Pre-Op Class Presentation:
Spine Surgery at GBMC

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You MUST sign-up for GBMC MyChart

- **MyChart** will send reminders for your pre-op appointments.

- **MyChart** to complete the pre-op *Joint Replacement Discharge Planning Questionnaire* and/or *I-PSS* (males only).

- **MyChart** gives you access to your test results, allows you to communicate with your providers, pay your bill, and helps you to coordinate your healthcare needs.

“To every patient, every time, we will provide the care that we would want for our own loved ones.”
Time Sensitive Tasks to Complete Before Your Surgery

- **Nasal swab for MRSA/MSSA**
  - Must be completed 7 business days prior to your surgery date. *Golden window* for completion is within the 30-days prior to surgery.
  - **Kaiser Permanente** patients are to have their pre-op MRSA collected at the Kaiser PEEC Center.
  - Non-Kaiser Permanente patients (GBMC Ortho, GBMC Neurosurgery, Ortho Maryland)
    - Testing at GBMC Diagnostic Testing Center
    - *Monday-Friday 8am-11am only, no holidays*
    - Result valid for 60-days

- **Preop CHG Wash Kit with directions**
  - Begin 3 nights before surgery

- **Pre-op Questionnaires**
- **Fill your prescriptions** before your surgery date
- **Prevent Covid-19 exposure**

“To every patient, every time, we will provide the care that we would want for our own loved ones.”
GBMC Diagnostic Center
Suite #3100 (across from Einstein Bakery)

Walk-in, no appointment needed.
Monday-Friday 8am-11am ONLY, no holidays

Parking at Iris Parking (closest)
- For those entering from Iris Park at Pavilion East entrance, proceed down the hallway and turn right once you reach Einstein Bagels. The center will be the next office on your left.

Parking at Lily Park (near ER/ED)
- Upon entering GBMC Lobby E walk straight down the hall until you reach the main concierge desk, turn left down the first hallway. You will pass the Chapel and Spiritual Services, proceeding to the center prior to arriving at Einstein Bagels.
Getting Fitted For A Back Brace

- Patient of Dr. Rami or Dr. Iguchi
- If you received a prescription for a lumbar back brace for a lumbar fusion surgery
- *Must get fitted for your brace prior to surgery*
- The medical supply company will reach out to you to arrange a fitting date and time (*Bring brace with you when you come in for surgery*)
The Spine

- Divided into 3 sections
  - Cervical spine - 7 vertebrae
  - Thoracic spine - 12 vertebrae
  - Lumbar spine - 5 vertebrae
Spine Anatomy

“
To every patient, every time, we will provide the care that we would want for our own loved ones.”
Causes of Spinal Pain:
Disc Problems, Bone Spurs, Vertebral Slipping
Preoperative Testing &
Plan of Care for Discharge

MSSA/MRSA nasal swab to be completed 7 business days to 60 days prior to your surgery date:

- GBMC Diagnostic Testing Center:
  - Monday-Friday 8am-11am ONLY
- Kaiser Permanente patients are to have their pre-op MRSA collected at the Kaiser PEEC Center

- Pre-op
  - EKG
  - Blood work, Urinalysis
  - CXR

- Your primary care physician office:
  - EKG, blood work, urinalysis, chest x-rays, etc
  - Results will need to be available no later than 3-days before surgery

- Need Surgical Clearance from
  - Primary Care Physician
  - Specialist, if applicable
    (Cardiologist, Pulmonologist)

- Designating family/friends support person(s), and preparing your home environment

- Medical Equipment: May need a Walker (4-point, front wheel only).

Results and Surgical Clearance statements from you doctors will need to be available to GBMC no later than 3-days before surgery.

“To every patient, every time, we will provide the care that we would want for our own loved ones.”
Home Set-up

Before coming to the hospital

- Prepare meals ahead of time or arrange to have family/friends there to help

- Make frequently used items in the kitchen accessible for use

- Clear home of clutter
  - Remove rugs out of bathroom and kitchen

- Make sure all equipment that you may already have is easily accessible, clean and in safe working order
  - Borrow from friends or family or community loan closets
Current Medications

Can continue until day of surgery

- It is OK to take:
  - Tylenol (acetaminophen)
  - Oxycodone, Tramadol, Dilaudid, Neurontin, Flexeril and Skelaxin
  - Beta blocker and/or Calcium Chanel blocker
  - Non-MAIO Anti-depressants, Anti-anxiety medications, Psychiatric medications
  - Anti-Seizure medications
  - Asthma Inhalers/medications
  - Thyroid medications
  - Steroids: oral or inhaled
  - Cholesterol Medication-Statins: Zocor, Lipitor, Pravastatin
  - Birth Control Pills
  - Eye Drops

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Current Medications

10 Days before surgery

- **Stop** anti-inflammatory drugs such as: Celebrex, Eliquis, Nabumetone, Ketolorac, Mobic (Meloxicam), Excedrin, Ibuprofen (Advil, Motrin), Naproxen (Aleve), and Robaxin

- It is important to stop as they *cause excessive bleeding* during your surgery and recovery period.

- Patients taking any prescribed blood thinners such as ASPIRIN or ASPIRIN products like; PLAVIX, TICLID, PRADAXA, COUMADIN or WARFARIN should consult their prescribing physician or cardiologist in regards to stopping medication prior to surgery.

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Current Medications

7 Days before surgery:
- **Stop** Certain vitamins such as Vitamin E and Glucosamine
- **Stop** All herbal products: fish oil, ginko biloba, ginseng, dong quai, garlic, kava, ma huang, St. john’s wart and non-vitamin supplements. *(These medications may cause bleeding!)*
- **Stop** Diet medications

36 Hours before surgery:
- **Stop** Viagra, Levitra and Cialis

Topical medications should be discontinued day of surgery
Current Medications

24 Hours before surgery

- **Stop** oral hypoglycemic containing **Metformin**
  - Examples: Glucophage, Riomet, Glumetza, Glucophage XR, Fortamet, Avandamet, Actoplus, Glucovance, Actoplus, Glyburide, Glipizide, Invokamet, Jentadueto, Janumet, Kombiglyze XR, Metaglip, PrandiMet, Xigduo, Kazano, Synjardy, Segluromet

- All other **oral hypoglycemic agents** should **be held** the morning of surgery

- Wearable continuous blood glucose monitoring systems: please notify your surgeon and/or anesthesiologist as soon as possible. GBMC nursing staff will monitor your blood glucose per hospital policy.

- If you have a wearable insulin pump system, please notify your surgeon and/or anesthesiologist as soon as possible.

- If you are Diabetic notify your endocrinologist of your upcoming surgery
  - **Insulin:** your Endocrinologist will advise you on how many units they want you to take and when to take give your last dose before surgery.
The Night Before Surgery

- **NO** heavy meals past 8 pm
  - You can snack up until midnight

- **NO** eating past midnight, only a small sip of water is permitted to take medications. When brushing teeth expel water with rinsing on the morning of surgery.

- If you keep a drink on your bedside table, remove it before you go to sleep. Old habits are hard to break!

- **NO** chewing gum or mints after midnight.
Current Medications: Morning of Surgery

Blood pressure/cardiac medication
- Take your Beta blocker and/or Calcium Chanel blocker heart medication and talk to your primary care or cardiologist to discuss which medications you should take the with a sip of water the morning of your surgery.
- Discuss with your primary care or cardiologist if they want you to take your diuretics the morning of your surgery
  - Examples: HCTZ, Lasix

Heartburn or ulcer medicine
- Acid blockers should be taken on the morning of the surgery to reduce the risk of aspiration pneumonia.
  - Examples: Zantac, Pepcid, Axid, Prilosec, Pantoprazole, Reglan
- Antacids should **NOT** be taken: they contain particulate material that may damage the lungs if aspirated
  - Examples: Maalox, Tums, Carafate
How to Prevent Infection and Complications

- Control your blood sugar before, during and after your surgery
- Exercising and healthy weight loss
- **Stop** smoking (including e-cigarettes and vaping) 2 weeks before surgery
- Good nutrition with adequate calories and protein
- Change position frequently

- Dental exam in the last six months
- Keep pets away from the incision site
- Applying fresh linens to bed before surgery
Pre-Op Skin Preparation Form

- Check off each yellow circle after your CHG shower
- Bring this form with you the morning of surgery.

“To every patient, every time, we will provide the care that we would want for our own loved ones.”
What if I do not have anyone to help wash my back?
Pre-Op Infection Prevention

- **Pre-Surgical Scrub: 4% CHG Solution**
  - Use all 4 bottles of CHG
  - Start 3 days prior to surgery - every night before bed
  - Last application is on the morning of surgery
  - Avoid contact with your eyes, ears, mouth, and genitals
  - Do NOT shave or use hair removal lotions, deodorant, perfume, lotion, creams, or oils on your body

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“To every patient, every time, we will provide the care that we would want for our own loved ones.”
What to Bring to the Hospital

- Your ID card
- Insurance card
- Advance directive
- Preop CHG wash form
- Bring in glasses, contact lenses, and hearing aids
- Regular clothing
  - Loose fitting shorts or pants; elastic waist is easiest, under garments
  - Walking shoes with good ankle support (no open heel shoes). Do not buy new shoes - bring something comfortable
- Back brace (For multi-level spinal fusions, your surgeon will order and have you fitted for one before your surgery date)
- Shoe inserts or splints that you normally use
- CPAP machine** (if you have sleep apnea)
Day of Surgery Patient Drop-Off
Arriving to the Hospital

- Arrive at the hospital at least **2 hours** before your surgery time
- Park in Lily Garage. Enter Lobby E on the 3rd floor of main hospital. Take Elevator E to 4th floor, check in at admission desk
Do you have an *orange fruit oil allergy*?

***You will receive the Nozin at GBMC***

“To every patient, every time, we will provide the care that we would want for our own loved ones.”
The Pre-operative Area

In Pre-Op

- You will be given a hospital gown to change into
- Meet your surgical team – surgeon, nurse, anesthesiologist, tech
- Admission database will be completed
- Vital signs and IV will be started

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After Surgery

Recovery Room (PACU)
- You will wake up and probably feel sleepy
- Monitor vital signs
- Manage pain
- Continuous pulse ox placed on finger to monitor your oxygen level
- GBMC *Same-Day patients* will be discharged home from the PACU

Admission to Unit 58
- Once your vital signs are stable, pain is managed
- Private room
- Meet your RN (Registered Nurse) and NST (Nurse Support Tech)
- Communication Board updated
- Welcome Folder, and an I-pad (tablet)
- If applicable, ice packs for your lower back (TLSO and LSO braces)
- Nozin 12 mL bottle kit, a dose will be given when you arrive to U58

“To every patient, every time, we will provide the care that we would want for our own loved ones.”
Post-op Infection Prevention

- First dose: after surgery upon arrival to U58
  - Same-day discharge given in PACU
- Next dose: at 9 pm, then every 12 hours
- Continue every 12 hours until your 1st post-op visit or until the bottle is empty (30 days)

Do you have an orange fruit oil allergy?

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Pain Management

- Pain scale 0-10
  - “0” means no pain
  - “10” means the worst pain that you have ever had
- Remember: You should not expect your pain level to be “0” after surgery

- Pain medications are available as needed (prn), you must ask for your pain medications.
- If you have a lumbar fusion your surgeon may order a PCA pump.
- Call your nurse when you are experiencing pain above your goal
Equipment

- Urinary catheter
- Sequential compression device (SCD)
- Oxygen
- Pulse oximetry
- Incentive Spirometry (IS)
- Drains: Jackson Pratt (JP) or Hemovac
- Abdominal Binder
- Brace or collar
Sequential Compression Device

- Used on your lower extremities to help circulation
- Help prevent blood clots

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Lung Exercises
Before Surgery & After Surgery

**Purpose:** Exercise your lungs to help with gas exchange before, during, and after surgery. Will help prevent post-op pneumonia.

- **Before surgery:** At least 30 times throughout the day, starting in the morning.
- **After surgery:** 10 times an hour when awake.

**Incentive Spirometry**

1. Place mouth on mouthpiece.
2. Take a slow, deep breath in and hold for 5-10 seconds.
3. Exhale.

**Deep Breathing & Coughing**

1. Sit upright.
2. Take a few slow breaths, then take a slow, deep breath in through your nose.
3. Hold your breath for 2-5 seconds.
4. Gently and slowly breathe out through your mouth making an “O” shape.
5. Repeat 10-15 times.

“To every patient, every time, we will provide the care that we would want for our own loved ones.”
Surgical Drains

- A surgical drain is a tube used to collect blood or other fluids from a wound.
- If you need a drain, it will be placed by your surgeon during your surgery.

Jackson Pratt (JP Drain)  
Hemovac
Cervical Collar

- For patients having cervical surgery:
  - Your surgeon may order a soft collar or a hard collar depending on the type of surgery
  - Patients are usually ordered a soft collar for comfort and maintaining spine precaution
Lumbar Brace

- For patients having a lumbar fusion
- Your surgeon may order a brace to wear when you are out of bed
- You need to be fitted for your brace prior to surgery
- Bring your brace to the hospital

Insurance only covers for one back brace -
*Do not give or throw away your brace!*

“To every patient, every time, we will provide the care that we would want for our own loved ones.”
Abdominal Binders

- Lumbar fusions: worn while in bed for comfort
- Lumbar Laminectomy and Microdiscectomy: worn for comfort
Fall Risk

- Red non-skid socks will be placed on you, signaling that you are at a high risk for experiencing a fall.
- Do NOT get up without the help of staff assisting you.
- Use your call bell.

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Spinal Precautions

B - No Bending
L - No Lifting
T - No Twisting
Log Rolling to a Sitting Position

1. While on your back.
2. Bend your knees.
4. Move your legs together towards the edge of the bed, without twisting your back.
5. Slowly raise your body as you lower your legs to the floor.
6. Move towards sitting upright with a straight spine and both feet on the ground.
7. Log rolling will maintain spinal precautions to help decrease pain and discomfort.

No Bridging
What to Expect in the Hospital

Post-op day 1

- If you have a urinary catheter, it will be discontinued
- If you have a PCA, it will be discontinued, and oral pain medication will be started
- You will be evaluated by physical therapy (PT) and occupational therapy (OT)
- You will have one individual therapy session every day starting the morning after your surgery

Post-op days 2 & 3

- More therapy - walking in halls and going to the gym to practice getting in and out of the tub/shower, in and out of the car, and going up and down stairs
- If you have a drain, it will be discontinued depending on the amount of drainage
Rehabilitation: PT versus OT

Physical Therapy – helps you with functional mobility
- Walking
- Getting in/out of bed
- Transfers into/out of a chair
- Going up/down steps
- Doing your exercise program

Occupational Therapy – helps you with functional activities of daily living (ADL)
- Getting dressed and bathed
- Getting in/out of tub/shower
- Using the toilet
- Car transfers
- How to use adaptive equipment if needed
- Getting items out of refrigerator/cabinets
Medical Equipment Needs

Raised toilet seats, bedside commodes, and toilet seat frames

- Raise the height of your toilet

Bedside commode
- Can be used next to your bed
- Can be used as a shower chair for your walk-in shower

Tub Seat/Shower Chair
- Decreases the risk of falls in the shower or tub
- Allows you to safely sit while showering if you have pain or dizziness
- Shower doors on bathtubs may need to be removed

"To every patient, every time, we will provide the care that we would want for our own loved ones."
Possible Medical Equipment Needs

Long Handled Sponge

Reacher

“To every patient, every time, we will provide the care that we would want for our own loved ones.”
Case Management

The Case Manager on Unit 58 will visit you the day after your surgery to continue working on your discharge planning needs.

- Home with Out-Patient Therapy
- Home with Home Physical Therapy
- Skilled Nursing Facility (SNF)
- Equipment for home
- Offering resources
Medical Orders for Life-Sustaining Treatment (MOLST)

MOLST
- Portable medical order form covering options for cardiopulmonary resuscitation and other life-sustaining treatments
  - Does not expire
  - Medical orders are based on a patient’s wishes about medical treatments
  - The advance practitioner or surgeon will have the paperwork.
- Are not Advance Directives
- All patients that are transferred to another facility will require a MOLST form prior to EMS transport
Discharge Day

- Neurosurgical team, anesthesiologist (same-day discharge home patient), and physical therapist will need to clear you for discharge or transfer.

- Occupation Therapy will teach you how to get in and out of the car maintaining your spinal precautions.

- You will need to know your spinal precautions.

“To every patient, every time, we will provide the care that we would want for our own loved ones.”
Preventing COVID-19 After Surgery

While in the hospital
- Wear your mask whenever leaving your hospital room for therapy or any diagnostic tests
- Wash your hands often

When you get home
- Wash hands often,
- Cover your cough and sneeze
- Wear a mask in public areas
- Minimize going out into public areas
- Avoid traveling
- Avoid sick people
Average Length of Hospital Stay

- Microdiscectomy, laminectomy, etc: Same-day discharge home from the PACU
- Cervical Fusion: Anterior approach (from the front), 23 hour stay on U58
- Cervical Fusion: Posterior approach (from the back), 2 days on U58
- Lumbar Fusion: 2-3 night stay on U58

YOU WILL NEED SOMEONE TO DRIVE YOU HOME WHEN YOU ARE RELEASED FOLLOWING SURGERY!
General Post-Op Care

- Allow approximately 6 weeks for lumbar surgery and 4 weeks for cervical surgery for healing.
- Walking is the only exercise encouraged.
- No lifting anything over 8-10 lbs.
- Minimize the use of stairs and cars.
- No driving until you are seen for your 6-week post-op visit, unless otherwise instructed.
- Use your Nozin nasal sanitizer twice a day, every 12 hours.
- Daily CHG showers (*no soaking in the bath*).
- You will be sent home with prescriptions for pain medication. If you need a refill, call the office 3 days in advance. Prescriptions will not be addressed on weekends or after hours.
- The Maryland Department of Health & Mental Hygiene, you will be prescribed an opioid antidote called Naloxone (Narcan) in the event of an overdose.
General Post-Op Care

- Notify the office if weakness, numbness, or pain worsens.
- Notify the surgeon if you have trouble swallowing, swelling/mass, increase hoarseness to your voice.
- Notify the office for a temperature above 100.5.
- Schedule your post-op visit 7-14 days after surgery for a wound check for suture/staple removal.
Wound Care

- Keep wound clean and dry.

- If you have steri-strips, they will fall off on their own.

- You may take a shower, **if your incision is not draining**.
  - Do not scrub the incision.
  - Dry area completely after showering. **NO tub bathing** for at least 4 weeks after surgery.

- Do not use lotions or moisturizes on your incision.

- Do not manipulate (pick or probe) your incision in any way.

- Notify the office immediately for any drainage, redness, tenderness, swelling.
Wound Care

- A simple visual check should be all that is needed each day.
- Change dressing per your surgeon's instructions.
- Keep incision out of direct sunlight.
- Do not actively clean your incision unless you are specifically instructed to do so.
Preventing Surgical Site Infection

- Use CHG with daily showers.
- Use 1 bottle each day for 5 days, for any concerns check with your surgeon if you need to use this past this point.
- Nozin: Continue every 12 hours until your 1st post-op visit or until the bottle is empty (30 days, twice a day).

“To every patient, every time, we will provide the care that we would want for our own loved ones.”
What Should My Incision Look Like?
Minimal redness, no drainage and no swelling.
What Should My Incision NOT Look Like?
Swelling, spreading redness, warm, and tender.

“To every patient, every time, we will provide the care that we would want for our own loved ones.”
What Should My Incision Not Look Like?

Do not let your waist band rub across your incision!

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Call Your Surgeon If You Have Drainage
Discharge Day Checklist Guide - Spine

☐ I have reviewed my discharge instructions with the nurse
☐ I know who is my support person/help at home
☐ Post-op Physical Therapy/Occupational Therapy Agency: _______________
  ➢ Phone # _______________
  ➢ If I haven’t heard from the Physical Therapy Agency 3 days after discharge or have any issues with scheduling, I will call my surgeon’s office as soon as possible
☐ Do I have my prescription(s)?
  ➢ Medication(s) MUST be picked up the day of discharge
  ➢ GBMC Walgreens can deliver your medications to your room, accepts cash or credit cards
☐ Do I know the reason for and side effects of my prescriptions?
☐ I have my…
  ➢ Walker and/or cane (if you do not have one, insurance approval is needed)
  ➢ Dressing material: gauze and Tegaderm/tape (if needed)
  ➢ 5 Bottles CHG Solution and Disposable Wipes
  ➢ Nozin Nasal Sanitizer® 12-mL bottle and starter cotton swabs
  ➢ Back brace or cervical collar (if ordered)
  ➢ Belongings that I brought into the hospital
☐ I will call my surgeon’s office with any signs of infection such as, redness, swelling, tenderness, or puss-like drainage
☐ Please contact your surgeon’s office with any questions at (______________)

“To every patient, every time, we will provide the care that we would want for our own loved ones.”
Thank you for choosing GBMC for your Spine Surgery!

Joint and Spine Center
6701 N Charles St
Towson, MD 21204
Phone: 443-849-6261
Email: jointspinecenter@gbmc.org
Website: www.gbmcc.org/JointandSpine

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