises (see [page 31](#)).

Do your leg exercises (see [page 30](#)).

Unless you have been told otherwise by your health care team:

- Get out of bed and sit in a chair (see [page 32](#)).
- Go for a walk in the evening with the help of your nurse (see [page 32](#)).

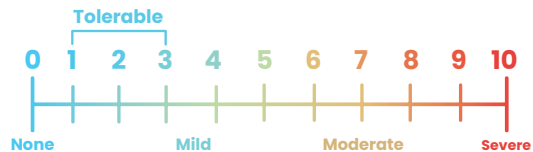
Monitoring

Your nurse will:

- Frequently check your vital signs such as your temperature, blood pressure, pulse, and respiration.
- Check that your hands, arms, legs, and feet are moving like normal

Pain control

Tell your nurse if you have pain greater or equal to 4 out of 10 on the pain scale.



What to eat and drink

You may eat a regular diet. You will be given protein supplements with each meal. These supplements will help with healing.

Goals for day 0: day of surgery

Tubes and drains

Until you are discharged, your nurse will:

- Empty and measure the liquid in your JP tube - if you have one.
- Measure how much liquid you drink as well as how much urine you pass

Discharge from the hospital:

You are likely to be admitted for 2-3 days. However, your surgeon may feel that it is safe to be sent home or to a rehabilitation center tomorrow, the day after your surgery.

If you are being discharged home, see [page 42 to 49](#) and plan by arranging for someone to pick you up by 10:00 a.m.

If you are being discharged to rehabilitation, arrangements will be made for you.

Goals for day 1 after surgery

Activities

Do your breathing exercises (see [page 31](#)).

Do your leg exercises (see [page 30](#)).

Wear your compression device on your legs unless you are out of bed to walk.

Unless you are told differently by your nurse, physiotherapist or doctor:

- Get out of bed to sit in a chair 2 times per day for at least 30 minutes (see [page 32](#)).
- Go for a walk 2 times per day (see [page 32](#)).

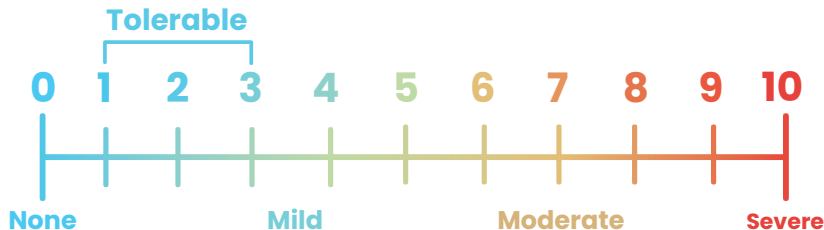
Monitoring

Your nurse will:

- Frequently check your vital signs such as your temperature, blood pressure, pulse, and respiration.
- Ensure that your hands, arms, legs, and feet are moving like normal.
- Measure the amount of sugar in your blood even if you are not diabetic. Blood sugar also called glucose can increase after surgery. High blood sugar can cause infections to your cut.

Pain control

Tell your nurse if you have pain greater or equal to 4 out of 10 on the pain



Goals for day 1 after surgery

scale.

What to eat and drink

You may eat a regular diet and will be given protein supplements with each meal. These supplements will help with healing.

Tubes and drains

Your nurse will:

- Remove the catheter that drains your urine, if you have started to walk.
- Count how much liquid you drink as well as how much urine you pass.
- Empty and measure the liquid in your JP tube, if you have one.

Discharge from the hospital to your home or to a rehabilitation center

You are likely to be admitted for 2-3 days. However, your surgeon may feel that it is safe to be sent home or to rehabilitation today, the 1st day after surgery.

Before leaving, read [page 42 to 49](#) "Before leaving the hospital."

Arrange for someone to pick you before 10:00 a.m. You must have someone accompany you home.

If you are being discharged to rehabilitation, arrangements will be made for you.

Goals for day 2 after surgery

Activities

Do your breathing exercises (see [page 31](#)).

Do your leg exercises (see [page 30](#)).

Wear your compression device on your legs unless you are out of bed to walk.

Unless you are told differently by your doctor, physiotherapist or nurse, you will be asked to get out of bed to sit in a chair 3 times per day for at least 30-60 minutes and to go for a walk 3 times per day (see [page 32](#)).

Monitoring

Your nurse will check:

- Your vital signs, such as your temperature, blood pressure, pulse, and respirations
- Ensure that your hands, arms, legs, and feet are moving like normal

Pain control

If you have an epidural, it will be stopped and replaced with pain medications in pill form. Before we remove the epidural, we do an 'epidural stop test.' This means that while the epidural is stopped, the tube in your back will not be removed for a period of up to 6 hours.

If the pills have helped your pain during the epidural stop test, your epidural will be removed.

If the pills have not helped your pain, tell your nurse. She will give you other pills or restart your epidural.

Tell your nurse if the pain intensity is more than 4 on 10 on the pain scale ladder.



Goals for day 2 after surgery

What to eat and drink

You may eat a regular diet and will be given protein supplements with each meal. These supplements will help with healing.

Tubes and drains

Your doctor may remove the JP drain today

Discharge from the hospital

If your doctor feels it is safe, you may be discharged home or to rehabilitation today, on the 2nd day after your surgery. Prior to leaving the hospital, read the, 'At Home' section on [page 42 to 49](#).

If you are being discharged home tomorrow, on the 3rd day after your surgery, arrange for someone to pick you up by 10:00 a.m.

If you are being discharged to rehabilitation, transport arrangements will be made for you.

Goals for day 3 after surgery

Activities

Do your breathing exercises (see [page 31](#)).

Do your leg exercises (see [page 30](#)).

Wear your compression device on your legs unless you are out of bed to walk.

Unless you are told differently by your nurse or doctor:

- Get out of bed to sit in a chair 3 times per day for at least 30-60 minutes (see [page 32](#)).
- Go for a walk 4 times per day.

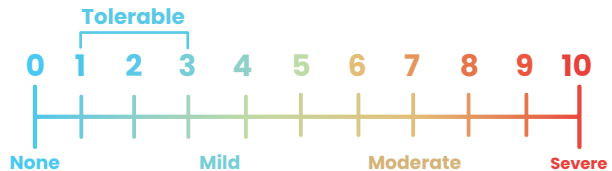
Monitoring

Your nurse will check:

- Your vital signs, such as your temperature, blood pressure, pulse, and respirations
- Ensure that your hands, arms, legs, and feet are moving like normal

Pain control

Tell your nurse if you have pain greater or equal to 4 out of 10 on the pain scale.



What to eat and drink

You can eat what you want. We will supply protein supplements with each meal. These supplements will help with healing.

Discharge from the hospital

You are being discharged home or to rehabilitation today. Prior to your discharge, read the 'At Home' section on [page 42-49](#).

Arrange for someone to pick you up by 10:00 a.m.

If you are being discharged to rehabilitation, transport arrangements will be made for you.

Going home

You will only leave the hospital if:

- your pain is well-controlled with the pills
- you can walk and eat
- you are going to the bathroom without any problems
- your incision is healing well
- your vital signs, such as your blood pressure, pulse and temperature, are all stable

Before leaving for home

You must:

- Sit in the chair for at least 30-60 minutes each time
- Walk to length of the hallway
- Use the inspirometer to do your deep breathing exercise
- Make sure you:
 - have a prescription for your medication. The nurse will review this with you and explain how to safely take your medications.
 - read the next section of the booklet called “At Home” (pages 42-49) and ask any questions.

Note : If you are being transferred to a rehabilitation center, the prescriptions will be provided to the rehabilitation center.

Speak to your nurse if you have worries about going home.

Managing Pain

It is normal to have some pain during the first weeks or even months after surgery. You might not be completely pain-free.

Take the acetaminophen, also called Tylenol, and the anti-inflammatory medication, Celecoxib, if prescribed to control your pain.

Only add the opioid if your pain is not well controlled by the other pain medication.

If you take the opioid, do not stop taking the acetaminophen and the anti-inflammatory medication.

If you have severe pain that is not relieved with the pain medicine or have a fever of 38,5 °C or 101 °F or greater and you feel generally unwell, you should:

- Contact your surgeon or the Orthopedic clinic.

If you cannot reach them, go to the nearest Emergency Department (ED).

Pain Medication and Constipation

Opioids can make you constipated.

To prevent constipation:

- Drink at least 6-8 glasses of liquid
- Try to add more whole fibers, such as fruits, vegetables, and whole grains, to your diet to avoid constipation from the pain medication unless you have been told otherwise by your doctor
- Get regular exercise
- Take a laxative when taking opioids as prescribed by your doctor.

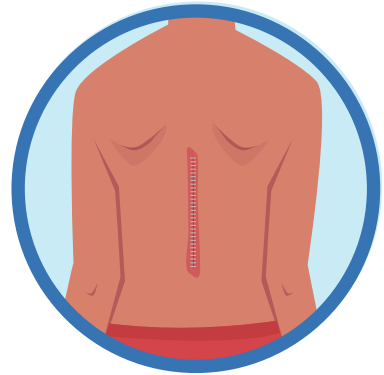
Note : If you suffer from a cardiac or renal disease or have another health problems, you may be asked to drink less. Consult with your surgeon or nutritionist if you are unsure or have questions.

Caring for your incisions

Your cut(s) may be slightly red and uncomfortable during the first weeks after surgery. It is normal to have numbness around your incisions. It usually takes 6 to 9 months for normal sensation to return.

Expect a phone call from your CLSC nurse. The hospital nurse will notify them after your surgery.

The CLSC nurse will see you 1 or 2 weeks after your surgery to remove the clips from your incisions and to change any bandages you have.



When you no longer have a bandage

Do:

- Shower with the clips
- Use unscented soap
- Gently pat the incision dry with a clean towel

Do not:

- Scrub or rub the incision
- Take a bath, swim, or use a hot tub if any cuts are not completely healed

Diet

You can eat anything you want unless your doctor, nurse, or nutritionist tells you otherwise.

Eat foods with fibers such as fruits, vegetables, whole grains. Drink plenty of fluids to prevent constipation.

Eat foods rich in proteins to help your body heal. Meat, fish, tofu, chicken, and dairy products are good sources of protein.

If you find it hard to eat enough calories, try eating smaller amounts at each meal. Add healthy snacks between meals. Try high protein, high calorie shakes or drink supplements like Ensure or Boost.



Exercise and activity

It is normal to feel tired after having a surgery. Continue to increase your activities every day but remember to take the time to rest after activities.

Family and friends can usually help with:

- Taking you home
 - Meal preparation
 - Grocery shopping
 - Cleaning the house
 - Laundry
- Walking every day is an excellent way to start moving. Shopping malls are good places to walk in the winter and summer.
 - Do not drive until you have your follow-up appointment with your surgeon. You can be a passenger.
 - Avoid strenuous physical activity for 12 weeks. Follow your surgeon's advice.
 - Do not bend, twist, or lift more than 5 lbs until your surgeon tells you otherwise.
 - Generally, once you are pain free you can go back to most other activities, including sexual intercourse. Check with your physician first.
 - Your surgeon will decide when you are able to return to your job, depending on your recovery and your type of work.



Medications to Prevent Blood Clots

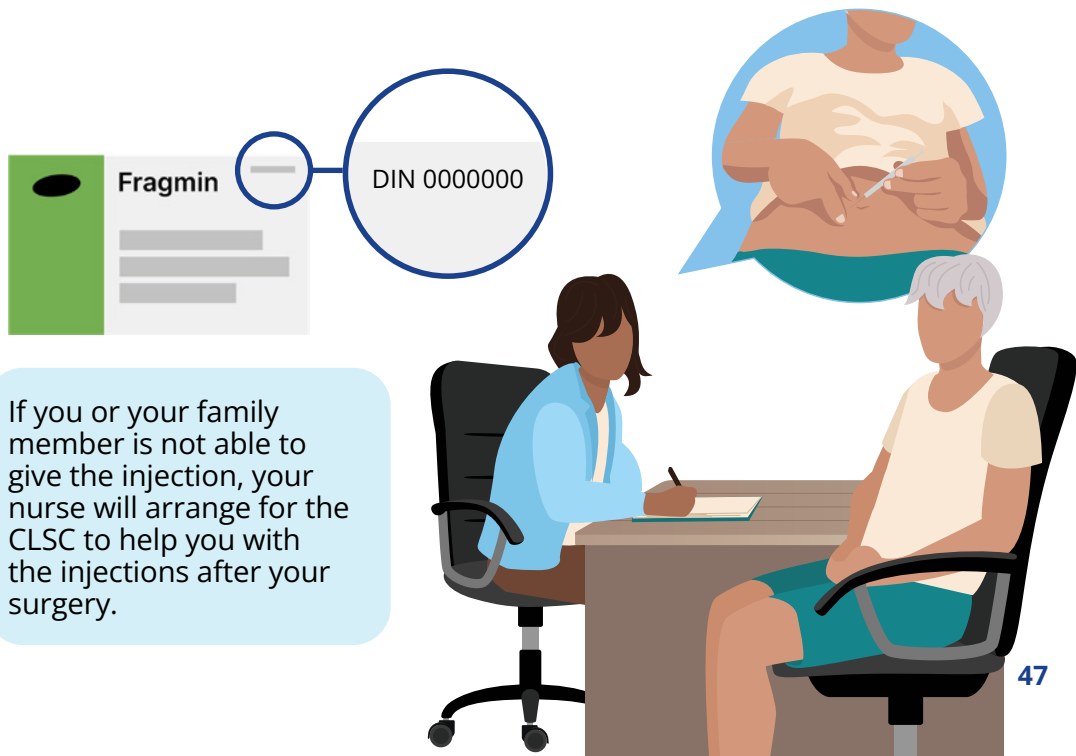
Some patients need to take an injection of Fragmin every day for 28 days after surgery. Fragmin is a medication that prevents blood clots from forming. Using a very small needle, medication is injected into the fat of the abdomen.

If you have to take Fragmin after your surgery we will:

- Teach you how to give yourself the injection. If you are unable to inject yourself, we can also teach a family member or friend.
- Give you a step-by-step sheet that explains how to give the injection.

Si vous avez une prescription de Fragmin, allez chercher le médicament à votre pharmacie. Vous pourrez aussi écouter une courte vidéo qui montre comment prendre le Fragmin :

- Go to fragmin.ca.
- Use the DIN (drug identification number) on your Fragmin medication box to log in to watch the video.



If you or your family member is not able to give the injection, your nurse will arrange for the CLSC to help you with the injections after your surgery.

Follow-up appointments

After you leave the hospital, you will have a follow-up appointment with your surgeon.

Your follow-up appointment is usually 2 to 6 weeks after you leave the hospital, depending on your surgeon.

We will call you within 1 to 2 business days, Monday through Friday, after you leave the hospital to set up your follow-up appointment. You'll get a text or phone call to confirm the date and time.

Note: If you leave the hospital on a Friday, we will call you on Monday.

Remember: Write down any questions you might have to prepare for your follow-up.

If you have any questions or if you have not received your follow-up appointment after 48h of your discharge, contact: 514 934-1934, ext. 48041.

Dr. Aoude	514 934-1934, ext. 48508
Dr. Jarzem	
Dr. Ouellet	
Dr. Reindl	514 934-1934, ext. 42595

CLSC: If you require follow-up care from your CLSC, they will call you to arrange an appointment.

Info-Santé: 811

Dial 811 to speak with a nurse for non-urgent health issues, 24 hours a day, 365 days a year.

When to go to the Emergency Room

If you can't reach your surgeon or the nurse, go the emergency room if:

- You cannot drink or keep liquids down
- Your pain is getting worse, and the pain medicine does not work
- You have a fever (Temperature of 38.5° C or 101° F or more)
- You have black stool (poop)
- You have diarrhea
- You have trouble breathing
- You feel very weak
- You have pain or swelling of either of your legs
- Your cut is warm red, hard or painful.
- You see pus or liquid coming from your incision.
- You have new arm or leg weakness
- You are not able to control when you pee, also called incontinence, and you were able to control it before surgery



Tips to prevent infection in the hospital room

Do not touch your catheter, wounds, intravenous pump or lines.

Visitors should hang coats and bags up on the hooks; do not put them on the floor.

Wash your hands before and after touching any equipment such as the ice machine.

Do not share food or utensils.

Only patients should use the bathroom in the patient rooms.

Wash your hands with soap and water after each use.

Wash your hands before eating and going in or out of the room both hand washing or disinfecting.

Wash your hands when entering and leaving the room. Ask all visitors to do the same.

Visitors should not sit on the bed.

Resources

Important Contacts and Locations

- I QUIT NOW phone line: 1-866-527-7383 (toll free) or www.tobaccofreequebec.ca/iquitnow
- Quit smoking centres: ask your CLSC for information
- The Quebec Lung Association: 1-888-768-6669 (toll free) or poumonquebec.ca/en
- Smoking cessation clinic at the MUHC: This requires a referral from your doctor. Send the request by fax to 514-934-8488.

More information on your surgery

Hospital Library: McConnell Patient Resource Center

For more information about spine surgery, anesthesia, pain or quitting smoking, visit the McConnell Patient Resource Centre's online resource pages:

- Spine : <https://www.muclibraries.ca/patients/health-topics/spine/>
- Anesthesia: <https://www.muclibraries.ca/patients/health-topics/anesthesia/>
- Pain : <https://www.muclibraries.ca/patients/health-topics/pain/>
- Smoking: <https://www.muclibraries.ca/patients/health-topics/smoking-cessation/>

For help finding reliable health and wellness information, contact the McConnell Patient Resource Centre at crp-prc@muhc.mcgill.ca

You may also visit their website for more information and resources: muclibraries.ca/patients.

Map of the Montreal General Hospital

1650 Cedar Avenue,
Montreal, Quebec
H3G 1A4

